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POSITIVE BEHAVIOUR IN THE EARLY YEARS

PERCEPTIONS OF STAFF, SERVICE PROVIDERS AND

PARENTS IN MANAGING AND PROMOTING

POSITIVE BEHAVIOUR IN EARLY YEARS AND

EARLY PRIMARY SETTINGS

Professor Aline-Wendy Dunlop, Peter Lee, Jacque Fee, Anne Hughes, Dr Ann Grieve, Dr Helen Marwick in consultation with Professor Ferre Laevers, University of Leuven, with support from Colleen Clinton, Russell Ecob and Jackie Henry.

Department of Childhood & Primary Studies

Faculty of Education

University of Strathclyde

2008

Research commissioned by the Scottish Government



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Our project team would like to extend thanks to all parents and early educators who found time to complete the measures we provided, and who were willing to participate in interviews and focus groups towards the case studies. Without their interest and commitment it would not have been possible to explore the perceptions of children's positive behaviour held by parents, practitioners and service providers, and the strategies they used in managing and promoting positive behaviour in early years and early primary settings.

Throughout the project we have had the diligent support of our Research Assistant, Colleen Clinton, our statistician, Russell Ecob, and our full academic team. The coding process was undertaken by Rosie Crerar, Toby Floyer, Shivaani Kapoor, James Marwick, Robbie Marwick and Alex Reece: together they teased out a structure by which to interpret written comments. Data entry was undertaken by Lindata, with interpretative support from the team.

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Finally our thanks to Helen Berry who supported the project and smoothed the whole process.

The views expressed in the report are those of the authors and do not necessarily reflect those of the Scottish Government.

Authors' notes

In the interest of confidentiality we have renamed settings on a numerical basis - 39 main study settings completed a range of measures. Nine of these settings contributed to the case study process. Additionally two further settings were approached to hold one-off focus groups and interviews as this enabled access to a group of 'hard to reach' families. For the purposes of the report we have given each setting an identifier in the 1 to 41 range.

In order to distinguish between information gathered from parents and from staff we followed the Strengths and Difficulties Measures in which the terms 'teacher' and 'parent' are used. Accordingly data gathered from a range of instruments is described as parent data and teacher data. Teacher data therefore can be understood to include data from all early childhood staff, however qualified.

Most of our analysis is based on the final merged parent and teacher files which contain the core number of cases for which we have complete returns across measures. Some analysis, for example child well-being and involvement, is presented on a basis of the full within measure data: the number of returns measure by measure is higher than the final merged data set which represents the number of complete cases. In terms of the parent data, the number of complete cases is 603. In terms of the child level data collected by staff the number of complete common cases varies from 1004 – 1231 depending on the combination of measure. It should be noted that numbers of cases sometimes vary due to incomplete data on a few control variables.

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EXECUTIVE SUMMARY

1. Aims and objectives

This research project explored perceptions of staff, service providers and parents in managing and promoting positive behaviour in early years and early primary settings in two local authorities. The project sought to identify the extent to which behaviour of young children, aged 0-6 years, is of concern to practitioners and service providers, and any relevant factors in terms of children's or family circumstances or conditions. The study explored the approaches and interventions that practitioners and service providers use to manage behaviour and promote pro-social behaviour, and the extent to which practitioners feel skilled and prepared for the issues children present in their setting. The same issues were explored in parallel with parents.

Key factors looked at in supporting children's positive behaviour included the specified areas of transitions between different types of provision or different stages of education; information sharing between professionals, and with families and multi-disciplinary/ inter-agency working. Additionally the project team focused on some emerging factors through a twinned case study approach - a case study of early years settings, and a set of themed case studies which included under-threes, learning environments, children's well-being and involvement, inter-agency and multi-professional working, and transitions.

Four key questions were addressed:

- What is the extent and nature of behaviour difficulties among children in early years and early primary settings?
- What strategies do parents and practitioners use to promote positive behaviour?
- What practices can be identified by staff and parents as successful in relation to supporting transitions from nursery/pre-school to school?
- What effective approaches to training and support can be identified for staff in early years settings?

2. Methods

Two local authorities: Edinburgh City and North Lanarkshire, agreed to host this research. Between the two local authorities a range of urban and rural early years settings was represented. The study design aimed to recruit a sample of 2000 children and their early educators and families, with 1000 in each of the two local authority areas, spanning 4 age strata: 0-3, 3-4, 4-5, 5-6 (Primary 1) across a range of social areas. Forty-one settings, provided by the local authorities to meet the study sample requirements, took part in the study – 23 in North Lanarkshire and 18 in Edinburgh. In each local authority, nursery settings included 0-3 provision as well as 3-5 classes, schools and centres, including partner providers. The numbers of settings involved from each authority were different because of the variation in total numbers of children in participating nursery classes and primary classes. The families of all children in any participating class or room group were invited to take part in the study. Two of the

Edinburgh settings provided access to groups of 'hard to reach' parents, who, because of, for example, alienation, service resistance, or being part of a minority group, would not normally involve themselves in services or research of this kind. These two settings were not otherwise involved in the study. In this way a sample of settings that were typical of each local authority across a range of social areas were included in the study, enabling findings to be generalisable to similarly urban and rural parts of Scotland.

Investigative tools comprised standardised and customised questionnaires to parents and professionals, interviews, observations, focus groups, documentary information and case studies. Common measures were used across the age strata, in pre-school and primary, and by practitioners and parents. These common measures included the Strengths and Difficulties Questionnaire (Goodman, 1997), a customised Adult Strategies Questionnaire, and customised Transitions Questionnaires. Additionally parents completed the Daily Hassles Questionnaire (Crnic and Greenberg, 1990) and practitioners completed the Leuven Well-being and Involvement Scales (Laevers, 1994).

Questionnaire packs were issued to a total of 1969 child families through the individual local authority settings. Settings were given posters and leaflets to display to indicate their involvement in the research and questionnaire packs were handed out to parents. Settings were asked to encourage parental responses. There were 729 parental returns (37%) and staff collected data for 1253 of the children (64%). These return rates compare well to the expected return rate for questionnaires of 40%, and enable representative findings to emerge. Most of our analysis is based on the final merged parent and final merged staff files, which contain the core number of cases for which we have complete returns across measures. For the child level data collected by staff the number of complete common cases varies from 1208 – 1230 depending on the combination of measure. It should be noted that numbers of cases sometimes vary due to incomplete data on a few control variables. In terms of the parent data, the number of cases included in the final file used for analyses was 603 (Boys N=306, Girls N= 297).

Over half of responding parents were in the 30-40 age group, 77% of families in the sample were living as a two-parent family, of whom 26% were reconstituted families. Just over half of the responding parents were working either full or part-time. Most parent returns were completed by mothers. 61% of respondents were home owners, 37% rented their home. The largest groupings reported for either highest or most recent educational attainment were 15% qualified to standard grade, and 13% qualified to first degree level. 78% of respondents' ethnic origin was white British.

3. Key Findings

3.1 *What is the extent and nature of behaviour difficulties among children in early years and early primary settings?*

There was considerable consistency in data emerging from all measures indicating that parents and staff perceived that the majority of children generally displayed positive behaviour.

Parents' perception of the extent to which children's behaviour was perceived to be positive and normal ranged across measures from the overall general rating of 58% in the Daily Hassles measure, to 81% in the Strengths and Difficulties Questionnaire (SDQ) in relation to emotions, conduct, hyperactivity and peer relations. Overall parents did not find dealing with their children's behaviour and needs to be a 'hassle' (Daily Hassles Questionnaire)

Staff perception of the extent to which the behaviours presented by children were perceived to be positive, with no difficulties, ranged across measures, from 63.3% of children for overall rating of behaviour on the Strengths and Difficulties Questionnaire (TSDQ), to 75.6% in the relation to the domains of emotions, conduct, hyperactivity and peer relations in the TSDQ.

For both parents and staff, perceptions about emotional development, response to others (pro-social), conduct, peer relationships and concentration (hyperactivity) showed mainly low levels of perceived difficulties. Parents and staff felt very positive about the emotional domain of children's development and peer relationships. Parents were markedly more positive than staff, however, about how their children responded to others. In contrast, the vast majority of practitioners perceived children's conduct to be normal while parent perceptions placed nearly 20% of children in the borderline range, with a further 20% causing more concern.

About 60% of children were perceived by staff to display characteristics of well-being, such as self-confidence, self-esteem, receptivity and flexibility, within the setting (Leuven Well-being and Involvement Scales for Young Children, see Annex 3). Children overall were perceived to be experiencing higher levels of well-being than involvement according to the staff who work with them. Involvement includes concentration, energy, creativity, persistence and satisfaction, and in the view of staff, 19% of children were at a low level in terms of their involvement in the early years setting, 30% were at a middle level, whilst 51% of children were experiencing high levels of involvement.

Overall the extent of concern about behaviour difficulties in young children aged 0-6 in early childcare, pre-school and primary settings compared to earlier studies is fairly stable, with approximately 20% of children perceived as presenting with difficulties that cause some concern. When asked by means of the Parent Strengths and Difficulties Questionnaire (P-SDQ) about the children's behaviours in relation to emotional symptoms, conduct problems, hyperactivity and peer related problems, parents reported that 81% fell within the normal range of behaviour, with 18% of children being seen as having borderline or severely concerning behaviour (8% and 10% respectively). While staff identified 76% of children as being in the normal range, 24% were considered to have some behavioural difficulties. Of these 13% were viewed as borderline and

11% as severe. Previous studies, using comparable assessment measures, have reported 15% of 3 year olds to be considered by parents to present mild behavioural problems and a further 7% considered to present with moderate or severe behavioural difficulties (Richman et al., 1982), and 17% of 4-7 year olds being perceived by teachers as having mild behavioural difficulties, with a further 16% viewed as having definite behaviour problems (Tizard et al, 1988). Therefore the findings of this study are broadly in line with other studies.

Only at the level of behaviour perceived to be causing severe difficulties were boys considered to display more difficulties than girls: for parents, 12% of boys and 7% of girls were indicated to present with a severe level of difficulty in terms of the total average difficulties on the 4 negative domains of the SDQ. About twice as many boys (14% of all boys) were considered by practitioners to be in the severe level in comparison to girls (7% of all girls) on the 4 negative domains of the SDQ

In terms of parental perceptions the highest number of children presenting in the borderline and severely concerning range in any age strata is 3 year olds. More staff reported having ‘a lot’ of concern about children’s behaviour across all age strata in the areas of conduct and concentration (about 33% of responding staff in each case) compared to the areas of relationships or self-esteem (about 16% of responding staff in each case). At 3 and at 4 years, twice as many staff (34%-37%) reported ‘a lot’ of concern in the area of emotions, compared to at 0-3, and 5 and 6 years.

There were significant positive correlation between perceived levels of well-being and higher parental age range. This fits with findings from the total difficulties score on SDQ, where it was found that the younger the parent the higher the level of perceived difficulties in the areas of their children’s emotions, concentration, behaviour or being able to get on with other people.

3.2 What strategies do parents, practitioners and service providers use to manage behaviour and promote pro - social behaviour?

The Parental Adult Strategies Questionnaire (PASQ) tapped into the strategies parents use in relation to their children’s behaviour. Parents and practitioners were first asked in the questionnaire about any difficulties they perceived in their child's behaviour in a range of areas e.g. concentration, relationships, self-esteem, sleeping, eating and appetite, and were then asked to comment on what strategies they used to handle their child's behaviour in these areas. Perhaps unexpectedly in the light of some of the other results reported, parent reports showed no noticeable differences between boys’ and girls’ behaviour in terms of the level of challenge in coping with it, despite the fact that boys were perceived to present more difficult behaviours overall.

Parents described a wide range of strategies in their overall management of their children’s personal, social and emotional behaviour including responding in generally positive ways, getting involved, removing distractions, encouraging friendships, praise, establishing routines. Overall the main strategies reported as used by parents when faced with difficulties in the area of

behaviour are: time-out (16%), explaining that behaviour is not acceptable (14%) and reprimands and punishments (10%). While many parents use a range of strategies in meeting their children's difficult behaviour, a number of areas were identified by parents in which they would like more help, including dealing with tantrums, support and advice on dealing with 'power struggles', dealing with illness, help with safety, and managing sleeping and eating difficulties. The most frequently mentioned areas where help was indicated to be needed were behaviour in general (16%), managing their children's eating (8%) and managing sleeping routines (6%).

Staff made use of a wide range of strategies for managing behaviour. Ten approaches were the most commonly used: praise and encouragement, positive reinforcement (such as rewards), positive behaviour policy and strategy, consistency between staff, responsiveness, modelling good behaviour, explanation, observation, communicating with parents, and parent workshops.

Staff noted communication with parents and parent workshops as being amongst the most common strategies they used in managing behaviour and promoting positive behaviour, and 99% of parents also felt it is important for nurseries, schools and families to share information that can support positive behaviour. They felt that feedback between staff and parents is important (53%), that this enables consistency (16%), and that good communication enables school support (12%).

3.3 What practices can be identified by staff and parents as successful in relation to supporting transitions from nursery/pre-school to school?

Most parents (76%) thought the transition experience into nursery, within nursery and into school would be mostly positive for their child before their child moved, and slightly more found it actually was (78%). About 7% of parents thought the move had only been partly positive for their child. A small percentage of parents (1.5%) did not expect the transition to be positive at all, and two thirds of these parents felt the same following the transition.

Schools and nurseries were perceived to provide considerable support. Parents found that visits (21%), and pre-entry visits (9%), staff support (17%), and information given by the setting (11%) and shared with the setting (4%) provided good support at this time. Parents indicated that they would appreciate an increased focus on visits and pre-entry visits and staff support, as not all parents felt these were sufficiently available.

In relation to emotional, personal and social development in 117 individual child progress records in four case study settings, 38% of the children were perceived to be in the skilled category for all aspects of development and 57% to span the developing and skilled categories. The aspects where substantial numbers of children were in the developing category include: play cooperatively (31%), recognises others' feelings, needs and preferences (20%), confident in relationships (33%), concentrates at an appropriate level (26%), commits to task and completes it (22%), exercises self-control (22%). The finding that overall 95% of these children are considered to be either appropriately skilled or developing skills in these areas would be in keeping with general age expectations. It may be helpful for Primary 1 staff to recognise that it is in these areas that children at transition may need continued support in developing their skills.

3.4 What effective approaches to training and support can be identified for staff in early years settings?

Over half the early educators participating in this study reported high confidence in working with young children presenting with behaviour that caused concern. Nearly half of the staff respondents indicated that they felt quite well skilled to support children's behaviour, 44% felt very skilled, with only 6.5% feeling only slightly skilled.

Staff reported a variety of sources of their skills in managing behaviour: 52.2% drew from their own work experience, 30% attributed their confidence to previous qualifications, 25% drew support from their colleagues, 17% had found ongoing CPD helpful, 16% used a range of known strategies, and 7.5% drew on their own personal knowledge of individual children.

Whilst staff confidence is a positive factor, 85% of staff indicated that they felt in need of some level of training: 71% felt they could benefit from a bit more training, and 13.9% felt strongly in need of this. Particular areas of training need mentioned were behaviour management strategies and working with children with additional support needs.

4. Conclusions

There was considerable consistency in data emerging from all measures that parents and staff perceived that the majority of children generally displayed positive behaviour. Parents and practitioners consider a minority of young children (around 20%) to have some behaviour difficulties, with about 10% of children considered to have severe difficulties, which represents a fairly stable level of expressed concern compared to earlier studies. More boys than girls are placed within the level of severe difficulty by both parents and practitioners.

Over time concepts of 'need' have changed, and recent advice and legislation in Scotland has led to a broader concept of 'additional support needs': one which states that children who, for whatever reason, need additional support if they are to develop to their fullest potential – whether such need is temporary or continuing over time. Children with behavioural difficulties are included in this broader concept. In this study the group of children perceived by staff to have definite or severe difficulties, which in a number of cases may have been present for as much as a year or more, can be included in this wider definition. Although acknowledging the need for continued training, nevertheless staff report confidence in their own skills with this group, and consider that such needs are able to be met by appropriate provision, team efforts, and well timed intervention.

There is variety in early childhood environments in that in some settings the provision of daily activities scores fairly low in terms of quality of provision, as measured by the ECERS. Taken with the findings of the relatively low levels of involvement and concentration reported for about 50% of children, this finding sits alongside the HMIE (2006) report that suggests staff in early years settings should focus more on the learning needs of individual children.

The case study focus indicated that greater attention needs to be paid to some features of 0-3 provision in line with 'Birth to Three – Supporting Our Youngest Children' (Scottish Executive, 2005). Increased efforts to take advantage of inter-agency support and collaboration are also needed in some settings. Transitions are challenging for some children, and, with anticipated changes in curriculum design, an opportunity exists to address this challenge in ways that are helpful to children. Development opportunities for staff are needed to further this process.

Given that all behaviour occurs in context, and with the widening of perceptions of young children's lives beyond service provision, the sharing of information and support between professionals and parents has been affirmed as being considered to be valuable and essential. Parents and practitioners show considerable similarity in their perceptions of the positive behaviour of young children, but with some differences in view in relation to particular areas of conduct and how children respond to others. Although many practitioners express confidence in their skills, about 85% indicated that they felt the need for some additional training in relation to supporting children's behaviour.

It is suggested that early years settings need to incorporate more challenging and engaging activities for young children in order to promote their increased involvement in the learning environment. Promoting positive behaviour is a shared endeavour, this means that the early years sector, both pre-school and primary, needs to find innovative ways of building on current good practice to provide and maintain an inclusive approach for all children and their families.

CHAPTER ONE CONTEXT

PERCEPTIONS OF YOUNG CHILDREN'S BEHAVIOUR

Children's behaviour invites the attention of their parents and attracts the interest of education professionals. This has always been the case as a search through the literature illustrates. However taking a focus on positive behaviour in young children allows us to establish both the evidence on perceptions of positive as well as on disruptive or negative behaviours. Contemporary public debate, discussion in the media and the presentation of programmes on topics such as child development, children's behaviour, behavioural interventions, and styles of parenting have focused on children's behaviour and have coincided with a public debate which suggests a deterioration in standards of behaviour. Consequently as a society we are questioning the sources of such change. Perceptions that increasing numbers of children begin primary school education with complex needs, or that higher numbers of children present with difficulties of increasing complexity, are supported to some extent by numbers of referrals to community mental health teams and speech and language therapists. Additionally an increasing number of children with identified additional support needs are also participating in mainstream education, including children whose behaviour may be particularly challenging.

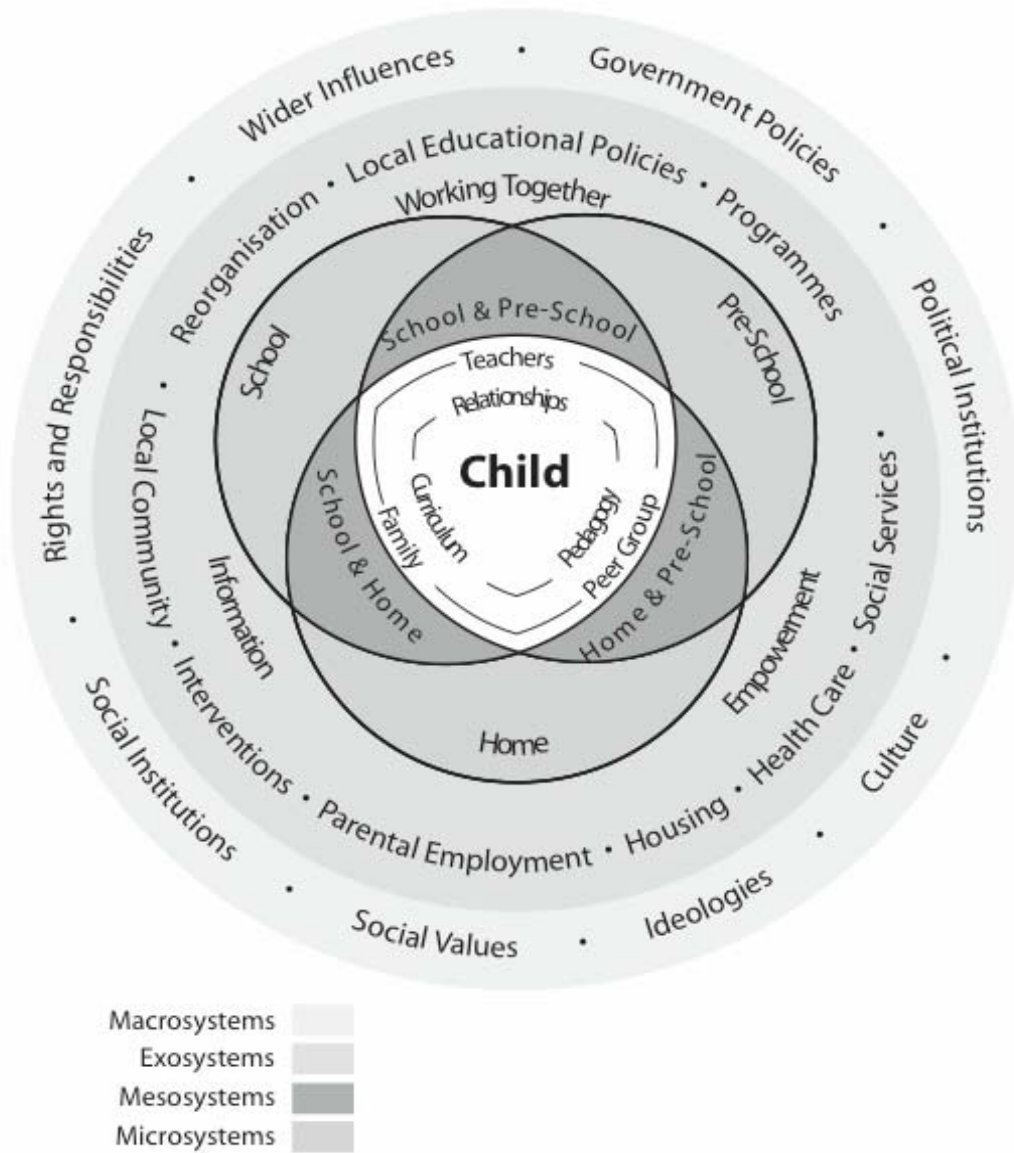
Children's behaviours are subject to interpretation. The extent to which behaviours are perceived as problematic or not is often dependent on context. Differences of view about the same behaviour can occur within families, in school and in the wider community. Day-to-day variations can occur and will be influenced by a whole range of factors. In considering the possible influences on young children's behaviour it is helpful to reflect on the various situations in which they spend their time and the interrelatedness of experiences in each.

Since none of the situations children inhabit operates independently from the others, the interrelatedness of children's pre-school setting, home and primary school setting need each to be considered: it is helpful therefore to consider an ecological model. Each educational setting is also likely to be affected by external factors which are not directly in the control of those who work there (Bourdieu,1991), but which nevertheless influence practice. For example, local education authority policies, parental employment, the social context of the area or the sense of rights and responsibilities held in a particular community might each have an effect - intended or coincidental - on the attitudes, principles or sense of well being of the educators or the attitudes, involvement and well-being of the pupils with whom they work. We are used to considering the major transitions that affect children, we are less used to recognising that some children handle a number of transitions every day.

This study looks at behaviour before and after transition to a new setting or into school. To do so it is helpful to consider the overlap of the settings involved. Together, children, teachers and parents might co-construct transitions in the context of each of their overlapping experiences and the culture in which they live. The child in educational transition occupies (at least) three environments or microsystems: their home world, the pre-school world and the school world: we need to look beyond the single settings to the relationships between them (Fabian & Dunlop, 2002). These interconnections can be seen as important for the child as the events taking place within any one of the single settings. This idea of overlap and interrelatedness draws from Bronfenbrenner's work (1989). In terms of work on children's behaviour at times of transition

the interlocking meso-systems represent the transitional experiences of children, in that they come about through the intersection of home and pre-school, pre-school and school and home and school. A representation of this proposed model for interpreting children's lived lives follows (Figure 1.1).

Figure 1.1 Systems influencing transition to school



© Dunlop (2002) after Bronfenbrenner

Elsewhere it has been proposed that the interrelationships fostered in the overlapping parts of children's lives allow children themselves to be active with others and the environment. Relationships, learning and teaching approaches are influenced by the environment and in turn influence it. It can be argued that this is how children's learning is socially constructed: not as a

mechanism that adults enforce on children, but by each potentially influencing experiences in another (Fabian and Dunlop 2002).

A third layer in a systems approach, exosystems, will house initiatives and events at which the transition child may not even be present. Despite the fact that local educational policies, programmes, social services, health care, housing issues, parental employment, interventions, the local community's facilities and the reorganisation of any one of these elements may not be experienced by the child at first hand, all may profoundly affect the child at their centre.

The case studies presented in this report tap into a systems approach which shows the importance of 'working together' and 'information'. These elements can be seen as critical to empowering child, parent and teacher. Further, there may be various discourses of childhood (Burman, 1994) and several cultures represented (Bronfenbrenner, 1999) in the systems approach. These discourses and cultures may be distinctly different and so there may be a pressing need to cross over them, to develop a shared language and a mutual view of any particular child.

The documents 'Better Behaviour Better Learning' (Scottish Executive, 2001) and the 'Better Behaviour in Scotland's Schools Policy Update' (Scottish Executive, 2004) show that no matter what the extent or nature of indiscipline is within any given context or situation, it is a barrier to learning and teaching. Low-level, inappropriate behaviour which typically takes place in classrooms, such as talking out of turn, interrupting others or being inattentive is a nuisance to teachers and pupils alike, and is well recognised as being the most common concern. The range of behaviours recognised can range from such low-level behaviour to much more serious behaviours which may leave children "marginalised and disengaged from the education process" (para 2.6, SEED, 2001). There is a considerable literature on behaviour in the early years. In terms of this project on positive behaviour five key areas emerge:

- Common understandings of inappropriate behaviour
- Perceptions of pre-school staff
- Perceptions of primary school staff
- Perceptions of parents
- The significance of the transition from pre-school to primary education

The preparedness of children for the school environment, and the degree to which schools are 'child ready' (Dunlop, 2003a) are shown to be factors in positive behaviour in primary schools. There is evidence to suggest that disruptive behaviours which are apparent in early childhood tend to persist and may become more severe in later years (Campbell and Ewing, 1990; Moffit, 1993; Pierce et al, 1999). An early study of parental perceptions (Richman, Stevenson and Graham, 1982) suggested that 60% of children with behavioural problems at age 3 will still be experiencing problems at age 8. Against this background there are difficulties of a shared understanding between sectors of what constitutes appropriate or inappropriate and disruptive behaviours. It may be problematic to distinguish between behaviours that are temporary and in part developmental and those which may be precursors of more serious behaviours.

The complex needs of children in the early years can present staff with behaviour issues in, for example, language and communication skills, socialisation and levels of personal independence

among children (Foot et al., 2004; Munn et al., 2004). It is not simple to characterise what constitutes concerning or 'challenging' behaviour as expectations in relation to age, gender, developmental levels and social and educational context combine to form individual perceptions of difficulties - "(T)here is no agreement on what counts as a social, emotional or behavioural difficulty....yet such difficulties clearly exist" (SEED, 2001, p. 13).

This recognition of the complexity of the causes of concerning behaviour is helpful, for its roots may lie in social, psychological or medical domains. Alongside national initiatives to promote better behaviour and improve discipline in schools a range of associated early years work is underway. Greig (2001) explored the social and emotional competence of children starting school in a Scottish local authority, nurture groups are increasingly common, and McLean (2003) has recently reported on gender issues in terms of boys' readiness for school, drawn from a Glasgow based study.

The transition from early years settings into primary education is one which is important for all concerned. Dunlop (2003a) addresses the complexity of transition from pre-school to school and highlights issues of family and child well being and ability of individual children to adapt to change. Dunlop uses an ecological model which shows a positive way forward to considering the interaction of the systems in which children are participating, their transitions between them and the interactions of within child behaviour with relational factors at times of transition. Changes occur for all children as they start school: such transitions can provide opportunities for positive growth and change, but for some children these typical transitions combine with other challenges to make them more vulnerable. For these children in particular the quality, nature and continuity of pre-school and primary environments, curriculum, relationships and interactions may be crucial to their well-being and involvement in learning.

The work of Ferre Laevers (1994, 2000) shows that where there is a lack of involvement and well-being in children, their development and learning may be threatened. Use of a system that investigates how the child functions in the group or in the class aids professional reflection and action to support the development of positive behaviours in the early years (2003). Laevers' process-oriented child monitoring system for young children provides such support.

The final report of the Effective Provision for Pre-school Education (EPPE) (Sylva et al., 2004) offers insights into a range of research outcomes that are relevant to the 'Positive Behaviour Project'. Two of the five research questions asked by the EPPE Project were: 'What is the impact of pre-school on children's intellectual and social/behavioural development?' and 'Are some pre-schools more effective than others in promoting children's development?'. The range of methods used to answer these research questions included child social/behavioural profiles completed by pre-school and primary staff. Home learning, warmth of relationships, social/behavioural profiles in pre-school and at school entry, multiple-disadvantage and the benefits of an early start in pre-school were all significant factors in this large scale study. In the design of the Positive Behaviour Project we considered the instruments used to explore perceptions of children's behaviour in the EPPE project as the value of being able to discuss findings against a background of a large longitudinal study was recognised. Social/behavioural development was assessed by teachers using the Goodman (1997) Strengths and Difficulties Questionnaire. Five measures of social behaviour are reported: Self-regulation, Positive social

behaviour, Antisocial behaviour and Anxious behaviour. Previous uses of the schedule were considered in the study design (Goodman et al., 1998; Goodman et al., 2000).

Understanding children's needs in the early years underpins informed support for their well-being and development. An assessment of the nature and scale of behaviour issues in pre-school and early primary is therefore important to future strategies for promoting positive behaviour nationally and locally, relating to support and development of staff, approaches to the promotion of positive behaviour in the early years, and issues relating to transition, working with parents, information sharing and integrated multi-agency/multi-disciplinary working.

CHAPTER TWO AIMS AND PURPOSE

The Positive Behaviour in the Early Years Project aimed to seek the views about positive behaviour held by practitioners in early years settings, service providers who work with them and parents in order to establish the extent to which behaviour of young children is of concern to practitioners, service providers and parents. Further the project aimed to identify and take into account any relevant factors in terms of children's or family circumstances or conditions (e.g. gender, socio-economic group). Through exploring the approaches that practitioners and service providers use to manage behaviour, promote pro-social behaviour, or other interventions the project aimed to establish the extent to which practitioners feel skilled and prepared for the issues children present in their setting.

Two councils agreed to partner the then Scottish Executive in this project by facilitating access to the range of early years provision and partner providers in their areas. The study sought to involve practitioners in different kinds of provision for children ages 0-6 years, including local authority provision, and their partner providers in private, voluntary and community settings. Additionally the study sought to locate findings derived from the two case study areas within the national context.

The study aimed to focus on key factors in supporting children, such as the priority the setting gave to Personal, Social and Emotional Development as part of the 3-5 and 5-14 curriculum, transitions between different types of provision or different stages of education, information sharing between professionals and with families and multi-disciplinary/inter-agency working. A focus on children under-three also emerged in consultation with the Project Steering Group.

The local authorities agreed to facilitate access where possible to a broad range of support services that work with early years provision to support children and families in education, social work and health, so that their views about supporting positive behaviour could be sought.

The specification for the research led to the following questions:

- 1 What is the extent and nature of behaviour difficulties among children in early years and early primary settings?
- 2 What strategies do parents, practitioners and service providers use to manage behaviour and promote pro-social behaviour?
- 3 What practices can be identified by staff and parents as successful, in relation to supporting transitions from nursery/pre-school to school?
- 4 What effective approaches to training and support can be identified for staff in early years settings?

To address these questions effectively, various investigative approaches were identified. Before the start of the main study, all aspects of our code of ethics were addressed and consequently ethical approval from the University of Strathclyde was confirmed. A coded identifier system was developed to maintain confidentiality appreciating the sensitivities of the research.

Following through the ethics exercise also included implementing procedures for gaining informed consent of all participants.

The questionnaires and research tools were piloted for face-validity and productivity and developed into a set of measures for the main study. The pilot exercise clarified materials and confirmed effectiveness of the measures chosen.

At an early stage, meetings with local authorities and identified pilot settings were held to discuss the project and associated research activities to be undertaken. Professor Ferre Laevers, consultant to the project, was invited to offer a conference day in each local authority in September 2005 on the action-research components of the study. Local authorities were asked to invite representatives of all settings identified to participate in the project. A further session for staff was organised before the start of the project by the research team to revisit these well-being and involvement observation tasks - so providing staff development and support to practitioners to facilitate the completion of the well-being and involvement scales and other self-evaluation instruments. Local authorities were informed of all key aspects in the research process on an ongoing basis and meetings were arranged to discuss any specific issues that arose.

CHAPTER THREE METHODS

3.1 Introduction

A general description is needed to provide background to the findings reported. Detail of specific measures used may be found in the Annexes. The measures used focused on parent, staff and service provider perceptions of young children's behaviour towards the end of the first school term of the year 2005-2006. A further set of measures was taken on a sub-sample of case study settings four months later.

Two local authorities: Edinburgh City and North Lanarkshire had agreed with Scottish Executive Education Department to host this research. They were asked to facilitate approaches to 3 pilot settings and 20 main study settings, and the associated staff and parents. Plans to seek informed consent from parents, practitioners and service providers for all aspects of the investigation were prepared as part of the ethics approval for the project. Participants have been given the opportunity to 'opt in' to the research, and subsequently to 'opt out' prior to each aspect of the investigation. University ethical procedures were in place at all points in the research design.

The study design aimed to recruit a sample of 1000 children and their early educators and families in each of two local authority areas. It was anticipated that 20 settings in each area would be needed to provide the stratified sample of children sought- aged 0-3 (100), 3-4 (300), 4-5 (300), and a transition group (300) entering Primary 1.

A representative sample of practitioners, parents and service providers was sought from the same settings. Given the very different staff-child ratios that operate either side of entry to school, numbers of participating professionals would be greater in early years nursery settings than in Primary 1.

Aiming for a sample of this size is a way of ensuring sufficient returns to enable significant valid and reliable results, to enable generalisation of findings, and to ensure potential for future research. Through working closely with all involved it was hoped to generate at least an average survey response. Actual responses varied by questionnaire, from 62.47% for the first round of well-being, to 34.28% on the parental adult strategies questionnaire. None of the average overall returns per measure fell below this figure. Table 3.2 gives the percentage returns on all measures used.

3.2 Number of children

The target number families and children per local authority and age group/strata are shown in the tables below. A small number of the settings originally approached by local authorities withdrew because of other commitments. The figures below show the numbers identified for the sample by age strata and by local authority.

Table 3.1 - Numbers of children identified for participation

Number of Children					
	0-3	3-4	4-5	P1	
City of Edinburgh	124	212	288	240	864
North Lanarkshire	122	324	325	334	1105
Total	246	536	613	574	1969

The sample size was larger in North Lanarkshire than Edinburgh (Table 3.1), but percentage parental returns from Edinburgh exceeded returns from North Lanarkshire (Table 3.2).

3.3 Number of participating parents

As with the number of children there is a difference between actual families recruited, returns and the final number of cases with complete data. Some measures can be reported by the actual total per measure, eg the Parenting Daily Hassles which achieved 724 returns – 603 of which matched up with other data from measures completed.

Table 3.2 - Number of participating parents

Local Authority	Number of Children	Number of Parental Returns	Percentage Parental Returns
City of Edinburgh	864	360	42%
North Lanarkshire	1105	369	33%
Overall Total	1969	729	37%
Average Return Rate per Setting	45%		
Number of parent cases with complete data	Although there were 729 parental returns overall, our merged parent file on which our analyses have been based has 603 cases.		

3.4 Participating Settings

Forty-one settings took part in the study – 23 in North Lanarkshire and 18 in Edinburgh. Two of the Edinburgh settings provided access to groups of ‘hard to reach’ parents, but were not otherwise involved in the study. In each local authority nursery settings included 0-3 provision as well as 3-5 classes, schools and centres, including partner providers. Eleven primary schools in North Lanarkshire were included, five did not have an associated nursery class. In Edinburgh five primary schools were included, one of them being an independent school. In this way a sample of settings that were typical of each area were included in the study.

3.5 Deprivation indices

Of the 41 settings, 25 were in areas of high social deprivation, eleven were in the medium range, and six settings were in areas of low social deprivation. Not all settings received children from the local area - particularly in the case of independent and partner provisions, children travel outside their home area to nursery and school. Data was drawn from the Scottish Index of Multiple Deprivation (2004) and from the Social Focus on Deprived Areas, Scottish Executive National Statistics publication (2005). Full detail is shown in Annex 3.

3.6 Instruments

In seeking ethical approval for the research approach, a range of possible instruments was identified to draw from as appropriate. Approval was sought, though not all instruments would necessarily be used, for the following range:

- questionnaires - practitioners, service providers and parents;
- semi-structures interviews - practitioners, service providers and parents;
- in-depth case-studies - practitioners, service providers and parents;
- observations in settings - occurrence, collaboration and management and promotion;
- self-evaluation performance indicators;
- tools for child monitoring and whole class screening (Laevers);
- information from councils, in relation to e.g. socio-economic levels;
- follow-up in-depth case studies;
- videos in nurseries - for tracking case study examples, and
- documentary sources of information (including data from therapeutic services and social work services).

The measures used in Strand A were:

- **Strengths & Difficulties Questionnaire** (Goodman, 1997; 2005) completed by educators on all children;
- **Leuven Well-being and Involvement Scales for Young Children**. Educators were asked to do a whole class screening after training at the introductory conferences. A second round of this process-oriented child monitoring system was undertaken in April and May 2006;
- **Hutchinson and Smith Screening Schedule** completed at case study stage by practitioners in relation to a sample of children identified from the whole class screening as having consistently low well-being and involvement as well as a matched number of children with consistently high well-being and involvement;
- **Adult Strategies Questionnaire**: completed by educators;

- **P1 children’s transition records evaluation:** Emotional, personal and social dimensions of practice (in one local authority);
- **Transition Questionnaire** completed by educators for children at all stages;
- **Infant/Toddler Environment Rating Scale (ITERS)** and **Early Childhood Environment Rating Scale (ECERS)** completed through observation by the project research team in all settings;
- **Head of Centre/School Interviews** – all settings, and
- **Staff focus groups** – Strand A research team supported by Childhood and Families Team.

The measures used in **Strand B** were:

- **Daily Hassles Questionnaire** (Crnic K A & Greenberg M T, 1990);
- **Strengths and Difficulties Questionnaire** completed by all parents;
- **Adult strategies questionnaire** completed by all parents;
- **Transition Questionnaire** completed by all parents;
- **POMS** – child profile in four domains completed by a small number of parents in each case study setting, and
- **Parent focus groups** – Childhood and Families team supported by Strand A team.

The purposes of research tools used in the project are shown in table 3.3 below.

Table 3.3 – Purposes of the research tools

Research Tools	Aim of Research Tool	Parents	Educators	Research Team
Strengths & Difficulties Questionnaire	Looks at a range of behaviours in areas of emotions, concentration and relationships and addresses to what extent these behaviours are of concern and impact on home and school life.	√	√	
Adult Strategies Questionnaire	Identifies commonly used strategies for promoting pro-social behaviour and addresses the extent to which professionals and parents feel skilled and supported	√	√	
Transition Questionnaire	Looks at transitions between different stages and types of provision and addresses behavioural aspects at these times of change. What practices can be identified by staff and parents as successful in relation to supporting transitions?	√	√	
Parenting Daily Hassles	Explores behaviours and events that occur in daily family life that may make parenting difficult	√		
Observation Screening (whole-class): Well-being and Involvement	Identifies children's levels of well-being and involvement as key indicators of quality in education, positive behaviour and development		√	
Background Information Form	Provides contextual socio-economic information on families participating in project	√		
Infant and Toddler Environment Rating Scale & Early Childhood Environment Rating Scale	Identifies environmental setting aspects of care and education provision - used to contextualize questionnaire findings			√
Leuven Well-being and Involvement Scales	Whole class screening to establish child levels on scale 1-5.			√

3.7 Process

Research materials were sent out to all settings in November / December 2005 and again in January 2006 for late settings - clear and concise step-by-step guidance was developed to accompany all materials. This was differentiated for parents, practitioners and service providers.

Instructions for giving each practitioner and family a personal code were included. Prior to January and February team observation visits, each setting was sent a summary of the structured interview schedule which included a request for documentation to be available on the visit day. Numbers of settings requested further training in using the well-being and involvement scales- this was undertaken by our research assistant.

In addition, documentary sources were gathered from local authorities and individual settings (e.g. school handbooks, planning proformas, newsletters, transition records, behaviour policies, socio-economic deprivation indices etc.). The research team also undertook semi-structured interviews with service providers/heads of centres and schools.

To gain further contextual information, research team members observed in all settings using the Infant and Toddler Environment Rating Scale and Early Childhood Environment Rating Scale after having been trained in house on usage of the tools. These are widely used early years provision quality assessment instruments and consist of respectively 39 and 43 items in the following overarching categories.

Table 3.4 - ECERS and ITERS item categories

Infant & Toddler Environment Rating Scale (Strata: 0-3)	Early Childhood Environment Rating Scale (Strata: 3-4, 4-5 and P1)
Space & Furnishings	Space & Furnishings
Personal Care Routines	Personal Care Routines
Listening & Talking	Language-Reasoning
Activities	Activities
Interaction	Interaction
Program Structure	Program Structure
Parents & Staff	Parents & Staff

In parallel with the case study phase which completed the project, practitioners in all settings were asked to undertake further action-research by doing a second well-being and involvement screening. In the case study settings this sampling targeted a small number of children in each of the low, medium and high categories for well-being and involvement, with the aim of looking a little more closely at their behaviour in the context of the setting attended.

3.8 Response rate

Response rates are shown in full in the tables in Annex 1(ii). The average percentage returns against the total number of each measure distributed were 36.21% of the Background Information Forms, 36.77% of Parenting Daily Hassles Questionnaire, 62.47% of Well-being Observations, 61.35% of Involvement Observations, 36.21% of Parental Strengths and Difficulties Questionnaire, 63.64% of Staff Strengths and Difficulties Questionnaire, 34.28% of Parental Adult Strategies Questionnaire, and 35.65% of Parental Transitions Questionnaire. A percentage return cannot be given for either the Staff Adult Strategies Questionnaire (n=168) or

the Staff Transitions Questionnaires (n=128) since there was no fixed target figure for distribution of these measures. The second round of Well-being and Involvement measures yielded 41.29% and 41.95% respectively.

3.9 Data gathered

These percentages represent 713 Background Information Forms, 724 Parenting Daily Hassles Questionnaires, 1,230 Well-being Observations, 1,208 Involvement Observations, 713 Parental Strengths and Difficulties Questionnaires, 1,253 Staff Strengths and Difficulties Questionnaires, 675 Parental Adult Strategies Questionnaires, and 702 Parental Transitions Questionnaires, 168 Staff Adult Strategies Questionnaires, 128 Staff Transitions Questionnaires, 813 second round Well-being and 862 second round Involvement measures.

3.10 Analysis

Results from the questionnaires provide both qualitative and quantitative data. Both quantitative and qualitative information was coded for analysis using SPSS, to provide both descriptive and correlational statistical analysis. Textual analysis of comments from parents and teachers was also undertaken using a grounded approach to developing the coding system, resulting in a series of systematic coding categories. A team of six completed all the coding and undertook reliability checks - a high level of congruence was achieved. Coding systems are available - a sample accompanies this report (Annex 4). Application and analysis of the measures in the first phase of the project enabled the team to identify approaches for further in-depth case study which included interviews and focus groups with parents and professionals to elaborate the information provided in questionnaire returns.

3.11 Answering the four main questions

In these ways it is intended to be able to answer the four main questions posed in this project, which are:

- 1 What is the extent and nature of behaviour difficulties among children in early years and early primary settings?
- 2 What strategies do parents, practitioners and service providers use to manage behaviour and promote pro - social behaviour?
- 3 What practices can be identified by staff and parents as successful in relation to supporting transitions from nursery/pre-school to school?
- 4 What effective approaches to training and support can be identified for staff in early years settings?

3.12 Presentation of findings

The report has been organised to present the data by key questions and on the basis of two sets of case studies into settings, and into themes of special interest or concern. Results are presented by age strata and across the sample as a whole.

CHAPTER FOUR WHAT IS THE EXTENT AND NATURE OF BEHAVIOUR DIFFICULTIES AMONG CHILDREN IN EARLY YEARS AND EARLY PRIMARY SETTINGS?

4.1 Introduction

Whilst the project set out to focus on positive behaviour, to do so it was necessary to focus on the range of observable behaviours shown by children in the early years. The literature suggests that behavioural difficulties are often the result of a whole set of factors which include the individual, social circumstances, and institutions, such as education (Abdelnoor, 1999). By taking account of the complexity of circumstances that interrelate to create any difficulties a child may experience, the project sought to avoid a view that difficult behaviours are necessarily ‘within child’. New concepts of well-being and involvement in learning and the learning environment, were introduced to settings in order to move away from such a deficit model of behaviour. The direct observations undertaken were in keeping with the work normally undertaken by early years staff.

Cooper (in Sanders & Hendry, 1997), in keeping with the bio-ecological systems theory of Bronfenbrenner, points out that all humans exist within a social context and so behaviour is a product of interactions between people, environment and the motivation of the individual concerned. Clearly, then, the issue of inappropriate behaviour is complex and cannot be entirely or solely related to the home environment, the community, the nursery or the school or teacher.

Measures were chosen to allow a bridging of all these environments, and so matched measures were used across the age strata, in pre-school and primary, and by practitioners and parents. These common measures included the Strengths and Difficulties Questionnaire, the Adult Strategies Questionnaire and the Transitions Questionnaires. Additionally parents completed the Daily Hassles Questionnaire and practitioners complete the Well-being and Involvement Scales. Descriptives, crosstabulations and correlations have been used to relate the data generated by each instrument.

Data was gathered from parental and teacher perspectives. Data from the Parental and Teacher returns is presented separately, but in the case of data that is collected from both parents and staff, through the same measures, eg the Strengths and Difficulties Questionnaires, where tables reflect matched data the same table title is used, and tables showing data gathered from parents are labelled ‘a’, whilst tables showing data gathered from teachers are labelled ‘b’: these appear in consecutive sections. An example is Table 4.2a Total Difficulties across SDQ Levels - parental perceptions of % of children per level (Normal, Borderline, Abnormal) is matched by Table 4.2b Total Difficulties across SDQ Levels – teacher perceptions of % of children per level (Normal, Borderline, Abnormal). Some data is presented sequentially to show similarities and differences in the views held by parents and teachers, in order to allow comparisons of view. Here since the numbers of returns vary between parents and staff, the percentage figures are the favoured means of comparison.

4.2 Parental perceptions of the nature and extent of Behaviour Difficulties

The highest return on any one of the single parent measures was 724 (Daily Hassles Questionnaire). Of the responding parents 8 % (n= 46) were fathers. 92% of responding parents were mothers (n= 517). On a basis of the common set (n=603), 3% of parents were under 21, whereas 11% were over 40 years of age. The mean age of the parents taking part in the study was between 22-30 and 30-40 although closer to the latter category (respective scores are 3 and 4; mean score is 3.73). In terms of parent returns the children were divided fairly evenly by gender, with 306 boys and 297 girls matched to the 603 parent returns. The mean age of participating children was 3.76 years.

It should be noted that where comparable data was gathered from parents and staff, tables have a suffix of (a), eg 4.3a for parental returns and a suffix of (b) for staff returns.

As shown in table 4.1 parents completing the Daily Hassles data considered that over half of the children had no behaviour difficulties (57.7%), 30.7 % were perceived to have minor difficulties, and 5.6 % fell into the categories of definite and severe difficulties.

Table 4.1 - What % of children are perceived to have behaviour difficulties (from minor to severe)? (Daily Hassles data)

Difficulties		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	348	57.7	61.4	61.4
	Minor Difficulties	185	30.7	32.6	94.0
	Definite Difficulties	32	5.3	5.6	99.6
	Severe Difficulties	2	0.3	0.4	100.0
	Total	567	94.0	100.0	
Missing	0	20	3.3		
	System	16	2.7		
	Total	36	6.0		
Total		603	100.0		

Slightly more boys than girls presented within each category of difficulty, but this was not a significant difference. The gender balance was explored further by means of the Strengths and Difficulties Questionnaire (Table 4.4).

When asked by means of the Parent Strengths and Difficulties Questionnaire (P-SDQ) (Table 4.2a) how many children fell into each level of behaviour in terms of the four negative behavioural domains of emotional symptoms, conduct problems, hyperactivity and peer related problems, parents reported that 81.5% fell within the normal range, with 18.5% of children being seen as having borderline or abnormal behaviour - these figures sit within the reported approximately 20% of children perceived to be presenting with some difficulties at any one time. These results are comparable to previous studies which found that 15% of 3 year olds were considered by parents to present mild behavioural problems and a further 7% considered to

present with moderate or severe behavioural difficulties (Richman et al., 1982), and Thompson and colleagues found 13% of 3 year-olds to be perceived by parents to have behaviour problems (Thompson et al., 1996). Approximately 6% -10% of 11 year olds were viewed by parents and teachers as showing significant emotional and behavioural problems in the Isle of Wight study carried out by Rutter and colleagues (Rutter et al, 1970) with rates of perceived problems found to be almost doubled in a similar study in an inner London borough (Rutter et al, 1975).

Table 4.2a Total Difficulties as perceived by parents across SDQ Levels - % of children per level (Normal, Borderline, Abnormal)

Total Difficulties		Frequency	Percent	Valid Percent	Cumulative Percent
Valid <i>18.5% borderline or abnormal</i>	Normal	432	71.6	81.5	81.5
	Borderline	46	7.6	8.7	90.2
	Abnormal	52	8.6	9.8	100.0
	Total	530	87.9	100.0	
Missing	System	73	12.1		
Total		603	100.0		

Only in the ‘abnormal’ level of behaviour did boys display more difficulties than girls: 12% of boys and 7% of girls presented with an abnormal level of difficulty in terms of the total average difficulties on the 4 negative domains of the SDQ.

Table 4.3a - % children by age in each SDQ level

age-years * Total SDQ negative domains Crosstabulation			Total Class			Total
			Normal	Borderline	Abnormal	
age-years	0		1	1		2
			50.0%	50.0%		100.0%
	1		6		2	8
			75.0%		25.0%	100.0%
	2		16	2	3	21
			76.2%	9.5%	14.3%	100.0%
	3		122	26	22	170
			71.8%	15.3%	12.9%	100.0%
	4		173	10	15	198
			87.4%	5.1%	7.6%	100.0%
5		113	6	9	128	
		88.3%	4.7%	7.0%	100.0%	
6		1	1	1	2	
		33.3%	33.3%	33.3%	100.0%	
Total			432	46	52	530
			81.5%	8.7%	9.8%	100.0%
			100.0%	100.0%	100.0%	100.0%

The profile of frequency of difficulties by age revealed through analysis of the negative domains of the P-SDQ (Table 4.3a) shows the highest number of children presenting in the borderline and abnormal range in any age strata is 3 year olds. This ties in with parental comment that the older

the child the more difficult parents can find their behaviour. One mother remarked “I try to instill good manners in my kids and explain to them why I am telling them off if they are being naughty. I try to be a good role model. As my kids get older I find it harder to stay calm when I am explaining things to them. I end up shouting which I then feel guilty about.” Another mother said “I would like more help with his behaviour because I’ve tried everything.”

The Strengths and Difficulties Questionnaire provides an insight into how parents view children’s behaviour within each domain. In term of pro-social behaviour (Table 4.4a) boys and girls are evenly balanced within the normal levels of behaviour, and this is by far the largest grouping. Within borderline and abnormal levels of behaviour the numbers of boys presenting are somewhat higher than the number of girls. A correlational analysis of total difficulties and pro-social behaviour reveals a significant negative correlation at the >0.01 level (2 tailed). The higher the number of total difficulties presented by children, the lower their pro-social skills.

Table 4.4a – Parent perceptions of the relationship between pro-social behaviour and gender

Pro-social Class * gender Cross tabulation		gender		Total
		Male	Female	
Normal	Count	243	245	488
	% within Pro-socialClass	49.8%	50.2%	100%
Borderline	Count	28	17	45
	% within Pro-socialClass	62.2%	37.8%	100.0%
Abnormal	Count	14	9	23
	% within Pro-socialClass	60.9%	39.1%	100%
Total	Count	285	271	556
	% within Pro-socialClass	51.3%	48.7%	100.0%

4.2.1. Domains of Behaviour within the Parent SDQ

The tables that follow outline the parents’ perception of their children’s behaviour in each domain of the SDQ. The Strengths and Difficulties Questionnaire uses the terminology of ‘normal’, ‘borderline’ and ‘abnormal’. We have used this terminology in order to maintain consistency in reporting the results and because alternative terms such as ‘severe’ do not overcome the concerns we as a team, and our readers may have about the negativity of some of Goodman’s terminology. Our aim was to be able to highlight the extent of positive behaviours – to do so we had to embrace the notion of negative behaviours and the extent to which they may be troubling to parents, to staff and indeed within the peer group. The full features of all domains can be found in the Annex 3, and are also included in the discussion that follows.

Emotional Domain

Parents feel very positive about the emotional domain of young children’s development. 87% of parents feel their children’s development in this area is within the normal range (Table 4.5a). Parents are asked about the following behaviours in order to generate a score on the extent of difficulties-

- Often complains of headaches, stomach aches
- Many worries, often seems worried
- Often unhappy, downhearted or tearful
- Nervous or clingy in new situations
- Many fears, easily scared

Table 4.5a – Emotional Domain Parent SDQ

Emotional Class	Frequency	Percent	Valid Percent	Cumulative Percent
Normal	490	81.3	87.0	87.0
Borderline	37	6.1	6.6	93.6
Abnormal	36	6.0	6.4	100.0
Total	563	93.4	100.0	
System	40	6.6		
Total	603	100.0		

Conduct Domain

However in terms of behaviour (conduct domain) the level of concern at borderline and abnormal levels includes over one third of cases: 38.5% (Table 4.6a). The 20% in the abnormal range does marry with the standard understanding of 20% of children experiencing difficulties at some time, however 38.5% outwith the normal range suggest a need for help and support for one third of responding parents. The following behaviours are considered in this domain- with differentiation on some items for younger children.

- Often has temper tantrums or hot tempers
- Generally obedient, usually does what adults request
- Often fights with other children or bullies them
- Often lies or cheats (in 3-4 version: often argumentative with adults)
- Steals from home, school or elsewhere (in 3-4 version: can be spiteful to others)

Table 4.6a – Conduct Domain Parent SDQ

Conduct Class	Frequency	Percent	Valid Percent	Cumulative Percent
Normal	344	57.0	61.2	61.2
Borderline	104	17.2	18.5	79.7
Abnormal	114	18.9	20.3	100.0
Total	562	93.2	100.0	
System	41	6.8		
Total	603	100.0		

Peer relationships Domain

Concerns about children’s peer relationships also affect parents (Table 4.7a) - here parents consider that 20.4% of children have difficulties either at a borderline (11.3%) or at an abnormal level (9.1%). When asked about the benefits of pre-school provision parents frequently respond in terms of the social benefits, clearly parents and practitioners have a role to play in supporting children in this area, as staff also consider that 19.8% of children have such difficulties.

- Rather solitary, tends to play alone
- Has at least one good friend
- Generally liked by other children
- Picked on or bullied by other children
- Gets on better with adults than with other children

Table 4.7a – Peer Relationships Domain - Parent SDQ

Peer relations class	Frequency	Percent	Valid Percent	Cumulative Percent
Normal	444	73.6	79.6	79.6
Borderline	63	10.4	11.3	90.9
Abnormal	51	8.5	9.1	100.0
Total	558	92.5	100.0	
System	45	7.5		
	603	100.0		

Hyperactivity Domain

When asked to consider behaviour in the hyperactivity domain items parents are asked to score whether they consider their child: restless, overactive and unable to stay still for long; constantly fidgety or squirming; easily distracted with wandering concentration; thinks things out before acting or sees tasks through to the end with a good attention span. This range of behaviours leaves room for parents to make a positive response rather than simply focusing upon whether difficulties may be present or not. Nearly 80% of children are seen by their parents to be within a normal range in this domain. However we find 21.7% feel their children have some difficulties in this area, with 13.2% presenting with an unusual level of difficulty (Table 4.8a).

Table 4.8a – Hyperactivity Domain - Parent SDQ

Hyperactivity Class	Frequency	Percent	Valid Percent	Cumulative Percent
Normal	433	71.8	78.3	78.3
Borderline	47	7.8	8.5	86.8
Abnormal	73	12.1	13.2	100.0
Total	553	91.7	100.0	
System	50	8.3		
	603	100.0		

4.2.2 Pro-social Relationships Domain

In the pro-social domain (Table 4.9a) which is not used to calculate the extent of overall difficulties, but rather to establish the extent of positive social behaviours, parents are asked to respond to the following statements -

- Considerate of other people’s feelings
- Shares readily with other children
- Helpful if someone is hurt, upset or feeling ill
- Kind to younger children
- Often volunteers to help others

Table 4.9a – Pro-social relationships Domain – Parent SDQ

Pro-social Class	Frequency	Percent	Valid Percent	Cumulative Percent
Normal	488	80.9	87.8	87.8
Borderline	45	7.5	8.1	95.9
Abnormal	23	3.8	4.1	100.0
Total	556	92.2	100.0	
System	47	7.8		
	603	100.0		

Despite specific concerns in other domains and high levels of concern in the conduct domain, 87.8 % parents report that their children respond positively towards others. A few children fall into the abnormal range (4.1%) and 8.1% are considered to be borderline, however overall the outcomes for this domain tell us that parents of young children recognize the ways in which their children are developing positive behaviours towards others.

4.2.3 Impact of perceived difficulties on other aspects of behaviour

The data from parents who responded to the idea of such difficulties having an impact on friendships between children (Table 4.10a), suggests that whilst children’s struggles with peer relationships are recognized, this has no impact for 59% - over half of the children, impacts only a little on the development of friendships for 33.2% of children, but for 7.8% there is a considerable impact. In terms of overall behavioural difficulties, parents do find an impact on home life, with 43% of children for whom this is low impact, and 18% of children’s behaviour impacting quite a lot or a great deal on home life. With 43% in the niggles and constantly intruding low-level difficulties, this coincides with Munn’s findings (2004) that for teachers it is the low-level behaviours that can be the most draining.

Parents also report that for 11.4%, behavioural difficulties impact on children’s learning to a marked extent, whilst 37.3% note there is some impact. Equally in terms of leisure activities impact of perceived difficulties are felt a little for 33% of children, and more considerably for a kernel of 8.3% of children.

Table 4.10a - Impact of perceived difficulties on friendships

Impact of perceived difficulties on friendships	Frequency	Percent	Valid Percent	Cumulative Percent
Not at all	135	22.4	59.0	59.0
Only a little	76	12.6	33.2	92.1
Quite a lot	12	2.0	5.2	97.4
A great deal	6	1.0	2.6	100.0
Total	229	38.0	100.0	
0	358	59.4		
System	16	2.7		
Total	374	62.0		
	603	100.0		

Turning to the possible links between children’s levels of negative behaviour and parental or family factors we find no significant relationship between parental age and the level of hassle caused by their children’s behaviours, but we do find a significant relationship (albeit at 0.05 level of significance- 2 tailed) between parents’ age and perceived difficulties in the areas of their children’s emotions, concentration, behaviour or being able to get on with other people (the younger the parent the higher the level of perceived difficulties). Discussions in the focus groups have suggested that the people seen by younger parents as most able to provide them with support in coping with their children’s behaviours are their own extended family. This discussion is reported more fully later in the report, but there are implications in how professionals attempt to work with hard to reach parents if there is low trust for these women in terms of professional expertise. Here too is interesting to note that the younger the child the higher the score on perceived total difficulties (SDQ parents): this correlates at a > 0.01 level of significance (2-tailed). Further girls tend to score higher on the pro-social scale, however this is significant at a 0.05 level only. Young parents may therefore be finding their young male children harder to handle than their young female children.

Strikingly, difficulties are seen by parents to have been present for over a year in 55% of children in the sample. A further 26.5% of children are reported to have difficulties for a 6 month period and 15.7% for 6-12 months. In other words there are families experiencing that their children have sustained difficulties. Whilst this calls for a sustained response, it should be noted that 46% find these behaviours only a little burdensome, whilst 17.2% find them either quite or very burdensome. Many behaviours are seen to be typical for the stage of development of the children, but where these are seen as of borderline or abnormal, there is a need for help and support.

Turning to the Daily Hassles data, there is a positive correlation between the Hassle Score and the perceived extent of burden it puts on parent/family as a whole at a <0.01 level of significance.

Overall, parents did not find dealing with their children’s behaviour and needs to be a hassle. Only 1% of parents score a total over 70 on the hassles component; this means that they experience significant pressure in their parenting. Similarly the data indicates parents experience a high frequency of potentially hassling situations and events (6% score over total score higher than 50 on the frequency component). The mean total score on the hassles score is 39 (range of this scale is 0 -100), whereas 37 is the mean total score for the frequency component (range is 0 - 80); respective standard deviations are 12.75 and 8.48. There is also a significant correlation between level of perceived hassle and frequency of which behaviour occurs. In the parent focus groups many parents said they found their children’s behaviour could be embarrassing and a hassle in public, however 64% reported such hassle was low or very low when responding to the Daily Hassles Questionnaire. In the questionnaire returns only 17% report that public hassle is high or very high. Perhaps it is easier to share the hassles in a group situation, and more threatening to record this on paper.

4.3 Staff Perceptions of the Extent and Nature of Behaviour Difficulties

Parental perceptions of children’s behaviour were matched by data collection with staff. Staff measures were labelled ‘teacher’ - but were completed by the range of staff who work in early childhood settings and not solely those who are registered teachers. The range of data gathered through use of the Strand A measures was extensive. This section starts with an overview from the Teacher Adult Strategies data, the remainder of this section presents evidence from the Teacher Strengths and Difficulties Questionnaires, Teacher Adult Strategies data and the Well-being and Involvement scales. Where there is comparable data with parental returns, the numbering of tables is matched but distinguished by using the suffix (a) for parental returns above, and the suffix (b) for the staff tables which follow. Over half the early educators participating in this study reported high confidence in working with young children presenting with behaviours that cause concern. They were able to identify a range of such behaviours. As with other data numbers of returns vary in relation to items completed and in the light of analysis of the number of complete cases in our final merged data file.

Table 4.11 - Teacher Adult Strategies responses - Behaviours causing some difficulty for staff, children or the setting as a whole (n = numbers of staff)

Difficulties		Difficulties behaviour	Difficulties concentration	Difficulties relationships	Difficulties emotions	Difficulties self-esteem	Difficulties toileting	Difficulties sleeping	Difficulties eating	Difficulties other
n	Valid	149	151	133	132	115	109	91	123	21
	Missing	19	17	35	36	53	59	77	45	147

Their responses show that difficulties in concentration in children as well as overall behavioural difficulties cause some concern. Relationships and children’s capacity to cope with their emotions provide another area in which staff experience some difficulty in meeting needs and concerns. Staff responses to toileting, eating and sleeping difficulties accord with parental

concerns in these areas, and given that parents say effective communication with their child's carers and educators makes a difference, it would seem these may be areas in which skilled workers could offer parents support, and less skilled need additional development.

Table 4.12 Total numbers of children for whom SDQ returns were received by age

Age Strata	Frequency	Percent	Valid Percent	Cumulative Percent
0-3	99	6.7	7.6	7.6
3-4	327	22.2	25.2	32.8
4-5	460	31.2	35.5	68.3
P1	411	27.8	31.7	100.0
Total	1297	87.9	100.0	

With regard to the extent of behaviour difficulties (Table 4.12), when asked on the TSDQ for an overall judgement on difficulties in emotion, concentration, behaviour or being able to get on with people, as perceived by the staff, 63.3% of all children (n=742) were perceived to have no difficulties, and of the remaining 36.8%, only 3.1% (n=36) were considered to have severe difficulties. Comparing the extent of difficulties, it can be seen that there was no significant relationship between child age and behaviour difficulties. In relation to the specific TSDQ domains, children between the ages of 4-5 were perceived to show the most difficulties overall, with 37.6% (n=411) perceived as showing difficulties in the areas of emotional symptoms, conduct problems, hyperactivity and problems with peer relationships. Of the P1 children, 32.2% (n=354) showed some difficulties in these same areas.

The SDQ was administered in relation to 1476 children by members of staff in two different local authorities. The specific items completed on questionnaires varied, leading to some variations in returns from item to item. Of the members of staff completing the SDQ (Table 4.13), 6.4% were head teachers or centre managers, 40.7% were qualified teachers, and 50% were nursery assistants/nursery nurses. A further 2.9% returns were made by groups of staff on a joint basis.

Table 4.13 Responses to staff designation on T- SDQ child returns

Position held by respondents	Frequency	Percent	Valid Percent	Cumulative Percent
Manager/Head Teacher	66	4.5	6.4	6.4
Teacher/Nursery Teacher	423	28.7	40.7	47.1
Nursery Assistant/Nurse	520	35.2	50.0	97.1
Group of Teachers	30	2.0	2.9	100.0
Total	1039			

The total difficulties across SDQ levels as perceived by staff are higher than those identified by parents. Staff consider that 24.5% of children show borderline or severe levels of difficulty, whereas parents consider 18.5% do so (Table 4.2a).

Table 4.2b Total Difficulties as perceived by staff across T-SDQ Levels - % of children per level (Normal, Borderline, Abnormal)

Total Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
24.5% borderline or abnormal levels	Normal	838	56.8	75.5	75.5
	Borderline	144	9.8	13.0	88.5
	Abnormal	128	8.7	11.5	100.0
	Total	1110	75.2	100.0	
	Missing Cases	366	24.8		
	Total	1476	100.0		

The teacher adult strategies questionnaire provided 149 responses to the enquiry about staff levels of concern in relation to children's age. Levels of concern were very low in relation to babies under one year, rose in one to two year olds, and again in three and four year olds, with very few staff reporting a concern with the behaviour of 5 and 6 year olds. In percentage terms the highest levels of concern were reported by staff working with 3 and 4 year olds (Table 4.3b). Whilst staff reported concerns they also felt they had a range of strategies to employ. These are discussed further in the section on staff strategies. This is similar in percentage terms to the findings of the Teacher SDQ.

The profile of frequency of difficulties by age revealed through analysis of the negative domains of the T-SDQ (Table 4.3b) shows the highest number of children presenting in the borderline and abnormal range in any age strata is 33% of two year olds in each of borderline and abnormal behaviours (n=61). Overall as with the parental returns the majority of children are perceived to be within the normal range of behaviours.

Table 4.3b - % children by age in each T- SDQ level

Age-years Total SDQ negative domains Crosstabulation		Total Class			Total
		Normal	Borderline	Abnormal	
age -years		451	67	67	585
		77.1%	11.5%	11.5%	100.0%
	0	3	1		4
		75.0%	25.0%		100.0%
	1	1		3	4
		25.0%		75.0%	100.0%
	2	5	5	5	15
		33.3%	33.3%	33.3%	100.0%
	3	95	36	25	156
		60.9%	23.1%	16.0%	100.0%
	4	170	19	16	205
		82.9%	9.3%	7.8%	100.0%
	5	109	16	12	137
	79.6%	11.7%	8.8%	100.0%	
6	3			3	

		100.0%			100.0%
Total		838	144	128	1110
		75.5%	13.0%	11.5%	100.0%

In terms of pro-social behaviour and gender, staff consider slightly more girls than boys lie within normal levels of pro-social behaviour (Table 4.4b).

Table 4.4b – Staff perceptions of the relationship between pro-social behaviour and gender

Pro-socialClass * Gender Crosstabulation		Gender		Total
		male	female	
		1	2	
Normal	Count	341	373	714
	% of Total	32.6%	35.6%	68.2%
Borderline	Count	85	65	150
	% of Total	8.1%	6.2%	14.3%
Severe	Count	128	55	183
	% of Total	12.2%	5.3%	17.5%
Total	Count	554	493	1047
	% of Total	52.9%	47.1%	100.0%

According to staff within the borderline levels of behaviour there are more boys than girls, and in the abnormal range there are over twice as many boys as girls. As with the parental SDQ correlational analysis of total difficulties and pro-social behaviour, the T-SDQ also reveals a significant negative correlation at the >0.01 level (2 tailed). In the case of all children, the higher the number of total difficulties presented by children, the lower their pro-social skills

Of the 1047 returns relating to both pro-social behaviour and gender (Table 4.4b), 554 were in respect of boys and 493 were for girls. 84 forms were returned with no gender indicated. There were more girls reported to be in a normal range of pro-social behaviour, and 20% of boys presented as having more difficulties pro-socially in the case of both borderline and severe behaviours, whereas 11.5% of girls fall into this category in the view of staff.

4.3.1 Domains of Behaviour within the Staff SDQ

Overall returns on the five domains of behaviour numbered 1128 (Table 4.14). As with the Parent SDQ, four of the domains address negative behaviours, whilst one, pro-social behaviour addresses positive behaviours.

Looking at each of the four areas of emotional difficulties, conduct difficulties, hyperactivity and peer relationships it is interesting to note some variation according to the extent to which behaviours are perceived as being on the normal - abnormal range. The numbers of cases are summarised in Table 4.14.

Table 4.14– Numbers of cases on each T-SDQ scale by level of behaviour

Numbers of cases on each TDSQ scale by level of behaviour	Total Class	Emotion Class	Conduct Class	Hyper Class	Peer Class	Pro-social Class
	Count	Count	Count	Count	Count	Count
Normal	838	1076	978	865	959	754
Borderline	144	39	66	76	84	168
Severe	128	56	132	231	124	206

As with the parental returns the intention behind investigating negative behaviours as perceived by staff, is to establish the extent to which such behaviours are troubling, and to highlight the extent of positive behaviours.

Emotional Domain

A higher percentage of boys 49% (n= 533) were perceived to have normal levels of emotional behaviour as opposed to 42.6 % (n=463) of girls. Perceptions for borderline continued to show boys having fewer problems 1.5% (n=16) as opposed to 2.1% (n=23) in girls. However on ratings for severe behaviour boys were perceived to have slightly, but not significantly worse difficulties 2.6 (n=28) against 2.3 (n=25). Overall 8.1% of children are viewed by staff as having borderline or severe difficulties in the emotional domain (Table 4.5b).

Table 4.5b – Emotional domain Teacher/Staff SDQ

Emotion Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
8.1% borderline or severe levels	Normal	1076	72.9	91.9	91.9
	Borderline	39	2.6	3.3	95.2
	Severe	56	3.8	4.8	100.0
	Total	1171	79.3	100.0	
	Missing Cases	305	20.7		
	Total	1476	100.0		

Conduct Domain

Similarly with issues of conduct, perceptions of staff showed that boys were more likely to display normal parameters of behaviour: 43% (n=470) of boys had normal conduct as opposed to 40% (n=437) of girls. Fewer boys had borderline difficulties, 2.7% (n=30) were considered borderline whereas 3.2% (n=35) of girls were. However, 7.2% (n=79) boys were considered to have severe conduct issues, whereas 3.8% (n=42) girls were considered in a similar light. Overall

16.8% of children overall exhibited borderline or severe levels of difficulty in the conduct domain. (Table 4.6b)

Table 4.6b – Conduct Domain Teacher/Staff SDQ

Conduct Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
16.8% borderline or severe levels	Normal	978	66.3	83.2	83.2
	Borderline	66	4.5	5.6	88.8
	Abnormal	132	8.9	11.2	100.0
	Total	1176	79.7	100.0	
	Missing Cases	300	20.3		
	Total	1476	100.0		

Peer Relationships Domain

Difficulties with peers again showed boys in a positive light with 43% (n=466) showing as normal against 38.8% (n=421) for girls. However more boys showed more borderline difficulties 4% (n=43) against 3.2% (n=35) of girls. More boys 6.4% (n=69) were classified as having severe difficulties whereas 4.6% (n=59) of girls were considered to have severe difficulties in this area. Overall 208 children or 14% were deemed to show some level of difficulty in peer relationships (Table 4.7b).

Table 4.7b – Peer Relationships Domain - Teacher/Staff SDQ

Peer relationships Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
17.8% borderline or severe levels	Normal	959	65.0	82.2	82.2
	Borderline	84	5.7	7.2	89.4
	Abnormal	124	8.4	10.6	100.0
	Total	1167	79.1	100.0	
	Missing Cases	309	20.9		
	Total	1476	100.0		

Hyperactivity Domain

The picture alters in the classification of hyperactivity issues. In every classification of hyperactivity the percentage of boys exceeded that of girls. Those boys who were considered in the normal range amounted to 35.7% (n=388) against 38.4% (n=418) girls. Boys were slightly ahead with 3.8% (n=41) in borderline cases, whereas girls had 2.5% (N=27). However the number of boys considered to have serious hyperactivity was more than double the number of girls. 13.6% (n=148) were considered to have severe issues of hyperactivity, whereas 6.1% (n=66) of girls came into this category. Overall taking all children together, 26% of children show some level of hyperactivity, and in 19.7% of these cases it is severe (Table 4.8b).

Table 4.8b – Hyperactivity Domain – Teacher/Staff SDQ

Hyperactivity Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
26.2% borderline or severe levels	Normal	865	58.6	73.8	73.8
	Borderline	76	5.1	6.5	80.3
	Abnormal	231	15.7	19.7	100.0
	Total	1172	79.4	100.0	
	Missing Cases	304	20.6		
	Total	1476	100.0		

	Total	1476	100.0		
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4.3.2 Pro-social relationships Domain

Reflecting on the areas of the SDQ addressed in the pro-social domain, 33.2% of children overall emerge as having some problems in the view of early years staff (Table 4.9b). This contrasts sharply with parental perceptions: staff consider nearly three times as many children to display serious difficulties in pro-social behaviour than their parents do. Part of the purpose of pre-school provision is to provide children with a widened social network and to encourage their play and cooperation with others, as a base for future inclusion.

In relation to staff perceptions, previous studies have reported that 17% of 4-7 year olds were perceived by teachers as having mild behaviour difficulties, with a further 16% viewed as having definite behavioural problems (Tizard et al, 1988), and 22% of 7 year olds were perceived by teachers to show some difficulties in behaviour, with 14% considered to present serious problems (Davie et al., 1972).

Table 4.9b – Pro-social relationships Domain – Teacher/Staff SDQ

Pro-social Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
33.2% borderline or severe levels	Normal	754	51.1	66.8	66.8
	Borderline	168	11.4	14.9	81.7
	Abnormal	206	14.0	18.3	100
	Total	1128	76.4	100	
	Missing Cases	348	23.6		
	Total	1476	100		

4.4 Summary of parental and staff perceptions of behaviour using the SDQ behavioural domains

Table 4.15 shows the responses of parents and practitioners in relation to the different behavioural domains within the SDQ, and here there are some differences of view. Parents felt very positive about the emotional domain of young children’s development with 87% feeling their children’s development in this area to be within the normal range. This was reflected in the responses of the practitioners which placed around 90% of the children within the normal range in the emotional domain.

Table 4.15 - Comparison of responses of parents and practitioners on the SDQ in placing children in the normal range (approximate percentages)

Domain	Emotion	Pro-social	Conduct	Peer-relationships	Hyperactivity
Parents	87%	88%	60%	80%	80%
Practitioners	90%	66%	80%	80%	74%

In the pro-social domain 88% parents reported that their children respond positively towards others while practitioners placed 66% of the children within the normal range. In the conduct

domain, while practitioners placed about 80% of children within the normal range parents considered a lesser proportion (60%) of their children to be in this range, with around 20% being perceived in the borderline range and 20% in the abnormal range.

In the peer relationships domain, about 80% of parents indicated that they considered their children to be in the normal range, and similarly practitioners placed 80% of children in this range. In the hyperactivity domain, 80% of parents considered their children to be in the normal range, while practitioners placed about 74% of children in this range, with about 20% being placed in the abnormal range.

4.5 Further analysis of Staff Adult Strategies data

Further analysis of the Staff Adult Strategies Questionnaire returns allows reflection on how children’s behaviours are seen in relation to concentration, relationships, emotions, self esteem, eating and sleeping.

It is worth reflecting on the level of concern expressed here about children’s concentration as it links to the section on well-being and involvement and is elaborated by the tables that follow. These tables show staff perceptions on the degree of challenge they experience in different aspects of child behaviour highlighted and investigated through the Adult Strategies questionnaire.

Levels of concern about behaviour, concentration, relationships, emotions and feelings, self-esteem, toileting, sleeping, and eating and appetite are shown in tables 4.16– 4.22 below.

Out of 151 staff responding to this question on children’s concentration, only 16% (n=25) of staff had no concerns. 48% (n=73) had a few concerns, and 35% (n=53) had quite a lot of concern about children’s capacity to concentrate (Table 4.16).

Table 4.16 - Numbers/ % of staff expressing levels of concern/lack of concern about children’s difficulties in concentration by age

Difficulties- concentration			yes, a little	yes, quite a lot	no	Total
Strata	0	Count	1			1
		%	1.4%			0.7%
	1 years	Count	10	8	16	34
		%	13.7%	15.1%	64.0%	22.5%
	2 years	Count	17	14	2	33
		%	23.3%	26.4%	8.0%	21.9%
	3 years	Count	21	11	3	35
		%	28.8%	20.8%	12.0%	23.2%
	4 years	Count	17	14	3	34
		%	23.3%	26.4%	12.0%	22.5%
	5 years	Count	6	6	1	13
		%	8.2%	11.3%	4.0%	8.6%
	6 years	Count	1			1
		%	1.4%			0.7%
Total		Count	73	53	25	151

Total		%	100.0%	100.0%	100.0%	100.0%
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When staff considered their levels of concern about children’s competence or level of difficulty in the area of relationships, 56% (n=75) recorded a little concern, 15% (n=20) recorded considerable concern, and 29% (n=38) felt no concern about children’s relationships with others (Table 4.17).

Table 4.17 - Numbers/ % of staff expressing levels of concern/lack of concern about children’s difficulties in relationships by strata

Difficulties in relationships			yes, a little	yes, quite a lot	no	Total
Strata	0	Count			1	1
		%			2.6%	0.8%
	1 years	Count	16	3	15	34
		%	21.3%	15.0%	39.5%	25.6%
	2 years	Count	17	5	6	28
		%	22.7%	25.0%	15.8%	21.1%
	3 years	Count	22	3	3	28
		%	29.3%	15.0%	7.9%	21.1%
	4 years	Count	13	8	10	31
		%	17.3%	40.0%	26.3%	23.3%
	5 years	Count	6	1	3	10
		%	8.0%	5.0%	7.9%	7.5%
	6 years	Count	1			1
		%	1.3%			0.8%
Total		Count	75	20	38	133
		%	100.0%	100.0%	100.0%	100.0%

Reflecting on whether children’s capacity to cope with their emotions and feelings is concerning, 53% (N=70) of respondents felt a little concern about this, 26% (n=34) felt quite a lot of concern and 21% (n=28) staff felt no concern about this aspect of children’s conduct.

Table 4.18 - Numbers/ % of staff expressing levels of concern/lack of concern about children’s difficulties with emotions and feelings by strata

Difficulties-emotions			yes, a little	yes, quite a lot	no	Total
Strata	0	Count	1			1
		%	1.4%			0.8%
	1 years	Count	13	7	13	33
		%	18.6%	20.6%	46.4%	25.0%
	2 years	Count	20	5	5	30
		%	28.6%	14.7%	17.9%	22.7%
	3 years	Count	16	10	3	29
		%	22.9%	29.4%	10.7%	22.0%
	4 years	Count	12	10	5	27
		%	17.1%	29.4%	17.9%	20.5%
	5 years	Count	8	1	2	11
		%	11.4%	2.9%	7.1%	8.3%
	6 years	Count		1		1
		%		2.9%		0.8%
Total		Count	70	34	28	132

		%	100.0%	100.0%	100.0%	100.0%
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Across the sample the most concerns felt in terms of expression of emotions and feelings lay with the 4 year olds – here there would be an expectation that typically children are beginning to be able to express themselves in appropriate ways (Table 4.18).

Table 4.19 - Numbers/ % of staff expressing levels of concern/lack of concern about children’s difficulties with self esteem by strata

Difficulties self-esteem			yes, a little	yes, quite a lot	no	Table
Strata	0	Count			1	1
		%			2.6%	0.9%
1 years		Count	9	5	17	31
		%	15.3%	27.8%	44.7%	27.0%
2 years		Count	14	3	7	24
		%	23.7%	16.7%	18.4%	20.9%
3 years		Count	16	2	4	22
		%	27.1%	11.1%	10.5%	19.1%
4 years		Count	14	7	6	27
		%	23.7%	38.9%	15.8%	23.5%
5 years		Count	6	1	3	10
		%	10.2%	5.6%	7.9%	8.7%
Total		Count	59	18	38	115
		%	100.0%	100.0%	100.0%	100.0%

A third of staff, 33% (n=38), have no concerns about children’s levels of self-esteem, but 51% (n=59) have some concern, and 15% (n=18) have quite a lot of concern (Table 4-19). Evidence shows the link between positive self-esteem and success in learning, and is an important area for focus by early years personnel. Data from this study indicates a positive sense of well being for many children, but not all, and it is those with low self-esteem and a low sense of well-being who are likely to need additional support.

Tables 4.20, 4.21 and 4.22 show staff perceptions of children’s difficulties in the areas of toileting, sleeping, and eating and appetite. 40% of staff (n=44) express a little concern about children’s toileting (Table 4.20).

Concerns are at their highest in terms of 1 and 2 year olds where it would be expected that there would be such a focus. However these concerns persist with 3 and 4 year olds, but in relation to a smaller number of staff (8%, n=9), and the majority of staff (51%, n=56) lack concern about children’s toileting.

Table 4.20 - Numbers/ % of staff expressing levels of concern/lack of concern about children’s difficulties with toileting by strata

Difficulties-toileting			yes, a little	yes, quite a lot	no	Total
Strata	0	Count			1	1
		%			1.8%	0.9%
	1 years	Count	6	6	14	26
		%	13.6%	66.7%	25.0%	23.9%
	2 years	Count	16		10	26
		%	36.4%		17.9%	23.9%
	3 years	Count	12	1	11	24
		%	27.3%	11.1%	19.6%	22.0%
	4 years	Count	9	2	14	25
		%	20.5%	22.2%	25.0%	22.9%
	5 years	Count	1		6	7
		%	2.3%		10.7%	6.4%
Total		Count	44	9	56	109
		%	100.0%	100.0%	100.0%	100.0%

Focusing on sleep issues, 72% (n=66) of staff have no concerns at all (Table 4.21). Provision for the very youngest children will attend to the need for rest for children, but for many practitioners concerns would be less in terms of their own service, and more in terms of how disrupted sleep or parental reporting of difficulties at home with sleep management might impact on the day-to-day experience of children. 26% of staff respondents do therefore report some concern (n=19 report a little concern, and only 6 report considerable concern).

Table 4.21 - Numbers/ % of staff expressing levels of concern/lack of concern about children’s difficulties with sleeping by strata

Difficulties-sleeping			yes, a little	yes, quite a lot	no	Total
Strata	0	Count			1	1
		%			1.5%	1.1%
	1 years	Count	7	3	21	31
		%	36.8%	50.0%	31.8%	34.1%
	2 years	Count	6	2	14	22
		%	31.6%	33.3%	21.2%	24.2%
	3 years	Count	1	1	16	18
		%	5.3%	16.7%	24.2%	19.8%
	4 years	Count	4		9	13
		%	21.1%		13.6%	14.3%
	5 years	Count	1		5	6
		%	5.3%		7.6%	6.6%
Total		Count	19	6	66	91
		%	100.0%	100.0%	100.0%	100.0%

Children’s physical well-being, diet and its relationship to overall health have an increasingly high policy profile. Here half of staff respondents have no concern at all about children’s eating and appetite (51%, n=63). The other half are divided between a little concern and higher levels of concern. 42% (n=51) of staff express some concern right across the pre-school years, and a small number 9% (n=9) have a higher level of concern. These higher levels of concern most likely relate to particular children, given the low numbers (Table 4.22). Most children attend nursery for a part-day and it may be that concerns about eating and appetite surface more in terms of full-time children where meals are part of the daily routine.

Table 4.22 - Numbers/ % of staff expressing levels of concern/lack of concern about children’s difficulties with eating and appetite by strata

Difficulties – eating			yes, a little	yes, quite a lot	no	Total
Strata	0	Count			1	1
		%			1.6%	0.8%
	1 years	Count	11	4	20	35
		%	21.6%	44.4%	31.7%	28.5%
	2 years	Count	11	1	13	25
		%	21.6%	11.1%	20.6%	20.3%
	3 years	Count	13	1	14	28
		%	25.5%	11.1%	22.2%	22.8%
	4 years	Count	12	1	11	24
		%	23.5%	11.1%	17.5%	19.5%
	5 years	Count	4	2	4	10
		%	7.8%	22.2%	6.3%	8.1%
Total		Count	51	9	63	123
		%	100.0%	100.0%	100.0%	100.0%

4.6 Well-being and Involvement

The extent and nature of behaviour difficulties was also reflected in the whole class monitoring approach to observing levels of well-being and involvement on the five point scale developed by Laevers (Centre for Experiential Education, Belgium). The staff in participating settings were trained in this approach at events held in each local authority. One local authority also invested in ‘A Box Full of Feelings’ which provides staff with follow-up strategies. These intervention packs were used in settings following the first round of well-being and involvement.

4.6.1 Well-being

The first round of screening for well-being included 1230 children. Each child was assigned a score on a five-point scale with 1 being low and 5 being high. Respondents could also indicate if a child was between levels and this is reflected in the table 13 that follows. Characteristics of well-being that were explored with practitioners included the following - when children are -

- Vocal
- Feeling safe
- Feeling comfortable in themselves
- Feeling stimulated & interested

- Feeling well physically
- Being together with others
- Enjoying life
- Self-regulating
- In a stream of experiencing
- At ease
- Being spontaneous
- Being open to the world & accessible
- Expressing inner rest & relaxation
- Showing vitality & self-confidence
- In touch with feelings & emotions
- Having feelings accepted, acknowledged by others (From Laevers)

In interpreting the data presented in Table 4.23, showing the levels of well-being in the first round of screening in December 2005 and January 2006, 26% children were scored ‘3’ at the mid-point of the scale. 13.7% were perceived by staff to be at 2.5 or below- the monitoring approach would indicate intervention with all of these children (n=167), and continued monitoring and support for those on the level 3. Overall 60% of children were perceived by their early educators as being at least 3.5 or above, with 30% at level 4 (n= 370) and 25% hitting level 5 (n= 306). These high levels of well-being reflect positively on the early years settings, and this relates well to the environmental ratings conducted by the research team in all of the settings. Whilst not drawing a causal relationship, it may be interesting for staff teams to reflect on those children who fall below these high perceived levels of well-being, and the slightly lower scores evident in the “activity” area of practice. It is possible that by attending to appropriate activities for these children, levels of well-being could be raised overall, however other factors are also at play.

Table 4.23 – well-being levels in 1st round of screening. December/January 2006

First round of Well being		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	?	7	0.5	0.6	0.6
	1	31	2.1	2.5	3.1
	1.5	2	0.1	0.2	3.3
	2	109	7.4	8.9	12.2
	2.5	18	1.2	1.5	13.6
	3	325	22.0	26.5	40.1
	3.5	30	2.0	2.4	42.6
	4	370	25.1	30.2	72.8
	4.5	28	1.9	2.3	75.0
	5	306	20.7	25.0	100.0
	Total	1226	83.1	100.0	
Missing	0	5	.3		
	System	245	16.6		
	Total	250	16.9		
Total		1476	100.0		

When we examine levels of well-being by age, we find for example that 23% of 0-3 year olds score a level 3 on well-being and 35% of P1 children score a level 5 on well-being.

Table 4.24 – The relationship between well-being and child age (n= 1230) (1st round)

Well-being1 * Age Crosstabulation		Age				Total
		0-3	3-4	4-5	P1	
Well being Level	0	1	1	3		5
	?		2	4	1	7
	1	1	11	6	13	31
	1.5		1	1		2
	2	12	34	34	29	109
	2.5	5	7	6		18
	3	21	93	118	93	325
	3.5	7	6	12	5	30
	4	21	100	141	107	369
	4.5	9	8	11		28
5	17	42	114	133	306	
Total		94	305	450	381	1230

At the same time we find a significant negative correlation between levels of well-being in the first round and the Social Deprivation Indices: higher levels of well-being are related to low decile levels of social deprivation (Annex 4, p.169). There is also a significant correlation (at the 0.01 level - 2-tailed) between the first and second rounds of well-being: if level of well-being is high in the first round then this is likely to be high in second round: in other words high levels of well-being are being sustained in many of these early childhood settings for many children. However, no significant correlation was found between social deprivation and levels of involvement, despite the fact that there is a significant correlation between well-being and involvement: if levels of well-being are higher, it can be expected that levels of involvement will be higher too. We also found a significant positive correlation between levels of well-being and parental age: if the parent is older, levels of well-being are higher: this fits with findings from the total difficulties score on the P-SDQ, where it was found that the younger the parent the higher the level of perceived difficulties in the areas of their children’s emotions, concentration, behaviour or being able to get on with other people.

4.6.2 Involvement

Normally children who show high levels of well-being also show high levels of involvement. Features or indicators of child involvement are –

- **Concentration** The attention of the child is directed toward the activity. Nothing can distract the child from his/her deep concentration.
- **Energy** The child invests much effort in the activity and is eager and stimulated. Such energy is often expressed by loud talking, or pressing down hard on the paper. Mental energy can be deduced from facial expressions which reveal ‘hard’ thinking.

- **Complexity and Creativity** This signal is shown when a child freely mobilises his cognitive skills and other capabilities in more than routine behaviour. The child involved cannot show more competence - he/she is at his/her very 'best'. Creativity does not mean that original products have to result, but that the child exhibits an individual touch and what she/he does furthers his/her own creative development. The child is at the very edge of his/her capabilities.
- **Facial Expression and Posture** Nonverbal signs are extremely important in reaching a judgment about involvement. It is possible to distinguish between 'dreamy empty' eyes and 'intense' eyes. Posture can reveal high concentration or boredom. Even when children are seen only from the back, their posture can be revealing.
- **Persistence** Persistence is the duration of the concentration at the activity. Children who are really involved do not let go of the activity easily; they want to continue with the satisfaction, flavour and intensity it gives them, and are prepared to put in effort to prolong it. They are not easily distracted by other activities. 'Involved' activity is often more prolonged but it can be dependent on the age and the development of the child.
- **Precision** Involved children show special care for their work and are attentive to detail. Non-involved children gloss over such detail, it is not so important to them.
- **Reaction time** Children who are involved are alert and react quickly to stimuli introduced during an activity e.g. children 'fly' to a proposed activity and show prolonged motivation and keenness. (NB. Involvement is more than an initial reaction.)
- **Language** Children can show that an activity has been important to them by their comments e.g. they ask for the activity repeatedly. They state that they enjoyed it!
- **Satisfaction** The children display a feeling of satisfaction with their achievements.

These indicators are used as observation guidance for staff, rather than items to be scored. Different children have different indicators of their own involvement in the learning environment. In this study staff and parents report that children's levels of concentration can cause them concern. By looking closely at the extent of children's involvement we can gain insight into their relationship with their learning environments. The recent report from HMIE, *Improving Scottish Education* (2006) recommends that pre-school staff "address the learning needs of individuals, particularly with regard to those who require additional support in their learning" (p.10) and in the primary schools section "The quality of pupils' learning experiences is still too variable and too often lacks relevance, engagement and excitement." (p.24). In this enterprise attending to children's involvement, concentration and engagement in learning stands to promote positive behaviour and equip children to participate and initiate in the activities offered to them.

Interrogation of results of the staff perceptions of young children's involvement was based on two rounds of observation by staff, four months apart. In the first round 1,208 children were involved in the whole class monitoring process for involvement. With the indicators in mind, staff observed 95 children in strata 1, 0-3 years; 309 children in strata 2, 3-4 years of age; 405 children in strata 3, 4-5 years of age, and 399 primary one children.

In the staff view 230 (19.1%) of children were at level 2.5 or lower in terms of their involvement in the early years setting. 362 (30%) are at the midpoint score of 3.5 and 3, whilst 613 (50.9%) of children in round 1 were experiencing high levels of involvement.

Table 4.25 – Number and age of observed children- involvement

Strata		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	95	7.9	7.9	7.9
	2	308	25.8	25.9	33.8
	3	404	32.6	32.7	66.5
	4	398	33.5	33.5	100.0
	Total	1205	99.8	100.0	
Missing	System	3	.2		
Total		1208	100.0		

That half the child sample are at this level of involvement in their early education is a good thing, that the other half are average or below is a real cause for concern. Parents also raise concerns about children's levels of concentration. If so many young children are potentially disengaged in their learning practitioners need scope to develop learning environments that engage all children. The ECERS scores suggest that the key area for intervention is in terms of the activities on offer for children. These scores support a view that variety, levels of choice and an enrichment of imaginative and creative play opportunities would go some way towards addressing these issues. Children overall are experiencing higher levels of well-being than involvement according to the staff who work with them, it would therefore appear that shifts in provision and opportunities for learning would allow children to engage more fully.

Further it is likely that as the school year goes on, children's levels of involvement increase. Staff perceptions suggest that levels of involvement are a little higher in the second round of whole class screening, however this should be approached cautiously as there were fewer respondents in the second round, and this may be associated with settings where returns were lower.

Table 4.26 – Levels of involvement round 1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	?	3	0.2	0.2	0.2
	1	50	3.9	4.2	4.4
	1.5	2	0.2	0.2	4.6
	2	155	12.1	12.9	17.4
	2.5	20	1.6	1.7	19.1
	3	318	24.8	26.4	45.5
	3.5	43	3.4	3.6	49.1
	4	358	27.9	29.7	78.8
	4.5	14	1.1	1.2	80.0
	5	241	18.8	20.0	100.0
	Total	1204	93.9	100.0	
Missing	0	5	.4		
	System	73	5.7		
	Total	78	6.1		
Total		1282	100.0		

Table 4.27 – Levels of involvement round 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	?	1	0.1	0.1	0.1
	1	21	1.6	2.5	2.7
	1.5	1	.1	.1	2.8
	2	76	5.9	9.2	12.0
	2.5	10	.8	1.2	13.2
	3	253	19.7	30.6	43.8
	3.5	23	1.8	2.8	46.6
	4	262	20.4	31.7	78.3
	4.5	13	1.0	1.6	79.9
	5	166	12.9	20.1	100.0
	Total	826	64.4	100.0	
Missing	System	456	35.6		
Total		1282	100.0		

In relation to age in the first round data across all age strata more children have levels of involvement at the 3rd point and higher on the scale, than presented at 2.5 or below, but within the lower scored groupings 25% of 0-3 year olds, 26% of 3-4 year olds, 13% of 4-5 year olds and 18% of Primary 1 children are experiencing levels of involvement at 2.5 or below. On previous speculations about the link between well-being and the quality of environments these figures would seem to suggest that attention needs to be given to the relevance and appropriateness of activities for 0-3s and 3-4s. The number of 4-5 year olds with lower levels of involvement is less, but this figure rises again on entry to primary school. Linking this insight to what we have learned about transitions provides evidence for increased attention to children’s involvement at transition to school.

Table 4.28 – Levels of involvement by age (Involvement 1st round)

Involvement1 * Age Crosstabulation		Age				Total
Involvement level		1	2	3	4	
	?		2	1		3
	1	2	17	12	19	50
	1.5	1	1			2
	2	18	48	34	55	155
	2.5	5	12	2	1	20
	3	20	95	109	93	317
	3.5	12	16	11	4	43
	4	18	86	131	123	358
	4.5	6	2	6		14
	5	13	29	96	103	241
	Total	95	308	402	398	1203

Summary

The focus of this project was on perceptions rather than interventions. Taking part in the assessment of children's well-being and involvement focused the attention of many of the staff on the importance of these concepts. In many settings staff were keen to build on the information they had generated about levels of well-being and involvement. Positive changes in children's well-being and involvement over time cannot be assumed as many factors may be involved. Raised awareness of staff will be important in creating such change.

CHAPTER 5 WHAT STRATEGIES DO PARENTS, PRACTITIONERS AND SERVICE PROVIDERS USE TO MANAGE BEHAVIOUR AND PROMOTE PRO - SOCIAL BEHAVIOUR?

5.1. Introduction

The second main question is addressed in this section by considering parent and staff adult strategies as revealed by the Adult Strategies Questionnaires. Focus groups addressed both perceptions of the extent and nature of behaviour difficulties and the strategies used by parents and professionals to address behaviours that cause concern – we have kept focus group reporting in this section rather than split the data in two sections when it is closely related.

5.2 Parental strategies

The parental adult strategies questionnaire (P-ASQ) tapped into the strategies parents use in relation to their children's behaviour. Perhaps unexpectedly in the light of some of the other results reported, parents reported there were no big differences between boys and girls and behaviour in terms of the level of challenge in coping with it, despite the fact that boys were perceived to produce more difficult behaviours overall. We also explored the relationship between age strata and behaviour that was difficult to cope with. 40.6% of behaviour across age groups was perceived by parents to be a little difficult to cope with, but only 10% was perceived to be very difficult., and for 49.5% there was no perceived difficulty in coping with the behaviours at all. Parents described a wide range of strategies in their management of their children's behaviour.

Certain areas of behaviour were reported as being more or less difficult to cope with. 27% of parents (n = 128) found that it was a little difficult to encourage their children's concentration, 6.6% found this very difficult. Strategies to deal with concentration difficulties were responding in generally positive ways (14%), getting involved (13%), and removing distractions (12%).

The number who found it difficult to support and have an impact upon poor relationships was very small with 82% of parents finding no difficulty at all in this aspect of their children's development despite the finding that specifically for peer relations there is some concern. Where there were difficulties strategies used were no problems (19%), encouraging friendships (13%) or other generally positive approaches (14%). There was some reported minor difficulties in coping with children's anxieties, self-esteem and toileting, but overall 80% of parents had no difficulties in these aspects. It seems likely that the majority of parents cope with such difficulties in young children, though 20% do report some problems.

Sleep difficulties and eating problems cause parents more anxiety, and here 30% report some or many difficulties in coping with sleep issues, with 10% using back-to-bed approaches and 8% mentioning the importance of routine. A figure of 44% report issues around eating and appetite. Strategies used here include praise (8%) and no treats (7%). Both these areas appear to be more emotive for parents and they feel less skilled in helping their children develop consistent patterns of sleeping and eating behaviours. When toileting difficulties did occur, parents kept positive (35%) and highlighted that they avoided fuss (6%).

Meeting new people appears to be difficult for young children, and 71% of parents report feeling that their child behaves differently in some situations than others, including new situations (16%), playing up when out (11%) and at school (10%). A small number of children also appear to engage in power struggles with their parents (6.6%).

When dealing with feelings, parents provide reassurance (27%), encourage talk (25%) and offer comfort (12%). The main tactics for meeting self-esteem difficulties are praise (32%), positive responses (19%) and encouragement (18%). Strategies for helping children to behave positively include talking through a problem (23%), praising (20%), encouragement (10%) and modelling (8%).

Overall the main strategies reported as used by parents when faced with difficulties in the area of behaviour are: time-out (16%), explaining that behaviour is not acceptable (14%), and negative reinforcement (10%). Many parents use a range of strategies in meeting their children's difficult behaviour, but they would like more help with behaviour in general (16%) with eating (8%) and with sleeping (6%). It is of note that 99% of parents feel it is important for nurseries, schools and families to share information that can support positive behaviour. They feel that feedback between staff and parents is important (53%, n=181), that this enables consistency (16%, n=55), and that good communication enables school support (12%, n= 39).

22% (n= 144) of parents indicated to have discussed how they would answer the Strategies Questionnaire, of these 83% (n=120) said to have discussed this with their partner.

5.3 Parental Focus Groups

‘Focus groups are group discussions organised to explore people’s views and experiences on a specific set of issues.’ Kitzinger (1994:103)

Parent Focus Groups representing a cross section of nursery schools, children’s centres and Primary 1s from both North Lanarkshire and Edinburgh were held during May 2006. Parents were invited to attend and all were asked to give informed consent before participating. The meetings lasted on average 45 minutes and were facilitated by 2 researchers in 4 of the settings and 1 in the other 7. Here we have reported the discussions in such a way as to try capture the feel of the meetings.

The purpose of the focus groups was to seek parents’ perceptions of their children’s behaviour, where they have found difficulties and what strategies they have adopted to address these. The research team wanted to know what parents felt was ‘positive’ or acceptable behaviour and where or to whom parents are likely to go for advice and support on parenting. The transcribed discussions from all 11 groups have been drawn together and common themes drawn out that can then be triangulated with the quantitative findings of the wider research study. The use of focus groups were chosen in preference to individual interviews, partly because of time limitations but also because the group interaction would enable the team to contrast opinions of parents from a variety of backgrounds and also where children were accessing a range of settings. The team particularly wanted to access the views of vulnerable parents who may have felt more at ease to

participate in a group rather than an individual interview. At the beginning of the focus group all participants were assured that their confidentiality would be respected and that the discussion would be used in aggregate form rather than attributed to any individual by name.

Figure 5.1 – Parent Focus Group Composition

<p>Group Composition Group size: 1-10, most often 5 (2 with other observers in the room)</p> <p>2 particularly vulnerable groups (young/teenage mothers) 1 with high minority ethnic representation Age group: 1 group with parents under 25 – 2 groups included a grandmother</p> <p>Children age range from 4 months to 17 years Up to 5 children (1 whose youngest 2 in care) one set of twins Mainly women 44 mothers 2 grandmothers 1 father</p>
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There was considerable variation in the focus groups not only in terms of the setting but also numbers of parents present and their domestic circumstances. Nevertheless there seem to be common themes in parents' experiences of their own children's behaviour and the strategies that they had adopted to cope with any difficulties.

5.3.1 Nature and extent of negative behaviours

Anecdotally there were very few reports of extreme behaviour and these were in a setting where the Head of Centre had already identified vulnerable families (such as teenage parents and parental drug misuse). Parents were all very conscious of public opinion of acceptable children's behaviour and also how parents should be reacting to this. There was a general view that children behave differently when outwith the home, usually in a positive sense such as being helpful in the nursery, and this matched the findings of the SDQ that half of parents believe their children are always considerate of other people's feelings. There was a recognition that children's behaviour is related to their age and stage of development and parents realised that this impacted on how they might react to certain behaviours... "You can get really caught up (*in argument with child*) and he is too young to reason". The extent to which parents find their child's behaviour acceptable, and their ability to cope, is also affected by whether it is their first child. Parents report that they become more confident almost through a process of trial and error.

While in staff focus groups reference was made to the difference between boys' and girls' behaviour, gender bias was not a recurring theme within parent discussions. However what did come up in one group was that women mother their sons differently than their daughters.

The main difficulty parents reported experiencing, particularly in public, was their children's temper tantrums. They found this to be more common in the under 3s, which links to the findings of the Parental SDQ where 48% of parents surveyed recognised that their child has a temper tantrum at some time. Even when prompted there were very few references made to difficulties in common areas such as children's eating or sleeping. Parents might recognise a problem such as: "(he/she) drinks ginger all the time, then will just take a mouthful of mince and that's it!" but equally these did not seem to be the kind of issues that caused parents any coping difficulties. Perhaps, because like many other behaviours, they felt that it was 'normal' behaviour that you dealt with at the time: "Not for eating! I wouldn't punish himit would put him off." Similarly difficulties with sleeping, that potentially can be exhausting for both parent and child, even in the short term, are dealt with through simple measures such as establishing routines, lying beside their child, reading to them or leaving them to their own devices – again it was a stage that many expected their child to go through. However one parent did mention that, for her, the problem with being faced with sleep related behaviour was that it was during the night when it was unlikely that she would be able to access professional advice or help.

For one group the main behaviour issue which arose was respect for adults, both parents and nursery/school staff and they felt that this may be specific to UK society. They also related this to the way in which children behave in public and one mother in particular believed that the public expectations in the UK of how parents should deal with misbehaviour was directly opposite to that in her own country. She believed that because of this and of fears of prosecution, parents were afraid to reprimand their children appropriately. Implicit in the discussion was whether children should be physically punished. Interestingly across all 11 focus groups there was little other mention of physical punishment, other than in one where all parents had smacked their children at some stage. In this setting one parent reported on the way in which a parenting course had helped her: "hurting them doesn't work, shouting at them doesn't work, stopped telling them they were 'bad', stopped saying they weren't nice but that the way they behaved was not acceptable".

Parents were able to articulate at different levels what their own and their children's limitations were, and it seemed to be the non specific behaviours of their children that parents had most difficulty with, such as being cheeky or defiant. This was the type of issue that parents found were hardest to be consistent in dealing with in their children, and in the focus groups they discussed the methods they had used and the people they had approached for help. Parents tended to realise that the way they have been parented themselves, and issues they have within their own relationships, will impact on how they relate to their children. This included effects on disciplining them, yet they reported preferring to seek out advice on any behaviour difficulties from families and friends rather than from professional sources, and gave varying reasons for this.

5.3.2 Strategies

Some of the parents had attended parenting groups, for example 'mellow parenting', which had given them new ideas for dealing with unacceptable behaviour, and even those who had not

attended recognised their value and would like to see more being offered. These groups could be offered by their child's early years' setting, or by other agencies, but access was often limited because of lack of foresight (or resources) in providing a crèche. Many parents found their centre very supportive, a 'lifeline' even, however there were also many references to the lack of co-ordination between the various agencies: in information provided for and about families as well as how families are perceived and 'judged'. Other than the nursery or school the agencies that parents were most often coming into contact with were health visitors and social workers, although depending on the nature of the setting there could be others, such as midwives, Sure Start workers, family support workers and educational psychologists. What parents wanted most from these workers was respect. One particular focus group spoke at great length about the church and the role of organised religion in supporting children's positive behaviour, parents felt it set moral standards and they were able to use the Bible to teach their child the difference between right and wrong. Involvement in churches had given these families great support and parents felt this was because the people involved had a shared ethos however only one other parent in another focus group mentioned the support she gained from church attendance.

Isolation in coping with children was an obvious issue for lone parent families, particularly if they needed services out of the conventional operating hours, but two parent families can also have stressful periods when left alone with their children and appreciate when their partner has an input. Others felt that their partner's input could lead to inconsistency in how the child's behaviour was handled, particularly where the parents do not live together. There was a comment that fathers do not play a large role in children's upbringing, perhaps reflected in the composition of the focus groups where only one of the 47 participants was male (a father). The wider parent survey also generated a low paternal response of less than 7%. Families were perceived as having a major role in offering not only advice but also respite through babysitting and enabling parents to have time away from their exhausting role.

Modelling of appropriate behaviour was a recurring theme in the focus groups. This was something that parents believed they should be doing themselves but siblings, peers and other adults, including school and nursery staff could also have both positive and negative impacts on children's behaviour. Sibling rivalry was discussed as sometimes being difficult to handle, particularly where there is physical fighting, but older siblings can also be held up to younger children as positive role models. A view that children may imitate the behaviour of their peers was felt to be a consideration in transition arrangements – one mother whose son was placed in a room full of 4 year olds when he was only 3, was now perceived as displaying behaviour too advanced for his years. Parents believed that children's behaviour was influenced by the media, this caused concern, as it does not always offer children positive role models - parents also acknowledged that society is different now from when they were children.

There was one discussion around whether the relationship that teachers and staff had with children promoted respect for adults, and that the staff were too 'playful' with children. In the main staff were felt to be a good source of support and could offer useful tips on behaviour management, these included: reward systems such as stickers; giving children responsibility; taking time to listen to children and explaining things; the 'naughty chair'; withholding treats; and most importantly to be consistent with their children. Some of the settings had offered courses or were able to signpost parents to other sources of help. Parents are under the

impression that their children behave better when in nursery, which did not correlate with the findings of the staff focus groups.

Across the two areas in the research study parents were using similar strategies to cope with behaviour difficulties, the most effective being to give praise to their child. Another popular approach is ‘time out’ or a variation on it; this in itself could pose a problem for parents, as they had to find somewhere appropriate. For example it was not considered to be an effective punishment if it was fun for their child to spend time alone in their room.

There were a few examples of children with severe behavioural difficulties that had clearly required professional help: an example was where one mother had support for her autistic son from a range of agencies but felt that she herself had been neglected. The issue of meeting parents’ own needs and the impact this could have on their ability to cope with their children was discussed at length in several of the focus groups and ranged from depression to abusive partners; not only is this need not always explicitly acknowledged but there is also not necessarily onsite access to this type of support. Nonetheless the contact with other parents experiencing similar difficulties was highly valued.

5.3.3 Acceptable Behaviour

Parents expressed love for their children and instinctively knew that children have to test boundaries as they move through their different stages. They would like to see their children sharing more and playing ‘nicely’ with their siblings and peers; they would like them to be helpful in the public and private sphere and for children to be respectful to adults. According to the parent survey children are already exhibiting these types of behaviour most of the time.

5.4 Staff strategies

Having established the areas of behaviour that cause concern and the extent to which they do raise concern amongst staff it is interesting to turn to the extent to which staff feel skilled to meet children’s observed needs. Nearly half of the staff respondents feel quite well skilled to support children’s behaviour. 6.5% feel only slightly skilled and 44% feel very skilled (Table 5.1).

Table 5.1 - Level of skill and preparation for supporting children’s behaviour expressed by staff

Level of skill	Frequency	Percent	Valid Percent	Cumulative Percent
yes, slightly	11	6.5	6.5	6.5
yes, quite well	83	49.4	49.4	56.0
yes, very well	74	44.0	44.0	100.0
Total	168	100.0	100.0	

Staff made use of a wide range of strategies. There were ten most commonly used approaches – these are shown in Table 5.2

Table 5.2 - Ways in which staff support children’s positive behaviour

Strategy	Number of staff using strategy out of n=168	363 mentions
Praise and encouragement	118	32%
Positive reinforcement	59	16.3%
Through positive behaviour policy & strategy	37	10.2%
Consistency between staff	34	9.5%
Responsiveness	28	7.7%
Modelling	28	7.7%
Explanation	19	5.3%
Observation	18	5.0%
Communicating with parents	11	3%
Parent workshops	11	3%
Staff used a range of other strategies from correcting behaviour (10) to cooperative learning (1) – per strategy small numbers of staff mentioned each strategy (n=127 mentions in total across all strategies)		
Correcting behaviour, staff training and support, staff self-evaluation, clear rules, happy environment, time-out, build trust, create a happy environment, remove attention, concentration strategies, patience, attentive listening, classroom assistant support, child-level response, encourage apology, negative reinforcement, self-esteem building, appropriate materials, external help, structured play, offering challenges, display children's work, persistence, offer choices, one-to-one, distraction, pupils self-evaluation, cooperative learning		

As with parents, staff felt that it was important to share information between parents and staff (Table 5.3). Doing so leads to a more rounded picture of the child, and to consistency through collaboration between the important people in children’s lives brings mutual support and clear benefits to the child. These are just the sorts of benefits that could be widened by leadership support for, and a greater focus on improved inter-agency working for the children whose behaviour most demands a coordinated approach. Here the group of ‘hard to reach’ young parents told us clearly that family support is what works best for them - where this is not available, services have to try to replicate what it is that good family support offers.

Table 5.3 - Ways in which sharing of information between professionals and families is seen to be helpful by staff

Sharing information		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	essential	41	24.4	26.3	26.3
	rounded picture	16	9.5	10.3	36.5
	consistency	73	43.5	46.8	83.3
	collaboration	16	9.5	10.3	93.6
	mutual support	5	3.0	3.2	96.8
	child benefits	4	2.4	2.6	99.4
		1	0.6	.6	100.0
	Total	156	92.9	100.0	
Missing	0	12	7.1		
Total		168	100.0		

CHAPTER 6 WHAT PRACTICES CAN BE IDENTIFIED BY STAFF AND PARENTS AS SUCCESSFUL IN RELATION TO SUPPORTING TRANSITIONS FROM NURSERY/PRE-SCHOOL TO PRIMARY SCHOOL?

6.1 Introduction

Parents and staff were asked a range of questions about children's transitions through the transitions questionnaires. Views were sampled on all transitions: into nursery, within settings and the transition to primary school. Here we focus on parental perceptions of transitions (n=527) – the matching staff data is not reported here. Most parents (76%, n=444) thought the transition experience would be mostly positive for their child before their child moved, slightly more found it actually was (78.3%, n=472). This shift in perception meant that 74 parents who had been slightly concerned about the transition before their child moved, had their fears allayed-leaving 41 parents who thought the move had only been partly positive for their child. A very small number (n=9) did not expect the transition to be positive at all, 6 of these parents felt the same following the transition.

Many parents felt able to support their child as he/she made the move to nursery or to another room, group or year: the strategies parents used to support their child during the transition phase fell mostly into four categories – communication (27%), encouragement (15%), home preparation (9%), and reassurance and comfort (8%). Schools and nurseries were perceived to provide considerable support. They found that visits (21%) plus pre-entry visits (9%), staff support (17%), and information given (11%) and shared (4%) provided good support at this time. They would appreciate an increased focus on visits and pre-entry visits and staff support, as not all parents felt these approaches were sufficiently available.

Parents were asked to choose the words that most expressed their own and their child's feelings at transition. For all it was an emotional time. They reported their own and their children's excitement (64%), their child's nervousness (24%) and other emotions including apprehension, anticipation, sadness, the child feeling grown up, indifference or in some cases the child being too young to understand what was happening. They themselves experienced happiness at their child moving on to the next stage, excitement, nervousness and looking forward to the change. Child and parent emotions mirrored each other.

6.2 Staff perceptions of transitions

Data on educators' perceptions of transitions was collected through questionnaire differentiated by the age strata of the children: 0-3, 3-5 and Primary 1. Analysis of results was undertaken by grouping responses to two sets of questions: those which focus on teachers' perceptions of children's transitions, and a second group which refer to teachers' practices at times of transition. In response to questions 1, 2, and 6, which focus on staff perceptions, 956 returns on individual children were received.

6.2.1 Questions 1,2, 6

Overall transition records were completed on 956 children, by 119 staff. There were 815 children for whom records were completed both before and after school entry.

Q1) Before starting or moving up within the nursery/to primary school, did you think the move would be positive for each child emotionally and in relation to the areas of relationships, concentration, and behaviour (if applicable)? Staff were asked to respond on a basis of yes, mostly; partly; or not at all.

Q2) Looking back, do you feel that the recent move into or within nursery/to primary school has been a positive experience for each child emotionally and in relation to the areas of relationships, concentration and behaviour?

Q6) Which word best describes how the children seemed to feel about coming in to or moving within nursery?/The move to school?

Records in which staff commented on how they thought children would settled into the next stage of their pre-school or school experience, before that move actually took place, for example, prior to the move to school, were completed for 838 children. In each case staff felt that more than half of the children would find the transitions positive emotionally and in terms of their relationships, concentration and behaviour. Nevertheless both staff and parents felt transitions to be important.

Table 6.1 Before transition - emotionally

Before transition did you think it would be a positive experience emotionally for each child?	Frequency	Percent
0 = no current transition	165	19.7
1 = yes, mostly	499	59.5
2 = partly	149	17.8
3 = not at all	25	3.0
Total	838	100.0

Table 6.2 Before transition - relationships

Before the move to school did you think the move would be positive for children in terms of relationships?	Frequency	Percent
0 = no current transition	164	19.6
1 = yes, mostly	493	58.8
2 = partly	165	19.7
3 = not at all	16	1.9
Total	838	100.0

Table 6.3 Before transition – concentration and engagement

Before the move to school did you think the move would be positive for children in terms of their concentration and engagement?	Frequency	Percent
0 = no current transition	182	21.7
1 = yes, mostly	461	55.0
2 = partly	159	19.0
3 = not at all	36	4.3
Total	838	100.0

Table 6.4 - Before transition - behaviour

Before the move to school did you think the move would be positive for children in terms of their behaviour?	Frequency	Percent
0 = no current transition	164	19.6
1 = yes, mostly	540	64.4
2 = partly	110	13.1
3 = not at all	23	2.7
Total	838	100.0

Staff also completed records for 922 children after school entry. The results show that staff felt positive about the ways in which children were coping with transition emotionally (Table 6.5), and in terms of relationships (Table 6.6) and behaviour (Table 6.8) in 67% of cases. Figures were not so consistently high for concentration (Table 6.7) with 24% only partly positive in the ways in which they were coping in contrast to 57% who were mostly coping. A small percentage caused concern in terms of concentration (5.2%) (Table 6.7), and behaviour (2%) (Table 6.8). However these figures were consistent with staff anticipation of these experiences before transition (4.3% - Table 6.3, and 2.7% - Table 6.4 behaviour).

Table 6.5 After transition - emotionally

Looking back has the transition been a positive experience emotionally for each child?	Frequency	Percent
0 = no current transition	123	13.3
1 = yes, mostly	627	67.9
2 = partly	158	17.1
3 = not at all	14	1.5
Total	922	100.0

Table 6.6 After transition - relationships

Looking back has the transition been a positive experience in terms of relationships for each child?	Frequency	Percent
0 = no current transition	123	13.3
1 = yes, mostly	618	67.0
2 = partly	165	17.9
3 = not at all	16	1.7
Total	922	100.0

Table 6.7 After transition - concentration

Looking back has the transition been a positive experience in terms of each child's concentration?	Frequency	Percent
0 = no current transition	123	13.3
1 = yes, mostly	529	57.3
2 = partly	222	24.1
3 = not at all	48	5.2
Total	922	100.0

Table 6.8 After transition - behaviour

Looking back has the transition been a positive experience in terms of for each child's behaviour?	Frequency	Percent
0 = no current transition	123	13.3
1 = yes, mostly	626	67.8
2 = partly	151	16.4
3 = not at all	22	2.4
Total	922	100.0

Records for 922 children were returned describing more fully children's emotional state following transition (Table 6.9). Here practitioners selected from a range of descriptors: happy, excited, nervous, apprehensive, looking forward to nursery/school, sad, grown up, indifferent or another descriptor. Up to three words could be chosen to describe any given child. Typical combinations were 'excited, looking forward to it, and grown up' or 'nervous and apprehensive'. Where staff recorded that a child seemed indifferent this was usually the sole entry for that child – 8% of children were deemed to be indifferent about change. Just under half of the children were described as happy about change, 36% as excited, 25% as apprehensive and 19% as nervous. Such figures suggest that transitions can still pose problems for children, even though commentary from staff suggests positive approaches.

Table 6.9 Emotions at transition

Emotion at transition	Numbers perceived to experience this emotion	Percentage of cohort (n=922)
Happy	418	45
Excited	333	36
Nervous	175	19
Apprehensive	228	25
Looking forward to the change	308	33
Sad	22	2.5
Grown up	147	16
Indifferent	76	8
Staff were invited to identify up to 3 emotions experienced by any one child – they made over 1700 recordings for 922 children.		

Comments from staff reflect some of the strategies used to support children and encourage positive behaviours through positive approaches:

- “Settling days suited to child's needs and at their own pace” (0-3 setting)
- “I think we have a good settling in process and have few difficulties with children not settling in well” (Nursery Provider)

“Staff talk to and prepare children at all times highlighting the positive features of the new room and the many possibilities” (Nursery School)

“At present I feel our school has a really positive approach to children beginning their school career” (P1 teacher)

“Unsure children are placed in class with at least two friends” (P1 teacher)

“A transitional policy to ensure all pupils have a good quality experience moving to P1 should be provided. This could be drawn up in consultation with all relevant staff, nursery and primary, and parents. Views of children themselves should be taken into account. Staff should be made aware of early warning detection signs. Nursery reports should be made available as soon as possible to P1, preferably long before school begins in August.” (P1 teacher)

6.3 Staff support practices for transition

In response to staff perceptions of their own skills and service provision, 128 responded to the transitions questionnaire, of these 39 staff working with 0-3 year olds responded, 70 3-5 year old staff responded, and 18 Primary 1 teachers

6.3.1 Questions 3,4,5

Q3) Do you feel equipped to support the children’s move into or within nursery?/children’s move within nursery?/ children’s move to primary school?

Q4) What supports **are provided** to make the move into or within nursery positive?/ children’s move within nursery?/ children’s move to primary school? – positive

Q5) What supports **should be provided** to make the move into or within nursery positive?/ children’s move within nursery?/ children’s move to primary school?

Using three broad headings of ‘Practitioner Support’, ‘Systems Supports’ and ‘Staff Views on Appropriate Support’, responses were coded into eight categories – those which were either positive or negative overall comments, those which focused on the parent contribution or parental involvement, responses that referred to staff support or training issues, procedural and organisational issues, visiting by staff and children and information sharing between sectors, relationships, and activities around transitions. Additionally these eight categories were informed by inter-rater coding or written responses into 60 sub categories which were collapsed into the present eight used across the three practitioner practices questions.

Table 6.10 Responses to transitions practice focused questions

Nature of support	0-3 years			3-5 years			Primary 1		
	Q3	Q4	Q5	Q3	Q4	Q5	Q3	Q4	Q5
Positive approach	23	0	1	0	0	0	0	0	1
Negative approach	6	0	0	0	0	0	0	0	1
Parental links	15	27	19	10	27	10	4	8	4
Support & training for staff	4	0	1	3	12	10	1	0	1
Procedural factors	29	31	25	36	37	20	11	3	5
Visits for child	11	28	18	31	35	8	7	10	8
Responsive interaction	24	9	13	25	4	3	6	1	0
Child support & inclusion	2	0	3	2	10	1	6	4	2
Total	99	86	62	107	100	52	35	18	18

Nature of practitioner support

Practitioner approaches to supporting children’s transitions recognised the importance of working closely with parents in ways that would reassure and comfort both the child and the parent. Mention was made of the importance of promoting feelings of participation and belonging in out of home settings, and of good communication with children so that they benefited from explanations, discussions about daily events, and could anticipate what might happen next in the new setting. Children were often encouraged to have a transitional object such as a favourite toy or a comforter. In some cases pre-entry programmes were offered though this was more often the case at primary school entry than in pre-school settings.

Practitioners felt that by working with parents appropriate home support could be given and positive relationships developed with parents. There was encouragement for parents to focus on some home preparation for school entry, to take time off from work to support the settling in or school entry days and to stay with their child during nursery settling in periods to ensure a gradual entry – these comments sometimes focused on the wider family and the place grandparents or siblings could play. Many of the responses from staff in early years nursery settings paid attention to the role that a keyworker can play: a contact with one particular member of staff was widely held to be important during transition periods for both children and their parents.

Nature of System Supports

Practitioners shared a range of approaches and supports for transition that they currently use. They focused on three broad areas that contribute to effective transitions in early childhood services – support for the child, support for families and opportunities for shared working between sectors. They were asked to consider within-setting transitions, as well as transitions from home and between early childhood sectors.

Practitioners recognised the importance of a positive environment in which children could be relaxed, happy, have fun and engage with exciting materials to help with the transition process (eg cartoons, puppets). Thoughtful and sensitive interactions with children, a warm welcome,

reassurance and comfort, taking time to explain and to acknowledge the child's feelings, to discuss daily events, to listen to children and to share expectations with them were all included. Encouragement, fun and praise were seen as motivators for positive behaviour, just as familiarity of people and place were included in current practice, eg child moving with peers into a new room that had been visited and was already familiar. The importance for children of being able to take something familiar with them (transitional objects such as toys, a favourite blanket or something associated with home) was linked to gradual entry supported by a series of visits or events, including summer holiday activities for children moving on to school. Some settings also used a buddy system in which younger children were paired with children already in school and visited their new class when the current nursery or Primary 1 children were there. Each of these approaches supported children to feel more confident at transition, and helped to avoid stress for the child.

When responding in relation to parents at times of transition for their children, practitioners highlighted a number of practices they currently use. Many respondents expressed a view that effective support for young children in transition had to involve collaborations between practitioners and families. The climate created to make it possible for parents to take part in planning for and supporting their children through transitions was seen to rest on positive attitudes amongst staff. Good communication and sharing of information was therefore cited.

Practitioners and parents shared a number of themes in their responses: both groups recognised that when children are making transitions it is also a transition for their family. Practitioners reported a good level of awareness of what parents might be feeling as their children start in out of home care or education, and settings were putting a range of practices in place to provide support and to make policy a reality.

Table 6.11 Parents and practitioners - shared transitions themes

Parents	Practitioners
Induction day / pre-entry meeting (parents and staff Home preparation for school start	Contact with parents
Opportunity for parents to voice opinions / concerns / ask questions / open door policy / pre-entry visits	Information SHARED with parents Information GIVEN to parents
Support from setting / staff / keyworker / communication	Daily information given to parents
Parents involved / continuity (of school work or school policy etc at home)	Workshops for parents
Parents stay until children are settled Support from other parents	Providing a parents' room
As much support for parents as children / involving wider family. Parents not always prepared / bigger issue than expected. Parental anxiety Support from family other than parents (e.g. siblings)	Transitions are for parents too

Staff views on appropriate support

Respondents were also asked to express views about what should be in place for children and families in transition. Here practitioners focused on a similar range of practices to those mentioned as part of their current practice, but additionally they made suggestions about

potential developments. As settings varied what was innovatory in some was already established good practice in others, and in yet others some recommended approaches were being reviewed, for example one Headteacher commented that they had worked to develop a buddy system, using both Primary 1/2 children and Primary 6/7 children to support new entrants. She highlighted the importance of training buddies – and had found that new entrants could become over dependent on their buddy if that buddy took too directive a role. A number of respondents suggested that transitions were at their most effective when staff moved with a group, when a qualified early years keyworker could support individual children, and when information was passed on to the new teachers. A value was placed on in service training, on the support from/involvement of outside agency in challenging cases, and on a staff ethos which provided support from and interaction with other staff, including those with more experience.

Overall the data from the staff transitions questionnaires showed this as an aspect of practice where staff were thoughtful, were looking for solutions, and were more than prepared to collaborate between sectors and with children and families. In both parental and staff returns the major focus was on social and emotional support for children. Whilst not absent in returns, much less emphasis was placed on continuity and progression in learning and on bridging curriculum between settings. Herein lies an important area for development.

6.4 Transitions Focus: Nursery to P1 Progress Records in a sample of settings

Further insight into transitions for young children is provided by taking a closer look at transition records. Typically such records are passed from pre-school to school as children enter primary education. The timing and follow up of this exchange of information varies from area to area, but provides an opportunity for staff groups either side of transition to school to bridge children's experiences in positive ways.

6.4.1 Background

The purpose of the Nursery to P1 Progress Records is to 'provide families and primary schools with a summary record of each child's learning in each of the key aspects of the 3- 5 curriculum'. The approach is based on the following principles:

- Identifies what the child can do
- Depends on professional judgement
- Uses current curriculum guidance
- Reflects good practice
- Involves parents
- Involves children
- Supports continuity and progression at the crucial stage of transition from pre-school to primary school

6.4.2 Methods

A total of 117 individual child records was analysed from 4 of the case study settings. The settings included a local authority nursery school, a 0-5 nursery centre; a nursery class in a primary school and a private 0-5 nursery. The sections analysed included:

- Emotional, Personal and Social Development which has 15 items graded on a 3 point scale [emerging (lowest level); developing (mid-range); skilled (highest level)]. A quantitative analysis of each item was undertaken to identify an overall assessment of children's emotional, personal and social development; to identify the numbers of children within the sample as having emerging skills and which items were noted as emerging (i.e. likely to require further support in P1)
- Nursery staff commentary in the Emotional, Personal and Social Development section. A process of content analysis involving the extraction of key words and phrases was used.
- Parental commentary on the child's experience at nursery. A process of content analysis involving the extraction of key words and phrases was used

6.4.3 Emotional Personal and Social Development

Emotional, Personal And Social Development is described as 'an aspect of learning that demonstrates the child's ability to cope with people and settings outside the family. The development of independence skills, self-esteem and the ability to relate to others...'

There are 15 categories of behaviour shown:

1. Separates readily from parent/carer
2. Plays independently
3. Plays cooperatively and shares resources
4. Expresses appropriately own feelings, needs and preferences
5. Recognises others feelings, needs and preferences
6. Is confident in a range of relationships
7. Shows interest and curiosity
8. Knows when to seek help
9. Remembers and observes rules
10. Concentrates at an appropriate level
11. Commits to task and completes it
12. Exercises self-control
13. Responds appropriately to instructions
14. Is independent in personal hygiene, cloakroom and other routines
15. Takes turns and shares

Some guidance of 'What to look for'(i.e. evidence) is provided for each category. This provides at least some indicators to promote a consistent approach to which aspects of behaviour and skills to comment on in each behaviour category. There is no advice about level i.e. what constitutes 'emerging', 'developing' or 'skilled' so this may be interpreted differently within settings and between staff.

6.4.4 Summary

An overview of transitions is provided by analysis these records. Data drawn from this analysis also informs the case study section of the report provided in Chapter 8. Of the 117 records analysed:

- 45 children were perceived to be in the skilled category for all aspects of development
- 67 to span the developing and skilled categories
- 4 children were perceived to have a number of skills in the emerging category with other categories either developing or skilled.
- 1 child was perceived not to have attained emerging skills in a majority of categories, to have emerging skills in two categories ‘play cooperatively and share resources’ and ‘show interest and curiosity’; and to be skilled in ‘separate readily from carer’ and be ‘independent in personal hygiene’.

If children with skills in the ‘emerging’ category are viewed as a concern then only 4% of the case study sample would be in this category and only 1 child would be perceived to have significant needs in relation to Emotional, Personal and Social Development.

The categories where children were most likely to be viewed as skilled (more than 80% of children) include

- Separates readily from parent/carer
- Plays independently
- Expresses appropriately own feelings, needs and preferences
- Shows interest and curiosity
- Knows when to seek help
- Remembers and observes rules
- Responds appropriately to instructions
- Is independent in personal hygiene, cloakroom and other routines
- Takes turns and shares

The aspects where substantial numbers of children were in the developing category include

- Play cooperatively (31%)
- Recognises others’ feelings, needs and preferences (20%)
- Confident in relationships (33%)
- Concentrates at an appropriate level (26%)
- Commits to task and completes it (22%)
- Exercises self-control (22%)

Table 6.12 – Overview of the content analysis of transition records

Transition Records by level of emergent skills n=117				
	Not attained*	Emerging	Developing	Skilled
separate readily	0%	0%	10.26%	89.74%
play independently	0.85%	0%	10.26%	88.89%
play cooperatively	0%	3.42%	30.77%	76.07%
express own feelings	0.85%	0%	13.68%	86.32%
recognise others feelings	0.85%	1.71%	19.66%	77.78%
confident in relationships	0.85%	1.71%	33.33%	64.10%
show interest	0%	0.85%	18.80%	80.34%
seek help	0.85%	0.85%	14.53%	83.76%
observe rules	0.85%	0.85%	11.97%	86.32%
concentrate	0.85%	0.85%	26.50%	71.79%
commit to task	0.85%	0.85%	22.22%	76.92%
exercise self-control	0.85%	0.85%	22.22%	75.21%
respond to instructions	0.85%	0.85%	17.95%	80.34%
personal hygiene and eating	0.00%	0.00%	3.42%	96.58%
takes turns and shares	0.85%	0.85%	15.38%	82.91%

It may be helpful for Primary 1 teachers to recognise that it is in these areas that children at transition may need continued support in developing their skills.

Table 6.13 Parent comments on transition records

Category	Positive Comments	Negative Comments
Confidence	21	
Relationships	20	
Progress	17 = social skills 25 = general progress	2 = needs to develop more social skills
Child's Disposition (happy, enjoyed, etc)	25	
Parents' Disposition (proud, pleased)	16	
Readiness for School	21	1

The transition records also allow space for comments from parents and staff. Parental comments about children’s Emotional, Personal and Social development were generally positive and were in a number of key categories shown in Table 6.14. Staff comments were also generally positive and were in the following categories:

Table 6.14 Staff comments on transition records

Category	Positive Comments	Negative Comments
Confidence	31	1 = growing confidence
Independence	29	0
Relationships	65	1+ difficulty in forming relationships
Behaviour	50	7= support to participate or complete activity
Disposition	13 = happy 7 = pleasant/delightful 10 = thoughtful/caring 4= other	1 = quiet 1 = support to control emotions 1 = was unsettled has now settled

A number of short studies of transitions in case study settings are included in the case studies of settings section.

CHAPTER SEVEN WHAT EFFECTIVE APPROACHES TO TRAINING AND SUPPORT CAN BE IDENTIFIED FOR STAFF IN EARLY YEARS SETTINGS?

Staff were asked very specifically about the extent to which they felt equipped to work with young children to promote positive behaviour. Over half the early educators participating in this study reported high confidence in working with young children presenting with behaviour that caused concern. Whilst 44% felt very skilled to work in this area, and 49.4% saw themselves as quite skilled, 6.5% felt only slightly skilled. Staff comments form an important part of the data presented in this short chapter. They are drawing on training, the experience of colleagues and sharing concerns together to help themselves in positive behaviour practices.

“I wouldn’t use the word ‘skilled’ as daily new procedures, (and) ideas about promoting positive behaviour are occurring. What I am saying is that a selected few of my workmates and I are always discussing this issue and trying new strategies. This however has only been highlighted as a result of my colleague studying towards her BA in Early Childhood Studies.” (Staff – 3- 5 year olds)

“We have a policy of promoting positive behaviour which is excellent. Our Head Teacher also is keen for us to attend any training which we feel will help us develop our skills. If we are having difficulties we can call on her for verbal or physical support or other agencies for support.” (Staff – 3- 5 year olds)

“I covered a unit ‘Provide a framework for the management of positive behaviour’ during my SVQ level 3 Early Years Care and Education which I just completed in October. I also covered ‘Promoting Positive Behaviour’ during my Classroom Assistant course.”

Staff reported a variety of sources of their skills in managing behaviour: returns showed that 52.2% drew from their own work experience, 30% attributed their confidence to previous qualifications, 25% drew support from their colleagues, 17% had found ongoing CPD helpful, 16% used a range of known strategies, and 7.5% drew on their own personal knowledge of individual children.

“I feel there is always room for improvement and developing existing knowledge and skills. There is always new and improved techniques which we can be putting into practice and which the children will benefit from.” (Staff – 2-3 year olds)

Whilst staff confidence is a positive factor, 71% felt they could benefit from a bit more training, and 13.9% felt strongly in need of this (Table 7.1). As part of the study the research team offered ongoing training and support in the use of the Well-being and Involvement scales. Feedback from training days was excellent and personal reports on setting visits reinforced the value of the ongoing training provided by the Project Research Assistant.

Staff also commented on ways in which they felt they would benefit from more training. Their comments emphasise the commitment of staff to support young children.

“Understanding any medical problems children have can help one’s own understanding and the limitations placed on that child.”

“When working with so many children on a daily basis I think it is always good to review and find ways to support children’s positive behaviour. Discussing with others also lets you know others are working with similar problems.”

“As outlined previously, sometimes I feel under equipped to deal with children’s behaviour. Learning and training towards helping the children can only be of benefit to them and us as practitioners.”

“Perhaps a course once every three years to up-date my skill to help support children’s positive behaviour.”

“Yes I feel more training would be beneficial for myself as I am a younger member of staff who has recently moved in to working in a baby room, and is just beginning to build on my experience.”

The need for in-service training and joint-training with other professionals was often mentioned. Staff commentary also highlights that opportunities for training are still not available to all. Although many do benefit from training, staff in the private and voluntary sector emphasized this particularly:

“How to assist and develop promoting positive behaviour in all ranges of children. More training and documents outlining strategies to help both child, parents and childcare worker. *In three and a half years of work in my current job I have never undertaken any course or training regarding the children in my care.*”

(Respondent’s emphasis)

Table 7.1 - Extent to which staff feel they would benefit from more training to help support children’s positive behaviour

Extent of benefit of more training		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not really	24	14.3	14.5	14.5
	yes, a bit	119	70.8	71.7	86.1
	yes, a lot	23	13.7	13.9	100.0
	Total	166	98.8	100.0	
Missing	0	2	1.2		
Total		168	100.0		

When asked about areas of training that would be beneficial, early educators were able to suggest specific areas in which they would like more training. Table 7.2 shows the range of areas given in returns, which includes training in supporting emotions and feelings, supporting behaviour and concentration, supporting parents and families, ASN related training, training in relation to eating and appetite, and setting related training (such as managing paperwork). Many staff indicated that they would like training in all areas, but areas particularly highlighted are behaviour management strategies and working with children with Additional Support Needs.

“More special needs in-service training, particularly for dealing with children with behavioural difficulties and in communication.” (Staff – 3 – 4 year olds)

Table 7.2 - Areas in which staff would like more training

Areas for more training		Frequency	Percent	Valid percent	Cumulative percent
Valid	All	30	17.9	24.2	24.2
	Behaviour management strategies	37	22.0	29.8	54.0
	Promoting positive behaviour	7	4.2	5.6	59.7
	Current thinking - practice	5	3.0	4.0	63.7
	20/20 environment	1	.6	.8	64.5
	Supporting parents	2	1.2	1.6	66.1
	In-service training	4	2.4	3.2	69.4
	Dealing with ASN	23	13.7	18.5	87.9
	No training required	2	1.2	1.6	89.5
	Lack of parental support	2	1.2	1.6	91.1
	Managing paperwork	1	.6	.8	91.9
	Increasing self-confidence	1	.6	.8	92.7
	Communication/language	2	1.2	1.6	94.4
	Bereavement issues	1	.6	.8	95.2
	Emotional needs	1	.6	.8	96.0
	Eating/appetite	1	.6	.8	96.8
	Bullying	1	.6	.8	97.6
	Emotions/feelings	3	1.8	2.4	100.0
Total		124	73.8	100.0	100.0
Missing		44	26.2		
Total		168	100.0	100.0	100.0

Today’s climate of inclusive practice places high expectations on staff to provide learning and social experiences that will allow children to reach their fullest potential. The concept of additional support needs has widened, and there is an additional group of children, ranging on particular measures from 20% to 40% levels of concern, whose difficulties whilst reported to have been present for upwards of 6 months, nevertheless, with reported staff confidence in their own skills and the team efforts they are able to make, are considered to be able to be met by appropriate provision and well timed intervention. Early intervention into additional support needs is well supported in the literature in terms of making a difference to later school success. Both areas highlighted by staff merit further development.

CHAPTER EIGHT CASE STUDIES

8.1 Background to illustrative case studies

The focus for the case studies was twofold: to present features of good practice in terms of positive behaviour through a selection of settings drawn from each authority and across the range of provision, and secondly to present themed case studies of aspects of practice which emerged as crucial for any setting taking a focus on positive behaviour. Eight settings were chosen for the Setting Case Studies, four themes emerged for the Themed Case Studies: Practice in 0-3, Interaction, Multi-Professional Approaches & Inter-Agency Working, and Transition.

Table 8.1 - rationale for choice of case study settings

Setting	Reasons for inclusion in case-study process (also refer to Good Practice Overview)	Parental Return Rate	Social Deprivation Index/Decile
Case Study 1 Nursery School	Only setting to have 100% parental return rate! (LA); standard to good practice on 4 themed aspects.	100%	33.37 / 3
Case Study 2a and b Primary School with Nursery Class and associated Family Centre	Setting offers activities based on Emotional Literacy Curriculum; ties in well with well-being and involvement principles. Settings works closely with the local Child and Family Centre and has a Family Support Teacher who may facilitate parental interviews and focus groups. Good practice on 4 themed aspects (LA)	20%	57.65 / 1
Case Study 3 Child & Family Centre,	Setting has very good inter-agency working practice- standard to good on other three aspects. (LA)	44%	49.04 / 1
Case Study 4 Partnership provider	Good practice on transition and interaction.	64%	1.98 /10
Case Study 5 Primary School and Nursery Class	4 themed aspects identified in Good Practice Document. (LA)	39%	43.63 / 2
Case Study 6 Nursery Centre	Standard to good practice on 4 themed aspects. (LA)	13% (No staff materials returned)	41.88 / 2
Case Study 7 Nursery School	Setting has family support teacher which may facilitate parental interviews and focus groups. (LA)	88%	41.71 / 2
Case Study 8 Partner provider	Some good practice on themed aspects.	42% (Only part of staff SDQ's returned)	17.1 / 5

** In two cases, settings were completely unprepared for the Case Study visits – although they had received the same information as the others- one had returned very little data originally and had been included on that basis.*

8.2 Overview of Setting Case Studies

8.2.1 Method

Eight settings were identified (Table 8.1) – one was a composite of linked services operating in the same area (Case Study 2).

Table 8.2 Case Study Settings by type – identification of children

Type of Setting	0-3	3-5	P.1
Case Study 1 – Nursery School		√ L M H	
Case Study 2a- Primary with Nursery Class		√ L M H	√ L M H x 2
Case Study 2b – Linked Family Centre	√ L M H		
Case Study 3 – Family Centre	√ L M H		
Case Study 4 – Private Partner Provider		√ L M H	
Case Study 5 – Primary with Nursery Class		√ L M H	√ L M H x 2
Case Study 6 – Nursery Class	√ L M H		
Case Study 7 – Nursery School		√ L M H	
Case Study 8 – Private Partner Provider	√ L M H	√ L M H	
Total numbers aimed for	4 x 3 = 12	6 x 3 = 18	2 x 3 = 6

Each of the eight settings identified was invited to collaborate in undertaking four elements -

- 1) To identify 3 children per setting (one at each of low, medium and high well-being) on which they will complete the Hutchison and Smith screening schedule with researcher support on the day of an arranged researcher visit
- 2) To invite the parent(s) of each of the three children to meet the visiting researcher in the nursery/school setting on the day of our visit to complete the short POMS sheet in order to explore positive behaviour further. This interview was based on talking with parents with them about their child’s play, class and school world.
- 3) To invite up to 10 parents to join in with a focus group discussion on the day of the researcher visit- this could include the parents of the 3 individuals in 1 and 2 if they wished to take part as one of the 10 invitees to the discussion groups. Parental focus groups ran for a maximum of one hour.
- 4) To arrange for Staff Focus Groups lasting 30 minutes.

Settings were also asked to confirm the names and contact details of up to 5 professionals who support their work in their settings (eg- speech and language therapist, school doctor, home visiting teacher, ASN support worker, social worker) in order to provide some insight into the scope for multi- professional working open to them.

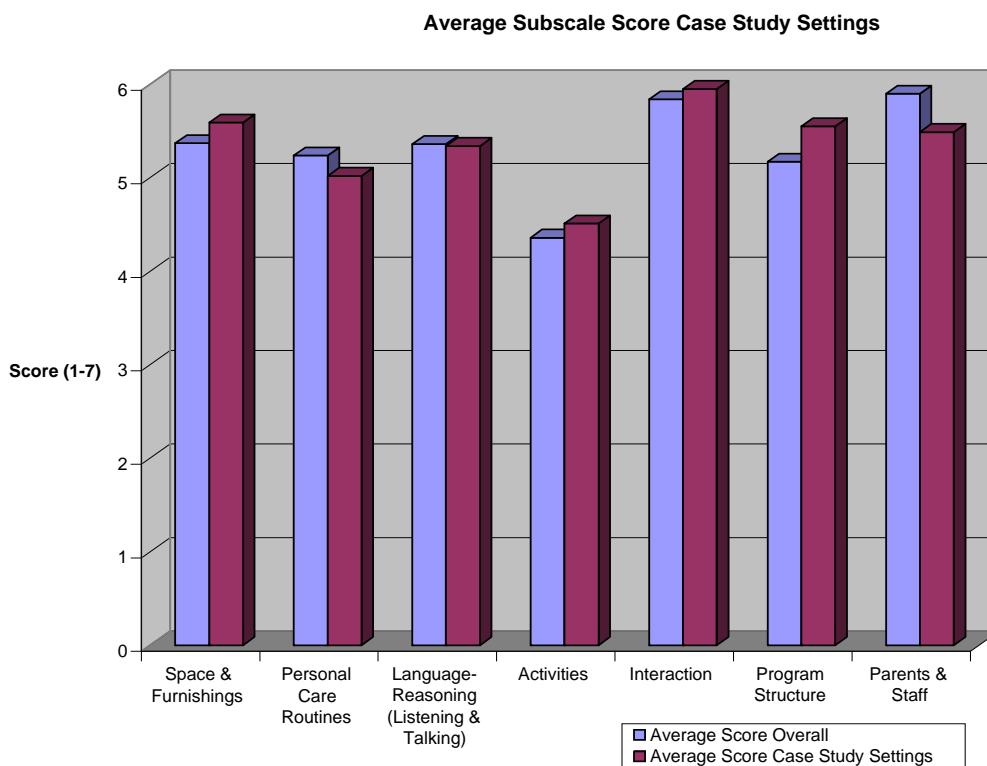
Additionally it has been possible to drill down into the data generated by the study as a whole, to provide a profile of each setting. Here we have drawn particularly on data from ECERS,

Hutchison and Smith, Head of Centre interviews, Transitions data (in 4 of the settings), Well Being and Involvement, Staff and Parental Focus Groups and where available the current HMIE inspection background report. These data provide a backdrop to illustrating a selection of good practices in each setting. Firstly data on these dimensions is provided for the group of settings.

8.2.2 Environment Ratings in the Case Study Settings

The environment ratings has been drawn out for the case study settings and are shown in the Figure 8.1 that follows.

Figure 8.1 Average ECERS subscale scores by case study setting



The case study settings’ scores followed a similar pattern to the sample as a whole with all average scores except personal care routines and activities achieving at least a score of 5. Interaction, parental provisions and staff interaction, cooperation, evaluation and opportunities for professional growth in these settings was approaching an excellent rating. Each setting had numbers of children who had low scores on well-being and involvement.

8.2.3 Well-being and Involvement

All eight case study settings had taken part in the first phase of the project and had received training in the use of the Well-being and Involvement Scales. After a period of day-to-day practice during which settings were asked to take a particular observational focus on these two

dimensions, staff completed a whole class monitoring sheet summarising the well-being and involvement of children in the class.

Well-being is defined as when children’s basic needs are met, for tenderness & affection, security and clarity, social recognition, feeling competent, physical needs and to develop a strong sense of meaning in life.... through interaction. The table below shows the numbers of children whose well-being and/or involvement in the first round of the whole class monitoring approach in the case study settings was less than 3 - these children with lower scores (nearly 40% of the total sample) signal a need for action on the part of practitioners.

Table 8.3 – Numbers of children with well-being below level 3

Case Study Setting	Well-being scales completed	No of children with scores less than 3	Involvement scales completed	No of children with scores less than 3
1	31	1	31	4
2a	71	37	71	11
2b	2	1	5	5
3	16	4	17	8
4	55	2	55	3
5	41	1	41	11
6	-	-	-	-
7	29	4	24	5
8	80	13	80	22

Full figures for well-being and involvement across the study show a significant negative correlation between well-being and involvement and social difficulties scores. Children with high levels of difficulty score low on well-being and involvement (>0.01, 2 tailed).

8.2.4 Hutchison and Smith “Intervening Early” Screening Schedule

Case study settings were asked to help with the completion of the Hutchison and Smith “Intervening Early” Screening Schedule in respect of a small number of children. Twenty-five schedules were completed across 7 of the 9 case study settings. In two of the case study settings no additional measures were completed. The completion of this schedule is normally linked to intervention into young children’s behaviour, and targets vulnerable children who would so benefit. In the study it was used to provide a greater depth of insight into a number of features of young children’s positive behaviour. Those elements are: an emerging sense of self, self in relation to the early years setting, feelings, relationship with adults and relationships with children.

The following tables illustrate each of the aspects in ‘Intervening Early’. The first table shows the number of returns for each age level.

Table 8.4 – Intervening Early - returns by age

Strata	Frequency	Percent	Valid Percent	Cumulative Percent
0-2	4	16.0	16.0	16.0
2-3	4	16.0	16.0	32.0
3-4 years	9	36.0	36.0	68.0
4-5	5	20.0	20.0	88.0
5/P.1 years	3	12.0	12.0	100.0
Total	25	100.0	100.0	

The subsequent tables illustrate the categories used in the schedule, showing five possible levels, from ‘no concern’ through to ‘extreme concern’.

8.2.4(i) *Emerging sense of self*

There were nine instances where staff were very concerned about children’s emerging sense of self, and five children (one fifth) about whom staff were extremely concerned. These concerns ranged across the items- from openness, vitality, a sense of fun and a sense of pride. Stephen, Dunlop et al (2003) write about the importance of young children’s sense of pride to their overall well-being: shame being the reverse construct.

Table 8.5 – Emerging sense of self (n=25)

	Open & receptive	Shows vitality & energy	Can be calm & relaxed	Enjoyment & sense of fun shown	Shows care & concern for self	Can express likes & dislikes	Pride shown in own achievement
no concern	8	12	10	16	15	16	13
some concern	11	7	7	6	5	5	7
concerned	3	5	6	1	3	1	4
very concerned	2		1		2	3	1
extreme concern	1	1	1	2			

8.2.4(ii) *Self in relation to the early years setting*

Coping with routines and change, being able to participate and to focus on an activity both with and without adults’ help, feeling good about trying something new and having a sense of belonging that helps the child to persist in the face of something that is a little too difficult (a key to learning on a Vygotskian approach), coupled with choice and being able to follow through, all contribute to a growing sense of self. This meaning making lays the foundation for future learning. In this small group of twenty-five children we find some, through to extreme concern on many of these dimensions.

Table 8.6 – Self in relation to early years setting (n=25)

	Routines	Changes	Curious	Take part	Attempt new	Focus self	Focus adult	Persist	Belong	Choose	Follow through
no concern	15	13	13	11	13	15	11	9	9	16	12
some concern	7	6	8	9	4	6	8	6	9	4	8
concerned	3	6		3	4	2	3	6	5	4	4
very concerned			3	1	3	2	3	3	1	1	1
extreme concern			1	1	1			1	1		

8.2.4 (iii) Feelings

The expression of feelings has always had a high profile in the curriculum framework for children 3-5, and is an essential part of early development. For each item on this scale there is a steady group about whom staff have no concerns: they are articulate, can identify well with others in real life and through storytelling, are able to express affection and have strategies for coping with strong feelings. However on each category there are between 2 and 6 children about whom staff are either very concerned or extremely concerned. This matches with the wider picture in the study and heralds the need for further staff skills in helping children relate to their own and other's feelings, despite high levels of interaction in the case study settings. Imaginative play provides such opportunities.

Table 8.7 – Feelings (n=25)

	Uses words to describe feelings	Identifies with feelings of story characters	Empathizes with others in real situations	Reflects on feelings afterwards	Strategies for coping with strong feelings	Can express affection
no concern	11	12	13	13	9	18
some concern	7	5	6	4	6	5
concerned	4	4	3	3	4	
very concerned	2	3	2	3	4	1
extreme concern	1	1	1	2	2	1

8.2.4 (iv) Relationships with Adults

On transition to school one of the most important skills is to be able to 'read the teacher' (Dunlop, 2002). Early years nursery settings provide young children with the opportunity to develop relationships with adults outside the family in a secure environment. A very important attribute is the capacity to follow instructions that are made to the group as a whole. Support to

express needs, to initiate communication and to respond to praise are essential for the child in a group setting. Praise is one of the most used positive behaviour strategies in the study sample: most children in this sub group appear to cope and respond well to praise. Nearly half of the children accept the adults' authority but for 12 children concerns are expressed about the level of acceptance.

Table 8.8 – Relationships with adults (n=25)

	Can separate from main carer	+ve relationship with at least one EY adult	Is able to express needs to adult	Is able to initiate communication with adult	Is able to respond to simple conversation	Is able to accept comfort from adult	Is able to take part without direct adult support	Is able to follow 1 to 1 instructions	Is able to follow group instructions	Accepts adult authority	+ve response to adult's praise
no concern	16	18	16	15	18	17	15	16	15	13	18
some concern	5	5	3	6	2	5	7	6	6	7	3
concerned	3		3	1	2		2	2	2	2	3
very concerned	1	2	2	1	2	3		1	1	1	1
extreme concern			1	2	1		1		1	2	

8.2.4 (v) Relationships with Children

Young children learn well in the company of others. Work on transitions to school shows the importance of going to school with a friend (Ladd, 1990). Having friends, making friends, keeping friends and being liked by peers all contribute to a child's successful adjustment to new situations including school entry. Part of this process is being able to cope with conflict and knowing when to seek adult help.

In this small sample staff have some concern about children's peer relationships (Table 8.8). One aspect of this profile is being able to play with less structure. Here staff have concerns about more than half of the children. Not only does this category signal independent learning, it also highlights a dichotomy, for the more staff have concerns about how children are with less structure, the greater the possibility that more structure will be imposed, rather than supporting children to develop self-regulation through finding their own motivators and their own limits.

Table 8.9 – Relationships with other children (n=25)

	Plays alongside other children	Play co-op with others when adult present	Play co-op when less structure	Initiate communication with another child	Beginning to show concern for others	Accepted by peer group	Shares	Takes turns with adult present	Takes turns without adult present	Seeks adult help to resolve conflict
no concern	13	14	11	14	11	17	12	18	13	15
some concern	9	6	8	4	9	5	7	2	6	4
concerned	2	3	4	5	4	3	4	3	4	3
very concerned		2	1	1	1		2	1	1	2
extreme concern			1	1				1	1	1

The ‘intervening early approach’ sits well with the Process Oriented Child Monitoring System (POMS 2.2) which focuses on four relational fields.

8.2.5 *The Process Oriented Child Monitoring System (POMS 2.2)*

In parallel parents attending the focus group discussions in the case study settings were asked to complete the Process Oriented Child Monitoring System (POMS 2.2) (Laevers et al) to give an overall well-being score and also a score in four relational fields of well-being. These fields are: relationships with the teacher/early educator, relationships with other children, relationships within their play, class and school world, relationships with members of the family and close friends.

Table 8.10 - POMS 2.2 completed by parents - 9 boys, 9 girls

N = 18	Overall well-being	Relationships with teacher &/or Eyears practitioner	Relationships with other children	Relationships within their play, class, school world	Relationships With family members & friends	Total scores on each level
1			1	1		2
1.5					3	3
2		1	1	1	1	4
2.5					1	1
3	3	1	5	3	2	14
4	6	4	6	7	2	25
4.5	2					2
5	7	12	5	6	9	39
Total scores on each item	18	18	18	18	18	

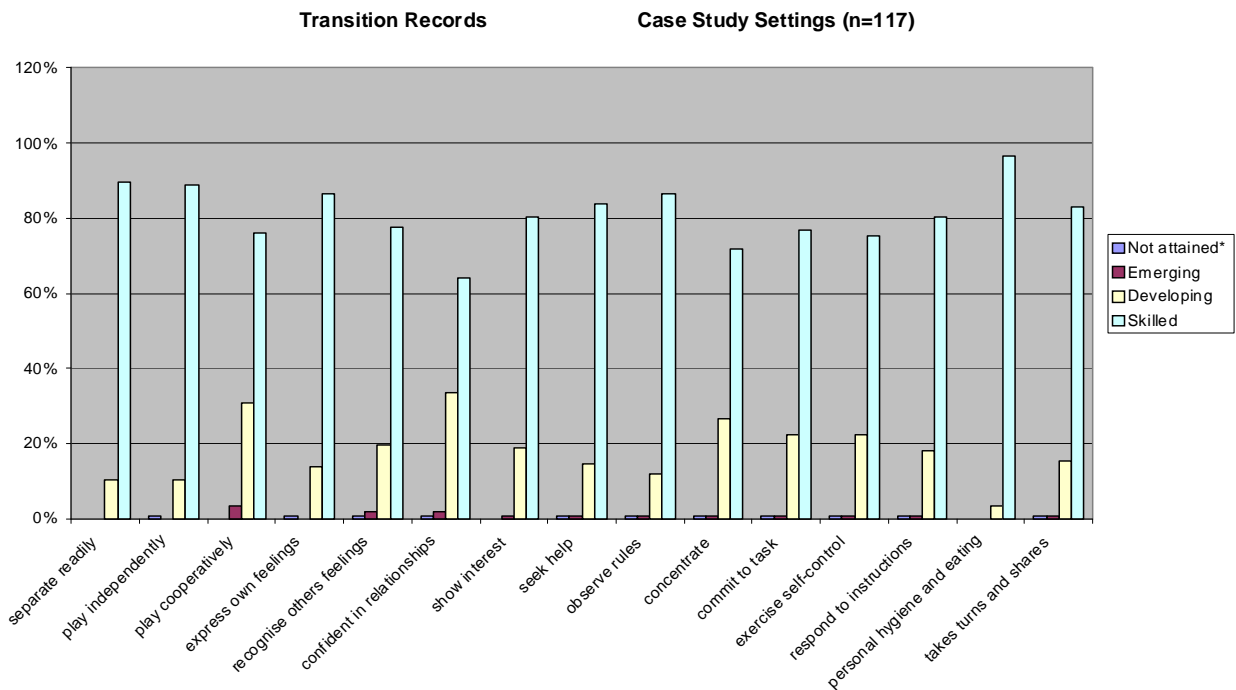
8.2.6 Overview of transitions in Case Study Settings

Overview data on transitions in four of the case study settings is shown in Figure 8.2 below. On most dimensions children were reported to either have attained the following skills or to be in a process of developing towards them.

- Separate readily
- Play independently
- Play cooperatively
- Express own feelings
- Recognise others' feelings
- Confident in relationships
- Shows interest
- Observes rules
- Concentrates
- Commits to tasks
- Exercises self-control
- Responds to instructions
- Self-help (personal hygiene and eating)
- Takes turns and shares

Further detail is offered in four of the case studies that follow in section 8.3.

Figure 8.2 Overview of transitions records in case study settings



8.2.7 Focus Groups

Staff and parental focus groups were planned for each case study setting and held in most – where this was not possible alternatives such as individual staff or parent interviews were held. Meetings started with short explanations of the project and of the concept of positive behaviour. In both staff and parental focus groups similar areas were explored using three key questions and a number of prompts which were varied depending on whether the group was a staff or parent group (Annex 3). The key aspects were -

1. The extent and nature of behaviour difficulties among children in early years and early primary settings
2. Staff and parents' practices that are successful in supporting transitions from nursery/pre-school to primary school
3. Effective approaches to training and support that can be identified for staff in early years settings

8.3 Individual setting case studies

Data presented varies slightly from setting to setting so as to highlight particular areas of strength. Each section of the Case Studies (CS) is identified according to the case study number, eg ‘CS1.1’ is the first section of Case Study 1.

8.3.1 Case Study 1 – Nursery School

This case study focuses on a free-standing nursery school which is registered to care for 32 children, aged from 3 years to Primary school entry, at any one time. The nursery school operates Monday - Friday during school term time, and also provides wraparound nursery care which gives children the opportunity to attend between 8am and 5.30pm.

The school was inspected by HMIE and the Care Commission in June 2005. Key strengths included the very good interactions between staff and children; the effective support for children with additional needs; the high quality of experiences offered to children in all key aspects of children’s development and learning; and the effective management and teamwork of staff. Inspectors also commented positively on children’s development of friendships and the encouragement given by staff to cooperate and be aware of the needs of others.

CS1.1 Environmental rating SCALES – ECERS

This setting scored well on the ECERS with an average score of 5.74 overall (Table 5.10). Relationships with parents were excellent as was the programme structure – this provides context to staff work with parents and other agencies.

Table 8.11- Case Study 1 – ECERS scores

Space & Furnishings	Personal Care Routines	Listening and Talking	Activities	Interaction	Program Structure	Parents & Staff	Average Score per setting
5.88	3.50	5.75	5.60	5.60	7.00	6.83	5.74

CS1.2 Process Oriented Child Monitoring System (POMS)

Three children were identified – all scoring fours or fives on the POMS with positive relationships with adults and other children, relating well to the nursery setting and well supported by family. This links with the high levels of well-being and involvement reported by staff.

Table 8.12 – Case Study 1 – Process Oriented Child Monitoring System (POMS)

Case Study 1		Overall WB	Rel/teacher	Other chdn	In play/sch	Family
Child 1	M	4.5	4	5	4	5
Child 2	F	5	5	5	5	5
Child 3	M	5	5	4	5	5

CS1.3 Well-being and Involvement

Of 31 (14 x 3 year olds, 17 x 4 year olds) well-being observation returns in round 1, there were two children who scored less than 3 in well-being, 25 of the children's well-being was considered to be a level 4 or 5. In terms of the 30 involvement returns, there were 3 who scored below 3 on involvement, and 25 scored at level 4 or 5. In the second round of well-being (n=27) all scores were 3 or above, with 21 children being at levels 4 and 5. In this round (n=24) 1 scored less than 3 on involvement, with some movement in scores so that 6 children had lower scores in the second round, but 4 had improved scores, with 17 at levels 4 and 5.

CS1.4 Staff Focus Group

Seven staff members were present, including the Head Teacher and 2 students. They have 35 children at the nursery school of whom only 6 are girls. Almost half of the children has English as a second language. 7 out of the 15 staff at this school are permanent.

CS1.5 Nature and Extent of Behaviour Difficulties

Staff felt that generally behaviour of children in their setting did not cause them concern and was good. However, a small number of boys show aggressive behaviour and hard physical play which can be a worry for staff. This behaviour seems to be fuelled by television programmes.

Acceptable behaviour in nursery ties in with the Golden Rules of sharing, being kind, walking rather than running, and cooperating. Setting boundaries and being consistent amongst staff are deemed to be useful strategies. In addition, a badge system has been used to promote positive behaviour.

Most children have high to very high levels of well-being and involvement.

CS1.6 Strategies

Staff advised to have adapted their programme for the high number of boys in their setting to include more physical activities.

CS1.6 Transition

At transition time, some children can get quite bombastic or anxious. Strategies that staff use for dealing with this change include visits to Primary School and talking about the move. There is ongoing liaison with the main feeder Primary School. Staff indicated they would find it useful to get to know more about P1 practice.

CS1.7 Multi-Agency Working

An Educational Psychologist visits the setting every 4 weeks and there are links with 6 Health Visitors and EASL support. Home visits get done if deemed appropriate by Sure Start staff (for 0-3 children).

CS1 - Summary

This setting provides extended provision to children, and a positive ethos which fosters warm relationships, and promotes consistency amongst staff who work together to develop tailored and responsive approaches to the children and their families.

Case Study 2 – Primary and Nursery Class with Associated Family Centre

An up-to-date HMIE inspection report was not available for either setting.

CS2.1 Environmental rating SCALES – ECERS

Scores based on the Early Childhood Environment Rating Scale show changes between the nursery class environment and the Primary 1. Increasingly there is a focus on having the new setting recognisable for new entrants, and building proactively on their prior experiences. In this case study space and furnishings, listening and talking, activities offered and programme structure were all more favourable in nursery, whereas personal care routines and interaction were more highly rated in Primary 1. This provides context for the results that follow.

Table 8.13 Case Study 2 - ECERS

Setting	Space & Furnishings	Personal Care Routines	Listening and Talking	Activities	Interaction	Program Structure	Parents & Staff	Average Score per setting
2 N/c	4.88	3.75	4.50	3.70	5.25	6.75	6.33	5.02
2 (P1)	3.75	4.75	4.00	2.60	6.25	3.67	6.00	4.43

CS2.2 Process Oriented Child Monitoring System (POMS)

Scores on the POMS for the 5 children on which these were undertaken suggest very positive well-being and relationships with adults and peers within the nursery and school settings. For 4 of the children the picture changes and is less positive when within-family relationships are considered. For these sample children school may provide the greater stability.

Table 8.14 – Case Study 2 - POMS

Case Study 2		Overall WB	Rel/teacher	Other chdn	In play/sch	family
Child 1	F	4	5	4	4	1.5
Child 2	M	4	5	5	2	2
Child 3	M	5	5	4	5	1.5
Child 4	M	4	5	3	4	1.5
Child 5	F	4	5	3	4	3

CS2.3 Well-being and Involvement

Of 71 well-being and involvement nursery and primary observation returns in Round 1, there were 24 children who were scored 2.5 and below in well-being, and 12 who scored 2.5 or less in involvement, with another 24 who scored 3 on involvement. Overall in the first round of well-being which included 37 Primary 1 children, 19 x 4 year olds and 15 x 3 year olds the staff reported 47 children with scores of 3 or above, of whom 30 were reported to be at levels 4 and 5 (only one 4 year old had a well-being score under 3). In the second round (n=68) 24 children

had well-being scores of 2.5 or below, and 34 with 3 or above, of whom 25 are at level 4 and 5. In terms of involvement 21 were scoring less than 3 in involvement, with a further 18 scoring 3. 28 children were reported with levels 4 and 5 in involvement, giving a total of 46 with scores of 3 and above.

In this setting patterns of well-being and involvement fluctuate over time - this links informally with the intervention work going on in this setting, which seems to be working to sustain well-being without necessarily being able to improve it for these very vulnerable children consistently over time.

CS2.4 Background

This new build school features in Curriculum for Excellence exemplars, it is in an area of high deprivation and a significant number of children and families living there regularly face extremely challenging circumstances where they are vulnerable in many ways. They are unique in the fact that they offer 43 full-time nursery places. The Head Teacher commented on the challenging behaviour, particularly in the earliest years (nursery). The school is a pioneer in the field of Emotional Literacy. This project addresses the considerable need in the community for child and family support services which are accessible, available locally and linked to services such as pre school education. Through Family Centre partnership with the Primary School, this project ensures that children and families experience a high quality of service, which is responsive to their needs. Facilities include 11 Primary classes, two at P1, a Nurture Class Teacher and a Family Support Teacher, a Breakfast Club, and a number of visiting teachers. The school houses a quiet room: a room that has no natural light and lots of multi sensory equipment. There are bubble tubes, projectors, mirrors, cushions, special lighting, glowing floor mats, aromatherapy oils and fibreoptics. In addition there are relaxation CDs, rainsticks and circle-time props to be used.

Across the school, a number of activities are aimed at engaging pupils and their holistic/social-emotional development. Initiatives include a quiet room with soft lighting, relaxing music and soft furnishings where children can get some privacy; a drop-in counselling service offers creative and play therapy to children; a Feelings Book in which children note down their feelings which get discussed (anonymously) at assemblies; a Calm Down period daily after lunch where soft relaxing music, chosen by pupils themselves, gets played throughout the school.

The school has many links with parents. They have a Family Support Teacher who works closely with parents and she arranges social events, courses and workshops on different topics. There is also a 'Going to School Project', which facilitates the transition stage for both children and parents.

CS2.5 Emotional Literacy

Emotional Literacy is all about sense of self, sense of belonging and sense of personal power. "The best indicator of success at age 30 is ... self-esteem at age 10" (Leon Fernstein cited by Head of Service- Presentation held by HT for Parents). Here is how a 7 year old might say it...

*I know what I feel
I can say what I feel
I am learning how to handle my feelings*

*I know how they feel
I can say how they feel
I am learning how to handle their feelings*

(Emotional Literacy Scotland - Feelings - Parent/Carer Guide)

The Case Study 2 Primary’s teaching staff has been trained to provide the curriculum according to the principles of emotional literacy, and nursery staff and teachers plan and offer activities accordingly.

The emotional literacy curriculum consists of 8 themes from P1 through to P7, although a number of matched activities are also offered in nursery. Themes are as follows:

- Fresh Start
- Getting On & Falling Out
- Reaching Goals
- I Wonder
- Changes
- Feelings
- Anti-Bullying
- Equality

Parents are informed about emotional literacy and the school has developed a Parent/Carer guide to explain more about emotional literacy and what the children will be learning at different age stages. Ideas are offered for ‘Family Homework activities’, e.g. the Feeling Wheel where parents are encouraged to talk with their child about feelings they have felt at some point (e.g. sad, angry, scared, joyful, powerful, peaceful).

CS2.6 Parallels with Well-being Scale used in PBP.

The parallels of emotional literacy approaches with Laevers’ Well-being Scale are clear. The level of well-being in children indicates how they are developing emotionally and a number of characteristics (‘signs’) in children’s behaviour can be used as a guideline to assess levels of well-being. Example signs are self-confidence, being able to defend oneself or assertiveness. Another characteristic of well-being is that children are in touch with their inner selves: with their own needs, wishes, feelings and thoughts. They seem to know for themselves what they need, wish, feel and think and can work through these feelings, even if (temporarily) unpleasant (Laevers et al - A process-oriented child monitoring system for young children).

Table 8.15 – Case Study 2- Well-being Scores (averages)

	Overall Sample	Case Study 2
All ages	6.96	6.53
3-4	6.39	4.53
4-5	7.26	6.63
P1	7.11	7.30

Key- 1 = Low well-being, 10 = High well-being (=5)

Scores on the well-being scale illustrate that overall teaching staff in Case Study 2 do not perceive their children to have higher levels of well-being in comparison with other teachers in the sample. However, the EL curriculum starts formally in P1 and the children are perceived to have a slightly higher level of well-being in comparison with other schools. The lower scores may also be linked to the area in which Case Study 2 School is located; with a Social Deprivation Index of 57.65, this setting is in the lowest social deprivation decile group and there are only 3 areas in the Positive Behaviour Project sample that have a higher SDI. (Scottish Deprivation Deciles from www.sns.gov.uk - 2004 / Scottish Deprivation Indices from Data Zone & Intermediate Geography Disc - Scottish Executive Statistics – 2006, Annex 4).

CS2.7 Parallels with Screening Schedule used in the Positive Behaviour Project

Emotional literacy is all about sense of self, sense of belonging and sense of personal power. The Screening Schedule instrument (Hutchinson & Smith) used in the case-study phase looks at a range of behaviours in the areas of feelings, emotions and relationships the child has with adults and other children; topics explored are sense of self, feelings and relationships. Not all research activities, including completing the Screening Schedule for a small number of children, were able to be conducted in this setting.

CS2.8 Parental Focus Group- Extent and Nature of Behaviour Difficulties & Parenting Hassles

5 mothers were available at the focus group discussion. Most mothers had 3, 4 or 5 children; one mother had one child. Children were between 1 and 11 years of age. The mothers felt that other people's judgements and attitudes are the most hard to deal with, e.g. the looks or comments from other people when their children are playing up or having a tantrum in public. They feel that in situations like these other people are judging their competence as a parent. Behaviours that are difficult to deal with that were mentioned include whining, bossiness and sibling rivalry. Parents reported finding it difficult to forget the challenging behaviour and change their attitude when they are still feeling angry but the child has calmed down. One parent mentioned how her eldest child takes a responsible role which she finds difficult to cope with as a single parent. Another mother mentioned she finds it hard to 'read' the child and understand his/her signs. Grandparents were said to spoil the children which undermines the parent's approach. Parents said the best thing about being a mother was the unconditional love, proud feelings and cuddles.

CS2.9 - Parental Strategies

Parents reported a variety of strategies, including some adopted as a result of professional support:

- For dealing with other people's judgement in public, one mum mentioned how she uses cards provided by Social Services to explain to people why her autistic child is behaving as he is.
- Ignoring tantrums
- Withdrawal of treats and sweets
- Threaten and follow through; consistent!
- Majority do not smack
- Reward system of chance cards and treasury bags; strategy used at school and now used by mums

CS2.10 Support

Mothers reported a number of supports available to them. Help was more likely to be offered by professionals whose specific role focused on parental support. Help was more likely to be accepted from other mothers. Some mothers found it hard to trust professionals.

- School; mothers said to find the strategies used by nursery and school to be helpful. The class teacher will listen but does not really give advice - the Family Support Teacher is most supportive.
An emotional literacy course run by school has helped them to deal with children's challenging behaviour and promote positive behaviour; and they have also learnt to use a reward system that the school uses.
- Health visitors were deemed supportive by part of the group.
- Friends
- Family; but this is not the case for all mums as they do not have close relationship or do not agree with the way they were brought up.
- Other mums; they understand and do not judge. It is deemed helpful to bounce ideas of one another.
- Leaflets from GP; too many phone numbers and information but no concrete help/support.
- Mothers said they would rather go to someone they trust rather than a professional, though some were observed to have apparently close relationships with named professionals.

CS2.11 Multi-Agency Work

Mothers feel that there is lack of communication and miscommunication between nursery, school and other agencies; one mum spoke of her child being referred to an Educational Psychologist by the school, however the psychologist thought concerns originated with the mother. Parents reported they 'have to do the chasing'. Agencies and their professionals were perceived as judgemental of parents' practice and parents do not feel taken seriously.

CS2 - Summary

This setting and its associated Family Centre had recognised the pivotal role that their services play for children and families in the area. For the research team there was ample evidence of policy and practices being developed and implemented to foster self worth and positive behaviours, in a climate of positive leadership. The complexity of family circumstances and the vulnerability of children was evident. Parents expressed some ambivalence towards services, and highlighted the importance of trust and respect as part of their capacity to accept advice and to feel accepted.

Case Study 3 – Child and Family Centre

This Child and Family Centre was last inspected by HMIE as part of an integrated inspection with the Care Commission in January 2004. Key strengths were judged to be the very good arrangements in place to support children and families; the very good programmes for emotional, personal and social development, knowledge and understanding of the world and physical development and movement; and the commitment and enthusiasm of the whole staff team. The inspection report also commented on the very good use staff made of praise to build children’s self-esteem and acknowledge achievement.

CS3.1 ECERS

This setting was particularly strong on listening and talking, interaction and programme structure. The only lower score was in terms of personal care routines. Strengths matched well to the integrated inspection report.

Table 8.16 Case Study 3 -ECERS

Setting	Space & Furnishings	Personal Care Routines	Listening and Talking	Activities	Interaction	Program Structure	Parents & Staff	Average Score per setting
3 (0-3)	6.20	3.60	6.67	5.33	6.75	7.00	6.14	5.96

CS3.2 Hutchison and Smith – Teachers

Three returns were completed on the Hutchison and Smith profile. Some concerns were reported by staff for the three children involved. As the focus is on younger children, and numbers are small, the results here only serve to show differences amongst children. The older child causes no concern at all whereas the 2 younger children do.

Table 8.17 All dimensions of emerging sense of self on Teacher H&S Case Study 3 (n=3)

Dimension	Level	0-2	2-3	3-4 years	4-5	5/P.1 years	Total
Shows care and concern for self	some concern	2	1				3
	totals	2	1				3
Vitality and energy	no concern		1				1
	some concern	1					1
	concerned	1					1
	totals	2	1				3

Dimension	Level	0-2	2-3	3-4 years	4-5	5/P.1 years	Total
Is able to be calm and relaxed at times	no concern		1				1
	some concern	1					1
	concerned	1					1
	totals	2	1				3
Displays enjoyment and sense of fun	no concern		1				1
	some concern	2					2
	totals	2	1				3
Shows care and concern for self	no concern		1				1
	some concern	1					1
	concerned	1					1
	totals	2	1				3
Can express likes and dislikes	no concern	2					2
	some concern		1				1
	totals	2	1				3
Demonstrates a sense of pride in own achievement	no concern		1				1
	some concern	2					2
	totals	2	1				3

CS3.3 Well-being and Involvement

There were 8 of the 15 children scoring under 3 on well-being, and 8 of 17 children were scoring low on involvement in the first round observations. 8 returns were received in the second round, and of these only one was observed to have a lower score on involvement, 4 a higher score, and 3 remained at the same score.

CS3.4 Staff Focus group - Extent and Nature of Behaviour Difficulties (n=6)

Generally speaking, staff felt that children's behaviour is fine at nursery. However, they know from working closely with parents that this not always the case at home. According to staff, reasons for this misbehaviour at home are lack of efficient parenting skills; parents have no consistency or routines. They feel that children's behaviour can be fine, however it is more the parents that need support. The centre has run and still runs a number of behavioural management and parenting courses (e.g. 'Mellow Parenting') but feels that it is difficult to get parents committed to attend these sessions. Similarly, it is hard to get parents to follow through strategies and approaches learnt consistently.

CS3.5 Strategies

Staff develop a plan with parents depending on their individual needs. They stressed it to be important to gain parents' trust and build up a relationship.

CS3.6 Transition

Strategies used at time of transition into nursery/school/special school include:

- transition records
- meetings with nursery staff if necessary
- visits

CS3.7 Multi-Agency Work

The centre works closely together with other agencies like Health Visitors, Physiotherapy, Social Work, Occupational Therapy, Children1st, Educational Psychologist; this includes occasional case conferences. They feel other agencies are helpful and they can contact external professionals for advice.

Prior to a child starting the nursery, a care plan is established and certain cases are given weighting in terms of keyworker: child load. There is a big emphasis on multi-agency working. Regular inter-agency meetings take place with colleagues from key agencies working in the community, as well as multi-agency meetings regarding individual children. Staff work in collaboration with local schools and early years centres to meet family needs. Work with parents is facilitated by senior staff and a parents' group worker. Individual keyworkers also work closely with parents, giving support and advising on appropriate agencies. There is a parents room where parents can relax, seek information or advice, meet other professionals, update skills or even have access visits with their children.

CS3.8 Support

Staff feel speaking to their Senior is helpful. Being part of a team is also a big support.

CS3 - Summary

This centre works with vulnerable children and their families. It provides a high quality environment which brings a particular focus to interaction and relationships with children and families. There was evidence of good leadership, and staff recognise the complexity of their work and the importance of working collaboratively across disciplines. The greatest challenge for staff is involving parents who are hard to engage.

Case Study 4 – Private Partner Provider

This nursery was inspected by HMIE and the Care Commission in August 2005. Key strengths were judged to be the committed and dedicated staff team; very positive relationships amongst staff, children and parents; very good support for children and their families; and, very good use of the local environment to support children’s learning. The report also commented positively on staff interactions with children and their use of praise and encouragement in developing children’s self-esteem and confidence.

CS4.1 - ECERS

Observation in this setting showed excellent interaction in terms of supervision of children, approaches to behaviour, staff-child interactions and interactions among children. The environment, room arrangement and display were at a very high level, with a good focus also being given to provision for listening and talking.

Table 8.18 – Case Study 4- ECERS

Space & Furnishings	Personal Care Routines	Listening and Talking	Activities	Interaction	Program Structure	Parents & Staff	Average Score per setting
6.75	4.60	6.00	5.00	7.00	5.00	5.12	5.64

CS4.2 POMS

Only two children were included in the POMS – both showed high scores on all aspects of relating explored by the scale. Given the high overall levels of well-being and involvement evidenced in this setting, to have included any other child who met the selection criteria of low levels of low levels of well-being and involvement would have been inappropriate.

Table 8.19 - Case Study 4- POMS

Case Study 1		Overall WB	Rel/teacher	Other chdn	In play/sch	Family
Child 1	F	5	5	4	5	4
Child 2	F	5	5	4	5	5

CS4.3 Well-being and Involvement

Of 55 well-being and 54 involvement nursery observation returns in the first round, there were only 2 children who were scored less than 3 in well-being and 3 who scored low on involvement. Otherwise all other scores (35) in the first round of well-being are at 3 or 4. For involvement first round scores include 41 returns at levels 4 and 5.

In the second round of well-being observations 53 returns were received, with 37 of these being at levels 4 or 5. The child previously rated at '1' was considered to now be a '2'. The scores for the three year olds have fluctuated more than those of the four and five year olds. For involvement 54 returns were undertaken, 35 of which were at levels 4 and 5, and only one child remains with a low score of '2'.

CS4.4 Hutchison and Smith Schedule

Data drawn from the Hutchison and Smith schedules in this setting showed, amongst 7 children, only one aspect of behaviour in one child that was causing concern. This is consistent with the overall high quality of environment shown in the centre's ECERS scores, and the good levels of well-being and involvement of the majority of children.

Table 8.20 All dimensions of emerging sense of self on Teacher H&S Case Study 4 (n=6)

Dimension	Level	0-2	2-3	3-4 years	4-5	5/P.1 years	Total
Shows care and concern for self	No concern			1			1
	some concern				1		1
	concerned				1		1
	totals			1	2		3
Vitality and energy	no concern			1	1		2
	concerned				1		1
	totals			1	2		3
Is able to be calm and relaxed at times	no concern			1	1		2
	concerned				1		1
	totals			1	2		3
Displays enjoyment and sense of fun	no concern			1	1	2	4
	some concern			1		1	2
	totals			2	1	3	6
Shows care and concern for self	no concern			1	1		2
	concerned				1		1
	totals			1	2		3
Can express likes and dislikes	no concern			1	1		2
	very concerned				1		1
	totals			1	2		3
Demonstrates a sense of pride in own achievement	no concern			1	1		2
	concerned				1		1
	totals			1	2		3

CS4.5 Parental Focus Group

3 parents were available. All were mothers with the 3 children ranging from 4 months to 9 years.

CS4.6 Extent and Nature of Behaviour Difficulties

The mothers indicated that they felt tantrums and children's behaviour in public can be hard to cope with, however generally their children behave as they expect them to and they just deal with it.

CS4.7 Strategies

Main strategies used are explaining, talking to children (a lot!!) and explaining how their behaviour makes other people feel. All mums talked about the importance of involving their children in activities (e.g. food) and giving them responsibility in certain aspects of decision making.

CS4.8 Children's behaviour in different situations

They thought their children behaved better at nursery than with them or grandparents due to them trying to push boundaries at home.

CS4.9 Support

The mothers indicated that they look for support from friends with older children, family and people from the church they attended. They mentioned talking through worries with other parents is most helpful.

The nursery staff were seen as most supportive and genuinely caring about the children. It was said that staff help to promote positive behaviour in children by role-modelling and praising, however the mothers stressed it was their responsibility as a parent to promote positive behaviour and staff are there to support rather than solve issues.

Although nursery staff are easily approachable, the mothers felt that they would like more opportunities to speak to Primary school staff as they felt approaching them is not easily possible. They expressed their wish for Primary teachers to have more time for speaking to parents and to focus on 'average' children rather than the challenging/gifted ones.

CS4.10 Staff Focus Group - Extent and Nature of Behaviour Difficulties

4 staff members were present including the Head of Centre. Generally staff have no concerns about children's behaviour. Most children have high to very high levels of well-being and involvement and two particular children do show worrying behaviour however- one being aggressive and the other being withdrawn and non-communicative. In general children have high levels of well-being and involvement. Support for staff is available from the committee/chair of the committee but all staff feel confident in dealing with children's behaviour. Staff have not had specific training on positive behaviour or dealing with challenging behaviour; all felt confident anyway due to qualifications and experience.

CS4.11 Strategies

Meeting with parents and communicating worries they have is seen as useful in dealing with concerning behaviour. Other strategies include positive reinforcement and speaking to children in a soft voice. Parent liaison includes 2 parent evenings, informal contact and newsletters.

CS4.12 Transition

When starting nursery, strategies include visits, open days and staggered starts. Staff reported that transition into nursery for most children is a smooth process. Strategies used at P1 transition phase are visits and a buddy system where P6 pupils visit nursery children. Recently Primary staff had started providing feedback on children's progress throughout the year and had begun a

new initiative of P1 teacher visits to the nursery. Children, in particular boys that are due to move to P1 can be boisterous- staff hope the P6 buddy system will help in this respect.

CS4.13 Multi-Agency Work

The nursery has contact with an assigned Educational Psychologist, but there were no links with Social Work or Speech and Language Therapy. It was hoped to establish links with the health visitor in the near future, this was not happening yet. Staff mentioned one boy with Down's Syndrome who needed help from different agencies for whom support was arranged outwith the nursery setting.

CS4 - Summary

This partner provider works positively with children and families and is attentive to all children. Levels of well-being and involvement were generally high and staff skills in interaction seem to support those whose behaviour needed some support. Staff confidence was good, however access to other services was more limited than they would have liked. The developing contacts with primary school were welcomed.

Case Study 5 - Primary School and Nursery Class

An Integrated Inspection by the Care Commission and HM Inspectorate of Education was carried out on 12 May 2004. The key strengths were seen a bright, welcoming and attractive playrooms with a good range and quality of resources to support children's learning and development and very good programmes in knowledge and understanding of the world and expressive and aesthetic development. The programme for emotional, personal and social development was good. Staff needed to review the implementation of the positive behaviour policy

CS5.1 – Case Study 5 - ECERS

The average ECERS scores for both nursery and Primary 1 in this setting were very close, suggesting that on most dimensions there is a good connection for children between their pre-school experience and their experience in Primary 1. The nursery was more focused on personal care routines in keeping with the age of the children, had slightly higher scores on listening and talking, activities and interaction, whereas the Primary 1 had a more structured programme and the primary teachers felt well supported by other teachers working at the same stage as well as the head teacher.

Table 8.21 – Case Study 5 - ECERS

Setting	Space & Furnishings	Personal Care Routines	Listening and Talking	Activities	Interaction	Program Structure	Parents & Staff	Average Score Per setting
5 (3-5)	6.23	6.10	6.38	5.57	6.20	4.84	5.75	5.87
5 (P1)	5.54	4.84	6.26	4.78	5.85	6.00	7.00	5.75

CS5.2 - Case Study 5 - POMS

Eight parents joined the parent focus group and a further parent came to a second session. Five boys and three girls were represented. Overall well-being was average or above. Nearly all parents felt their children related well to staff, but views on relating to other children were more mixed in several cases. Completion of the questionnaire raised an interesting group discussion.

Table 8.22 – Case Study 5 - POMS- completed by parents

Case Study 5		Overall WB	Rel/teacher	Other chdn	In play/sch	family
Child 1	M	5	5	4	4	4
Child 2	M	4	5	3	3	5
Child 3	M	3	2	1	1	2.5
Child 4	M	3	3	3	3	3
Child 5	F	3	4	2	3	5
Child 6	F	5	5	5	5	5
Child 7	F	4	4	3	4	5
Child 8	M	4.5	4	5	4	5
	8					

CS5.3- Well-being and Involvement

Of 80 well-being and involvement nursery and primary observation returns there 13 children who were scored less than 3 in well-being, and 24 who scored less than 3 on involvement. Of these 4 were in Primary 1 and 3 were 4 year olds the rest (17) were 3 year old children.

Overall there were 79 well-being returns in Round 1 and 76 in Round 2. 16 children were at levels 2.5 and lower whilst 36 children were at levels 4 and 5. In the second round of 76 returns only 3 children were rated as being below 2.5, with 73 being at levels 3 or higher, and 48 scored at levels 4 and 5. (36 x P.1, 10 x 4years old, 41 x 3 year olds). By the time of the second round, 16 of this group had improved scores and one remained the same.

Taking a closer look at well-being returns, in round 1, 13 three year olds scored 2.5 or lower, 11 three year olds scored 4 or above, by the time of the second round only 2 three year olds remained with scores under 2.5, 3 three year olds were causing a developmental concern and of these one was recorded with a level 2, one a level 3 and the third a level 4 in well-being, and 26 three year olds scored 4 and 5. With the 10 four year olds, in the first round 3 had low scores, but by the second round all were level 3 or above. The Primary 1 pupils all achieved scores of 3 or above, none dropped under three in the second round, and 3 children who were causing developmental concern in round 1 achieved affirmative remarks on progress in round 2

In the involvement observations, in round 1, 80 returns were made. Of these 24 children were scoring 2.5 or less, with 56 scoring 3 and above, and 35 at levels 4 and 5. In round 2 only 8 children remained with low scores, 42 were at level 4 to 5 and a group of 30 were scoring 3 to 3.5. This upward shift in scores suggests that younger children once settled in nursery begin to both feel better about themselves, and become more engaged in their learning, and that this pattern continues on into primary school.

CS5.4 – Hutchison and Smith Schedule

Staff completed the Hutchison and Smith schedule in respect of 6 children (3 x nursery, 3 x primary). There were children causing concern in each category. Staff were aware of the individuality of children and the importance of working proactively with those children about whom they had some concerns. What is clear from the different settings is that children who do cause concern are spread across both age groups and dimensions of enquiry. In terms of positive behaviour an individualised approach is needed to match whole school policy.

Table 8.23 All dimensions of emerging sense of self on Teacher H&S Case Study 5 (n=6)

Dimension	Level	0-2	2-3	3-4 years	4-5	5/P.1 years	Total
Shows care and concern for self	no concern				1		1
	some concern			1		2	3
	concerned					1	1
	very concerned			1			1
	totals			2	1	3	6

Dimension	Level	0-2	2-3	3-4 years	4-5	5/P.1 years	Total
Vitality and energy	no concern				1	1	2
	some concern			2		1	3
	concerned					1	1
	totals			2	1	3	6
Is able to be calm and relaxed at times	no concern				1	1	2
	some concern			1		1	2
	concerned					1	1
	extreme concern			1			1
	totals			2	1	3	6
Displays enjoyment and sense of fun	no concern			1	1	2	4
	some concern			1		1	2
	totals			2	1	3	6
Shows care and concern for self	no concern				1	2	3
	some concern			1		1	2
	very concerned			1			1
	totals			2	1	3	6
Can express likes and dislikes	no concern				1	1	2
	some concern			1		2	3
	very concerned			1			1
	totals			2	1	3	6
Demonstrates a sense of pride in own achievement	no concern				1	2	3
	some concern			1		1	2
	very concerned			1			1
	totals			2	1	3	6

CS5.4 Transitions (n=26) (Nursery Class) (20% = 5)

Children's transition records in this setting were considered in further detail in order to draw out the kind of information available to parents and receiving Primary 1 staff at transition.

Table 8.24 Overview of transition records data – Case Study Setting 5

5 children were perceived to be skilled in all categories of Emotional, Personal and Social development
19 children were perceived to have a mix of developing and skilled categories
1 child was perceived to have some skills in the emerging category
1 child was perceived not to have attained emerging skills in the majority of categories

More than 80% of children were likely to be viewed as **'skilled'** in the following 6 categories:

- Separates readily (80%)
- Plays independently (80%)
- Plays cooperatively (96%)
- Recognises others' feelings (73%)
- Observes rules (84%)
- Takes turns and shares resources (80%)

More than 50% of children were perceived to be in the **developing** category in

- Confident in relationships (57%)

More than 20% of children were perceived to be in the **developing** category in these aspects

- Expresses own feelings (26%)
- Shows interest (42%)
- Seeks help (30%)
- Concentrates (42%)
- Commits to task (34%)
- Exercises self-control (30%)
- Responds to instructions (46%)

One child was perceived to have **emerging** skills in Confidence in Relationships and Seeking Help.

One child had obviously experienced difficulties as s/he was perceived **not to have attained the emerging category** in a large number of categories:

- Plays independently
- Expresses own feelings
- Recognises others feelings
- Confident in relationships
- Seeks help
- Observes rules
- Concentrates
- Commits to task
- Exercises self-control
- Responds to instructions
- Takes turns and share

and was perceived as having **emerging** skills in Playing Cooperatively and Showing Interest.

Staff Commentary was generally positive and focussed largely on similar categories to other case study settings, eg positive relationships and confidence. Staff also commented on aspects like

‘well-behaved’ and ‘follows/remembers rules’. This was modified for a few children to ‘usually responds to instructions’ and ‘beginning to understand the need for rules’. The child who was noted as not having attained emerging skills was perceived ‘to have improved but can still find it difficult to move from activity to activity on instruction, following rules can be difficult and s/he can become very upset’.

There were no comments from 9 of the 26 parents with it being recorded as ‘parent did not attend’ (One assumes that reports were distributed at a parents meeting). Of those who commented, parents again focussed on progress, confidence and being ‘ready to start school’. One parent commented that s/he would have liked their child’s social skills to have developed a little better. This was not a child that staff perceived to have only emerging skills.

CS5.5 Parent Focus Group

Extent and Nature of Behaviour Difficulties

This was a wide ranging discussion. All were keen to talk – the young mother with only one child took time to be drawn in, but then contributed fully. Sometimes young children’s behaviour can be extreme. They are often testing out how far they can go. When young they can’t always tell you what the problem is- for example one wee boy was mentioned who had reflux problems because of poor muscle control but couldn’t tell his mum, later she reflected that some of his behaviour must have been to do with this problem. Bringing up children is a 24 hour job (nursery parent). It can be exhausting - it is hard work. It is particularly demanding if you are a sole parent, or at the times of day you are on your own.

Parenting Hassles

As a group the participants discussed the way children see adults as being different in this generation. Different lifestyles, what they are eating, knowing the limits, were all topics during the first part of the discussion.

- The children in a family can all be different - “sometimes behaviour is down to personality”. One child was reported as taking her mother to the limit every time - not to punish you, not nasty, but for some reason always testing. This child was reported to argue about everything, it is the child’s nature to make trouble.
- Parents reported children not being prepared to help at all at home, but being interested to do so when visiting, or at nursery.
- Children are more likely to take out their frustrations at home.

Strategies

Parents were resourceful in the range of strategies they talked about. They talked about loving their children, finding themselves exhausted, enjoying their partner’s support

- Parents agreed when one said “It’s all about understanding that you have to expect the unexpected”.
- One parent said that as a parent your love is unconditional- at all stages children need to know that there have to be boundaries, but they are still loved. The grandmother agreed here.
- Stepping back from children’s behaviour is important- knowing when you’ve had enough- several agreed they reach this point in the evening and then its great to be able to hand over to your partner.

- Lie with children till they get to sleep in their own bed.
- Important to remember that they get their sense of self-worth from how their parents react.
- Making things a game works- “race you”.
- Important to be consistent.
- Agreement that women mother their boys differently than their girls. However they felt they nagged the boys a lot- it was seen to be a “boy thing” to not be organised.
- Several reported “mothering your first for longer”.
- Used a “naughty step”.
- Grounding.
- Staying calm on the outside at all times – often children are testing you.
- A girl thing not to respect your stuff – putting things away together helps.
- Reading to them is good- trying this as a new phase.
- Sanctions aren’t always enough- they’re not text book babies.
- Having a quiet room at home- without television- going to your room isn’t a punishment if you have your own TV and DVD player.
- Not letting wee ones play beyond the gate.

Support

Two mothers had teenage daughters who they found to be a great help. They thought it was good for teenagers to help in this way and to be realistic about what it’s like to have small children - “hopefully it will put her off for a good while”.

The neighbouring primary school’s Primary Parents’ Support Group was open to parents from this case study setting- several had gone (nursery and primary) and had found this helpful. They reported being able to bounce off ideas. The group promoted positive behaviour and well-being in children.

Transition

- Transition to school can be quite a struggle - the P1 parent felt the school had been very supportive.
- The nursery was seen to be all fun - this is a big contrast with the school environment.
- Some parents were expecting tears at the gate.
- Some parents expressed being unready themselves for their child’s school start.
- Parents talked about transitions as parents- those with older children reported that they felt they were totally different as parents with their younger children- more assertive, more confident

Multi-Agency Work

“The local culture has changed. Society has changed.” This was a strong theme in the discussion.

- Parents reported being worried about the knife culture, about the volume of traffic (one mother was campaigning for “Twenty’s Plenty” in her street).
- Educational psychologist was reported to be helpful and supportive.
- Local college provides classes for parents.

- The school is very approachable- and none of the parents would have any qualms in approaching the school for help (Nursery and Primary). Bullying, children being unhappy, a teacher who's not good with the children – parents cited these examples as things they had brought up with the school.

CS5.6 Staff Focus Group

Participants

The Head Teacher, Nursery Teacher, P1 Teacher & 2 Nursery Staff took part in this discussion, which lasted 45 minutes over lunch time.

Extent and Nature of Behaviour Difficulties

The nursery staff reported a particularly difficult time with children's behaviour – “their behaviour is outrageous at the moment”. Whilst there are more girls than boys, the boys' behaviour is the worst. The afternoon children's behaviour was also reported to be worse than the morning children's. The reasons given for this included that perhaps anyway the morning children's families had more “get up and go”. Parents may make specific requests for afternoon attendance - can be because there is a new baby and the mother would rather have an afternoon place, but staff perception was that more often afternoon registration is indicative of families who don't get organised to enrol for morning and wouldn't make it for a morning place anyway. Staff felt you could lose sight of the personality of the child because of the behaviour.

A recent nursery outing to a city museum and art gallery had proved very successful with the morning children who were absorbed and involved and found the leaving time too soon. The afternoon children on the other hand were finished with everything in 5 minutes flat.

Views about Parents & Families

Staff felt they were up against behaviour that parents find acceptable that they do not, that parents show little consistency in managing their children's behaviour, often talk about the child and tell staff about poor behaviour with the child listening. Some children attend another group in the morning - most afternoon children come in tired.

The head teacher talked about the overall picture of the area and about behaviour at whole school level- she said the children can be marvellous, but there are serious social deprivation issues in their area, including substance abuse. Many parents were not able to take responsibility for their children's behaviour and some parents sought explanations in terms of deficits in the child, rather than necessarily making a link to action they might be able to undertake themselves. This linked strongly to the views about the local area changing that were expressed by the parents attending the parental focus group. The school promotes a certain kind of behaviour which allows children and adults to control behaviour in context, but that outside school the same children may be out of control. Staff observed visiting parents ignoring their children's inappropriate behaviour in school, and attribute this to parents having low self-esteem. In school this staff group felt they have gone as far as they can go with children's behaviour, but recognised that whilst there are mothers that try their best, parents need considerable support to develop a more appropriate set of strategies to manage their children's behaviour.

Strategies

Staff aim to establish boundaries, order and consistency. They constantly reward good behaviour. They would like to instil pride and shame in behaviour. In primary 1 the class teacher (who was in her probationary year) felt that their approach is “to move the boundaries” – to create different and higher expectations than children have experienced to date. Nursery staff reported using distraction techniques, and to be still doing so even as school approaches - a stage beyond what they would normally expect. Staff would always approach parents about their children’s behaviour, and provide children with distractions, with a quiet time, and work together to support them. Story times are helpful – calm times – during the week of the focus group staff had also used video. Overall they feel children do make progress.

A common approach taken by staff is to speak with the child, to try to find out what is causing the behaviour, and to explain what is unacceptable and why. They are trying to develop an understanding of cause and effect - children need help and experiences which allow them to appreciate the benefits of good behaviour and have something to aspire to. This would support children to value and work towards achieving that opportunity.

Support

An educational psychologist had done excellent work running a parenting programme – this worked well and the staff view was that it was more effective than the work that could be done through ‘home-link’. Nursery staff felt they really had to come up with solutions themselves.

Transition

It was the perception of staff that many children were not ready for school. Pre-school staff collaborated with primary at transition time. Parents’ meetings were held before transition.

Multi-Agency Work

A home-link worker and an educational psychologist were the two main sources of support. It was generally felt that this side of the work was out of reach of nursery classes - the family centres were more able to take this forward. The co-operation between pre-school and school was good.

Staff training

Training opportunities are ‘a wee boost’ - often supporting the practice staff had already been following - but “it’s a wee boost”.

CS5 - Summary

As a team, all staff participating felt they would like to see a re-think about nursery classes. There are numbers of children who attend that they really can’t accommodate. These children should be in nursery centres where there is more differentiated family support. The view was expressed that full time nursery would be favourable for 4 year olds. For their particular school population more time to work with children before they embark on the formalised curriculum

would be helpful: a pre-school class with children coming on their 4th birthday and not entering school until 6 years old would create more opportunity to work over time with children.

Case Study 6 –Nursery Centre

An Integrated Inspection by the Care Commission and HM Inspectorate of Education was carried out in this setting in October 2005. The key strengths were the daily outdoor play, a rich, well-resourced programme in each of the five aspects of the curriculum, an attractive, stimulating learning environment with a hard working committed staff. The senior management team were seen to provide very effective leadership. In the under-three provision staff were warm, enthusiastic and had high expectations of children’s behaviour and achievement. The observers recorded a very positive feeling from this nursery, the centre manager and staff, which is true in particular for the 0-2 and 2-3 rooms. On the observation visit it should be noted that there were not many children in 2-3 room as many children had just moved up and there were only 2 children in the baby room. The area in which the nursery centre is located has a Social Deprivation Index of 41.88 and falls in Social Deprivation decile 2 which means it has a relatively high level of deprivation.

CS6.1 – Case Study 6 –ITERS - ECERS

This nursery centre caters for children aged 0-5 years old. The learning environments created for all children were of a high quality which matched with the Integrated Inspection report. Staff - child interaction with the youngest children was a particular strength. Both settings worked positively with parents and staff felt there were good levels of personal and professional support as shown in the returns under the heading ‘Parents and Staff’.

Table 8.25 – ITERS - ECERS

Setting	Space & Furnishings	Personal Care Routines	Listening And Talking	Activities	Interaction	Program Structure	Parents & Staff	Average Score per setting
(0-2 + 2-3)	7.00	7.00	6.00	5.56	6.75	6.67	6.00	6.43
(3-5)	5.88	5.80	5.25	3.80	5.20	5.67	6.17	5.40

CS6.2 - Well-being and Involvement

This centre did not undertake the well-being and involvement observations.

CS6.3 – Hutchison and Smith

Although there are only two profiles from Case Study 6 these are included as they are part of the overview of the 25 children profiled across case study settings.

Table 8.26 All dimensions of emerging sense of self on Teacher H&S Case Study 6

Dimension	Level	0-2	2-3	3-4 years	4-5	5/P.1 years	Total
Shows care and concern for self	no concern		1				1
	concerned		1				1
	totals		2				2
Vitality and energy	concerned		2				2
	totals		2				2
Is able to be calm and	some concern		1				1
	concerned		1				1

Dimension	Level	0-2	2-3	3-4 years	4-5	5/P.1 years	Total
relaxed at times	totals		2				2
Displays enjoyment and sense of fun	no concern		1				1
	concerned		1				1
	totals		2				2
Shows care and concern for self	no concern		2				2
	totals		2				2
Can express likes and dislikes	no concern		2				2
	totals		2				2
Demonstrates a sense of pride in own achievement	no concern		1				1
	some concern		1				1
	totals		2				2

CS6.3 - Parent Focus Group

The extent and nature of behaviour difficulties

When asked about ‘normal’ behaviour parents identified that young children are active, run about, play, are curious, that they want everything and have to learn to share, and that they test boundaries. A child not sleeping in own room/own bed was an issue for some but others suggested that this was a normal phase - ‘they just turn a certain age and then they go’. Toilet training was an issue for some in so far as this required a lot of time and patience and no one strategy seemed to work.

Parenting hassles

Worries about behaviour included

- temper tantrums among the under threes eg holding breath or throwing things
- attention seeking among the under threes eg banging the door repeatedly

A strategy for this kind of behaviour was time out in the child’s own room.

Parental strategies

The strategies parents reported that they use to encourage children to behave include -

- Explaining and intervening – eg for sharing : you can have 10 minutes each or in extreme cases removing the toy from both
- Setting limits : stop or do this by the time I count to three

Support

Parents identified strategies that staff used in general and at transition as related to the climate of the nursery and felt this was helpful to them to know the staff approaches -

- Very relaxed and friendly (not like x nursery which is more regimented, more like school)
- Staff listen to children
- Staff get involved with children, do things with them,

What parents learned from nursery was ‘to do things with the child at home’ stories and paints were mentioned. Grandparents and their own mothers provided support. The parents (all mothers) said that they spoke to one another at playgroup or at the centre. They didn’t think they needed help from anyone else, but if they had a real worry they would ask advice from nursery staff including the head of centre if it was serious (eg hearing). The head of centre could advise who else to get advice or support from – eg doctor.

Transitions

Most thought that children take a little while to settle but then settle reasonably easily. Parents were aware that the child got attached to the keyworker but knew that staff helped to prepare for transitions between rooms or to school by getting them used to being in activities with other adults. Strategies parents used included:

- Praise - ‘you were a good girl to stay at the nursery today’
- Asking about the nursery and what child had been doing, playing with and so on.

Multi-agency

The parents agreed that the health visitor was an important source - ‘they are good, give you practical advice’.

CS6.4 - General

Heuristic play materials

The provision was warm and the room was clean, light and safe. In addition to a range of toys and materials available in a storage cupboard, the team noted a choice of materials in wicker baskets which reflect the approach of ‘heuristic play’ in the toddler room. Explained in Elinor Goldschmied and Sonia Jackson’s book ‘Children under three’ (1994), the concept of ‘heuristic play’ involves activities with a wide range of non-commercial objects chose for their texture, shape, weight, scent, taste, sound, colour, form, length and shininess (examples are various buttons ranging in shape, size and colour, feathers, curtain rings, ribbons and pebbles).

Goldschmied and Jackson’s approach suggests clearing and freeing up floor space for a specific amount of time to allow heuristic play activities to take place. Adults need to remain uninvolved with children’s heuristic play activities which allows children to naturally discover and explore; the research team did not see any explicit evidence of this occurring on the day of the visit. Staff appeared warm and involved. However, it is important to note that *‘heuristic play is an approach and not a prescription. There is no right way to do it and people in different settings will have their own ideas and collect their own materials’* (Goldschmied & Jackson 2004, page 130).

Sensory Room

A sensory room was available to the children- various lights (e.g. soft lighting), sounds (e.g. relaxing music), soft furnishing and textures are used to support children’s holistic and social-emotional development.

8.27 – Summary of Transitions Case Study Participants

24 children were perceived to be skilled in all aspects of emotional, personal and social development
13 children were perceived to have a mix of developing and skilled categories
2 children were perceived to have some skills in the emerging category

80% of children were likely to be viewed as **‘skilled’** in all categories of emotional, personal and social development.

There was no category where **20% of children** were perceived as having **‘developing’** skills.

The aspects where more than 5 children (10%) were perceived to be in the **developing** skills category were:

- Confident in relationships (5)
- Concentration (7)
- Take turns and share (5)

Two children were perceived to have skills in the **emerging** category.

Child one was perceived to have emerging skills in:

- Playing cooperatively
- Concentration
- Commitment to task

Child 2 was perceived to have emerging skills in:

- Playing cooperatively
- Recognising others feelings
- Exercising control

Staff comments focused on confidence, relationships, and behaviour with the majority of children being perceived to be ‘having positive relationships’, large numbers perceived to be ‘confident’, or ‘growing in confidence’. In relation to behaviour large numbers were noted as being ‘independent and co-operative’; and ‘following rules and routines’; a number of children were perceived to be ‘caring to others’. One child was noted as ‘being quiet’; another was perceived to ‘need support and encouragement to separate from parent’ and another was perceived to ‘need support and encouragement to share and play co-operatively’.

There were no parental comments from 29 of the sample (74%). Of those who commented confidence, relationships, improved behaviour and social skills, and readiness for school were mentioned.

CS6 - Summary

In this setting staff were pursuing a range of approaches, and measures showed a focus on the child as an individual. It would therefore have been interesting to have staff well-being and involvement observations for this setting, as other measures indicate pro-active approaches.

Case Study 7 – Nursery School

An Integrated Inspection by the Care Commission and HM Inspectorate of Education was carried out in May 2004. The key strengths were attractive, bright, welcoming playrooms and very good outdoor areas, very good programmes in all aspects of children’s development and learning and very effective links between home and nursery and the very good support provided for children and their families. The very effective leadership of the headteacher and the commitment and hard work of the staff team were commended.

CS7.1 – ECERS

A high overall score was recorded on the basis of observations undertaken using ECERS. Results accord broadly with the Integrated Inspection. The highest possible scores were recorded for interaction, which indicates that in terms of supervision, promoting positive behaviours, staff-child interactions and interactions among children all criteria were being met. This provides an excellent background in which to embed other data from this setting.

Table 8.28 - ECERS

Setting	Space & Furnishings	Personal Care Routines	Listening And Talking	Activities	Interaction	Program Structure	Parents & Staff	Average Score per setting
(3-5)	6.38	6.50	5.50	5.80	7.00	7.00	6.00	6.31

CS7.2 Well-being and Involvement

Of 28 well-being nursery observation returns there 4 children who were scored 2.5 and below in well-being in the first round of observations, by the second round just one 3 year old was still at a level 2, all others were scored at level 3 or above in second round, with 17 of 27 returns in round 2 being at levels 4 and 5.

Of the 24 involvement observation returns, there were 5 who scored low on involvement, 10 who scored 3 and 9 at a level 4. In the second round (n=34) no child scored under 3 on involvement, and 26 were at 4 or 5. As with other case study settings this seems to suggest positive change as children become more established in nursery, and younger ones adjust to their new environment.

Table 8.29 All dimensions of emerging sense of self on Teacher H&S Case Study 7

Dimension	Level	0-2	2-3	3-4 years	4-5	5/P.1 years	Total
Shows care and concern for self	no concern			1			1
	extreme concern			1			1
	totals			2			2
Vitality and energy	no concern			1			1
	extreme concern			1			1
	totals			2			2

Dimension	Level	0-2	2-3	3-4 years	4-5	5/P.1 years	Total
Is able to be calm and relaxed at times	no concern			1			1
	some concern			1			1
	totals			2			2
Displays enjoyment and sense of fun	no concern			1			1
	extreme concern			1			1
	totals			2			2
Shows care and concern for self	no concern			1			1
	concerned			1			1
	totals			2			2
Can express likes and dislikes	no concern			1			1
	concerned			1			1
	totals			2			2
Demonstrates a sense of pride in own achievement	no concern			1			1
	concerned			1			1
	totals			2			2

CS7.3 - Staff Focus Group

Participants - 4 staff including Head

Length of focus group: 65 minutes (two staff left early one at 40 minutes one at 45 minutes)

Extent and Nature of Behaviour Difficulties

Staff felt that physical hurting was the worst behaviour and was hardest to control. Children need to learn that hurting other children was not a good thing to do: not listening to staff, not understanding what they were being asked to do, some are quick tempered blaming them.

Two children in particular were identified as being a constant problem and are included here as staff felt particularly challenged. Child A had been in the school for 18 months and every day there were major difficulties with physical and moody behaviours. The Family Support Worker had helped with techniques (see below) but the other children were relieved when Child A was not there, saying 'Oh good we are going to have a good day.' Child B also displayed violent behaviour, hit other children, lashed out, threw toys etc, over a long period of time and needed constant attention. He had been doing this since he was three. Neither child was deemed by the staff to be in need of extra help and they had considered and rejected that either had 'autism' or 'ADHD.'

The Family Support Worker works with the children in the school and has begun to develop work with parents and grandparents, use the 'Laevers feelings/ emotional barometer' to gauge children's changes. She reported that Child A changed it all the time and 'is obsessed with it.' She was beginning to see some changes after a lot of input but still found major problems. When she visited the home it was obvious to her that Child B runs the house: 'runs riot; rules the house; dictates bed times, what when to watch TV, no notion of what is appropriate and what is not appropriate, even has toy knives and Power Ranger outfits'.

Staff discussed other children's behaviour too, saying that a range of behavioural problems are presented. Staff watch for children who are always quiet, for example 'there is one girl (3 years old) who hardly speaks and shows no emotions at all, no facial expressions and is very cold, to other children and to staff, prefers to play on her own.'

Support and strategies

The training on emotional well-being was seen as brilliant and the staff use techniques from the Laevers' 'Box of feelings' which had been purchased by the council. The 'feelings/emotional barometer' is used by all children and the Family Support Worker uses 'smileys' to bring out feelings. This was seen as a new and positive change.

' We are asking the children about their feelings, how they feel about things, we never used to concentrate on their feelings, just how they behaved.'

Staff also used photographs to explore feelings and 'persona dolls' were beginning to be used, for example Harry and Sammy especially with Child B. They were exploring actions causing reactions. The key for changes in behaviour was seen as links with the parents and good communication. Staff have a very good relationship with most parents but there are 'hard-to-reach' parents with children who are perceived as most vulnerable.

Transitions

The group discussed transitions between home and school and nursery and school. Staff knew that parents felt that their children changed from setting to setting. In the home, the parents had to set the boundaries and the children were constantly seen to be challenging those boundaries, stretching them to the limit and pushing against them. Only a few children did this in the Nursery School. Staff felt that they could control it better than parents.

All children behave differently with different adults, mothers, grandparents and professional staff 'Some parents cannot believe it when I say that their child is really quiet because they say that they are really badly behaved at home.' Most parents were increasingly worried about bullying: staff felt that some children had learned to be 'nasty' as bullies and displayed at an early age 'mind and power' games which are usually associated with older children.

Staff discussed having reasonable relationships with the local school but they experience some difficulties in sharing information, and question whether their views are always valued. There were major behavioural problems with a group of nursery children the previous year, and these continued into the primary school. A more coordinated approach would have been helpful for these children.

Staff held regular meetings every week to ensure that they had a consistent approach to children and identified consistent techniques to interact with children who were not behaving: whether the really quiet ones or those like Child A and Child B.

Multi-agency Work

Other agencies had been periodically involved but not with any regularity. There was some contact with a local educational psychologist who was known to staff. Health visitors were seen

as very helpful. Sure Start offers parents groups when the parents have young children. The nursery school lacks the space for a crèche and this creates a barrier to sustaining parent groupings. Parents were perceived as being under pressure and that influences the way they interact with their children, the centre has been vandalised recently and the community have been very supportive. It was recognised that some of the mothers have particularly difficult lives. Staff felt that the major push on nutrition and healthy eating has had a positive impact on the behaviour of children, fewer sugary foodstuffs and artificial sweeteners can only be positive.

Summary from Focus Groups

There is a wide range of behaviours which is seen as bad as well as good: physical hurting of another child or adult was seen as the worst form of behaviour and made parents most concerned. Television was seen by both staff and parents as a major transmitter of values and patterns of violent behaviour: a corollary is that parents did not regulate their children's TV as much as they would like and isolation in bedroom with TVs was a regular form of punishment. There are a wide range of techniques used to control behaviour by parents and included physical restraint, smacking, grounding in the bedroom, and shouting. Parents who had attended 'parenting' courses were more aware of non-violent techniques and the need for positive reinforcement. Parents were generally aware that their own behaviour impacted on their children.

Although many parents had familial support systems in place, others were isolated and under severe personal pressure which often dictated the relationship they had with their child. All parents and staff felt that the children behaved differently in the home, in the school and with other children and adults. This adaptive behaviour was perceived at a very young age. Identifiable bad behaviour e.g. physical attacks on other children has continued throughout a child's life in the nursery school from age 3-5 years and staff feel that it is continued into primary school and beyond. When identified, it is a continuous drain of staff's energy, resources, time and patience. New techniques including emotional barometers were seen as helpful. Parenting courses were seen by both staff and parents as beneficial but there was a group of 'heard-to-reach' parents who could not be contacted.

CS7.4 - Transitions Case Study (n =32) (20%= 6)

Table 8.30 – Summary of Transitions Case Study 7 Participants

15 children were perceived to be skilled in all categories of Emotional, Personal and Social development
16 children were perceived to have a mix of developing and skilled categories
1 child was perceived to have some skills in the emerging category

The majority of children (80%) were perceived to be skilled in 8 categories of Emotional, Personal and Social development :

- Separates readily from parent/carer
- Plays independently
- Expresses appropriately own feelings, needs and preferences

- Shows interest and curiosity
- Knows when to seek help
- Remembers and observes rules
- Responds appropriately to instructions
- Is independent in personal hygiene, cloakroom and other routines

The aspects where more than 5 children (20% of sample) were perceived to be in the **developing** skills category were:

- Play cooperatively (6)
- Recognises others' feelings (8)
- Confident in relationships (10)
- Concentration (7)
- Committed to task (6)
- Exercise Self-control (5)
- Take turns and share (5)

Only 1 child was perceived to be in the **emerging** skills category . The aspects perceived to be emerging were:

- Play cooperatively
- Recognise others feelings
- Confident in relationships
- Observe rules
- Exercise self control
- Respond to instructions
- Take turns and share

Staff commentary presented positive perceptions of children with the vast majority of comments relating to individual children being 'confident'; 'having positive relationships'; for only six children were these comments modified to, for example 'has become more confident' or 'feels secure with a **special friend**'; one child was perceived as 'needing lots of encouragement and reassurance', one child was perceived as 'making positive attempts to control his emotions when involved in sharing and taking turns ... has made tremendous progress since Christmas'. This child was the same child perceived to be in the emerging category for a number of skills.

Parental commentary was also generally positive. The majority of parents perceived their child as having made progress e.g. 'has come on leaps and bounds' 'grown up so fast', a number commented that the child was 'ready for school' and a number recorded happiness and pride in their child's achievements. Four parents while recognising progress modified this in terms of progress made e.g. 'brought out of shell, helped to mix with other children and sit and join in'; 'extra year at nursery has given a lot more confidence'; 'learned to play with others, built confidence and looking forward to school'; 'progressed quite well, likes to take part and tries very hard to persevere'. Two parents expressed early concerns but that these had been overtaken 'bit of a rollercoaster at first, unsettled but the difference in x is fantastic'; 'very shy and nervous at

start but happy and confident and waiting eagerly to go to school'. Only one parent had remaining concerns 's/he finds it difficult to bond, s/he will find it hard going to school without Ms X (nursery staff)'.

CS7 - Summary

This nursery school was well placed, given the skills of its staff, and the positive leadership that was in place, to work proactively to intervene in children's behaviour. They recognised the challenge children's behaviours posed for some families, and were ready to offer support. They were realistic about the extent of difficulty in a number of cases cited. Some positive changes in well-being and involvement occurred between the two sets of measures undertaken, and staff were open to new approaches whilst understanding the importance of consistency of a shared approach. They were working to engage parents whenever possible.

Case Study 8 –Private Partnership Provider (0-2), (2-3), (3-5)

There is no current Integrated Inspection report available for this partnership provider.

CS8.1 – ITERS - ECERS

As is the case with many partner providers the full age range of children from 0-5 is catered for. The provision for 0-3 year olds in this partnership nursery was marked by high quality interaction. The 2-3 year olds additionally benefited from high quality personal care routines, and programme structure.

Table 8.31 – ITERS - ECERS

Setting	Space & Furnishings	Personal Care Routines	Listening and Talking	Activities	Interaction	Program Structure	Parents & Staff	Average Score per setting
8 (0-2)	5.56	5.67	5.30	3.86	6.00	3.00	2.00	4.48
8 (2-3)	5.40	6.17	5.00	4.89	6.25	7.00	4.00	5.53
8 (3-5)	4.63	5.00	3.50	3.22	4.00	3.67	4.50	4.07

CS8.2 - Well-being and involvement

Of 41 returns for both well-being and involvement observations in round 1, only 1 child was scored at less than 3 on well-being, whereas 7 scored less than 3 on involvement. None of the low scores fell into the 0-3 age group, where the ITERS has shown interactions to be at a high level. In the second round of involvement (n= 30) all but 3 scores had improved, with 3 under threes having a slight drop in score to below a score of 3. Half of the children were at levels 4 and 5 in this second round of observations.

Well-being observations included 14 children in the 0-3 age group, 15 three year olds and 11 four year olds. All were 3 or above in round 1, this remained the case in round 2 (n=33), but 4 scores had dropped, three had improved and the remainder were steady. In the case of the 15 three year olds, all had scored 3 or 4 in round 1, in round 2 this remained the case, but two had slightly lower scores than before, and the rest had all been rated at higher than before. The four year old group included one child being supported by outside agencies, and one child with a level 2 in well-being in the first round. By round 2 this child showed a score of 3.5, with most now showing well-being at levels 4.5 and 5, including the child with external support. Overall levels of well-being and involvement had improved.

CS8.3 – Hutchison and Smith Schedule

Staff completed returns in respect of 6 children. Only one of the six, in the 0-2 range, caused any major concerns, and this on 3 of the dimensions only. As with other cases the Hutchison and Smith appears to be a useful screening in order to establish young children’s sense of self. Such awareness may be helpful for staff as they are able to identify children, monitor how they are progressing, and intervene in positive ways should this be appropriate.

Table 8.32 -All dimensions of emerging sense of self on Teacher H&S Case Study 8 (n=6)

Dimension	Level	0-2	2-3	3-4 years	4-5	5/P.1 years	Total
Shows care and concern for self	no concern	1		1	1		3
	some concern		1	1			2
	concerned	1					1
	totals	2	1	2	1		6
Vitality and energy	no concern	1		2	1		4
	some concern	1	1				2
	totals	2	1	2	1		6
Is able to be calm and relaxed at times	no concern	1		1	1		3
	some concern			1			1
	concerned		1				1
	very concerned	1					1
	totals	2	1	2	1		6
Displays enjoyment and sense of fun	no concern	1	1	2	1		5
	some concern	1					1
	totals	2	1	2	1		6
Shows care and concern for self	no concern	1		2	1		4
	some concern		1				1
	very concerned	1					1
	totals	2	1	2	1		6
Can express likes and dislikes	no concern	1		2	1		4
	some concern		1				1
	very concerned	1					1
	totals	2	1	2	1		6
Demonstrates a sense of pride in own achievement	no concern	1		2	1		4
	some concern		1				1
	concerned	1					1
	totals	2	1	2	1		6

Staff focus group

A focus group was not possible as staff were part of the ratio in the playrooms. Only 3 staff members had been involved – 1 from each room – so individual discussions were held.

Individual discussions with staff

Extent and nature of behaviour and staff strategies

All members of staff used discussion, distraction and re-direction as behaviour strategies. All members of staff talked about the individual needs of children and patterns of behaviour as being related to age/stage of development rather than any difficulty with the child. This was particularly true when discussing children from birth to three years.

Staff members in the 0 – 2 and the 2 – 3 rooms considered that the overall well-being and involvement of children was high. The baby room staff member stated that she would talk to children and explain why behaviour was unacceptable. She would hold the child’s hand and gently stroke their face saying “gentle, gentle”. She was aware that, at times, children threw

things or hit out at other children but felt that these outbursts were rare and mainly related to their stage of development. She illustrated this with the case of one child whose behaviour changed when he became mobile. Staff used their strategies outlined above and the child soon became more pro-social in his behaviour. No child in the baby room was identified as having challenging or difficult behaviour.

The 2 – 3 room staff used similar strategies to those in the baby room. The staff member again attributed unacceptable behaviour to children's stage of development. As children were just beginning to develop spoken language and their sense of self and others, there were many tantrums. Staff tried to be consistent in their approach and in setting boundaries. They also used the discussion, distraction, re-direction and re-inforcement through repeated 'mantra-like' techniques. The nursery had introduced the local authority's 'birth to three curriculum guidelines' and had found these extremely helpful in improving behaviour/lessening tantrums in the 2 – 3 room. The 2 – 3 room had no children at the lower end of the well-being scale. One child did wander but he was only 20 months old.

The staff member in the 3 – 5 room, although stating that the well-being and involvement was high, qualified this by saying that during free-flow play, the children could be quite destructive but involved in what they were doing. She said that the children showed classic gender differences in their play with girls being more interested in pretend, home-based play and boys more interested in fighting. She attributed the boys' interest in combative games to their enjoyment of Power Rangers and Star Wars videos. She believed that boys needed energetic play but was concerned when they hurt one another and felt that some of the quieter children were alienated and isolated during this type of play.

Transitions

Transitions within the nursery were handled according to the needs of individual children. Key workers visited the next room with children regularly and supported the child within the room until the child was ready to move. One child had attended 2 nurseries for a time until a full time place became available. This child had displayed considerable anxiety and had refused to eat but this had been resolved when the child came into the nursery full-time. There had been no contact between the 2 nurseries. There were no links with primary schools as the nursery covers a large geographical area.

Support

All staff felt that they were skilled in dealing with children's challenging behaviour. Two attributed this to their experience as mothers rather than training. One member of staff (supervisor) was currently doing a BA degree. She felt that the knowledge gained on the course, particularly on a positive behaviour module, had changed and improved the behaviour strategies she used. A good ethos had allowed these strategies to be adopted by the whole staff group and she felt that children exhibited more pro-social behaviour as a result.

CS8. 3 – Transitions (n =20) (20% =4)

Table 8.33 – Summary of Transitions Case study 8 participants

1 child was perceived to be skilled in all categories of Emotional, Personal and Social development
19 children were perceived to have a mix of developing and skilled categories
No children were perceived to have some skills in the emerging category

More than 80% of children were likely to be viewed as **‘skilled’** in the following categories:

- Expressing own feelings
- Seeks help
- Independent in personal hygiene, cloakroom and other routines
- Takes turns and shares resources

The aspects were more than 4 children (20%) were perceived to be in the **developing** skills: category were

- Play cooperatively (10)
- Recognise others feelings (9)
- Confident in relationships (9)
- Show Interest(6)
- Concentration (6)
- Committed to task (7)
- Exercise Self-control (9)

No child was identified as being in the **emerging** category for any skill.

Staff comments focussed on confidence, relationships, happiness and behaviour with the majority of children being perceived to be ‘confident’, ‘growing in confidence’, ‘having positive relationships’ or being ‘happy’. In relation to behaviour one child was noted as ‘being quiet and preferring to observe rather than participate’; four children noted as ‘needing encouragement to complete activities’; two children noted as being ‘aware of rules’. In relation to relationships two children were perceived to be ‘leaders in activities and caring to younger /less confident children’.

Parental comments focussed on confidence, positive relationships with children and staff, readiness for school and development of maturity. The majority of comments were positive. One parent commented that the nursery had supported her child in coping with the death of her father. Another family noted that their child had been premature and they had been warned of the possibility of developmental delays but that they were ‘pleased with her development in the nursery’. However, one parent noted that the child ‘needs encouragement in social events outside the nursery’.

CS8 - Summary

As with other partnership nurseries children often attended for extended hours, and therefore the nature of the programme and the activities presented warranted differentiated approaches. Staff felt equipped to work positively with children's behaviour, and were positive about development opportunities. A positive ethos was helpful, and measures of well-being and involvement rose between the first and second rounds of screening.

8.4 Themed Case Studies

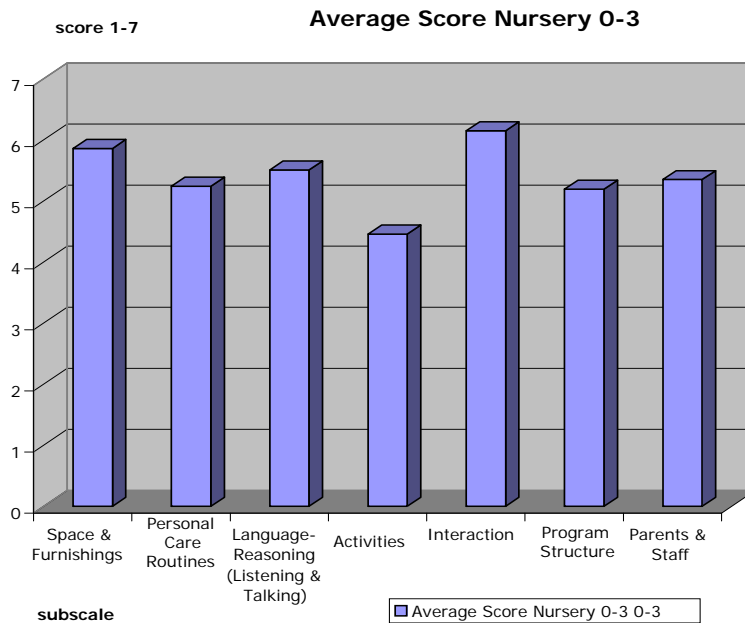
8.4.1 Background to Themed Case Studies

Themed case studies were chosen to reflect a cross-section of the full sample across each local authority, on basis of good practice in the four case-study dimensions of practice in 0-3, Interaction, Multi-Professional Approach & Inter-Agency Working and Transition, or on basis of low (parental) return rate. At planning stage it was hoped that further contacts could be made with parents through the case-studying approach. The intention was that by case studying settings rather than children data could be gathered from settings, and could subsequently reveal a range of children whose stories could be told. The two aspects of case study worked in tandem.

8.4.2 Case Study 1 - Under threes

In this section we take a particular focus on the children aged 0-3 in the Positive Behaviour Study. 61 children under three were identified through the teacher data set, whereas 60 were identified through the Parent SDQ. In this data set the children's ages ranged from 6 months through to two 3 year olds who had not yet moved to the 3- 5 room in their setting. There were 8 under-1, 11 one year olds, and 40 two year olds, indicating merged data across domains.

Figure 8.3 – Average ECERS sub scale score in 0-3 settings



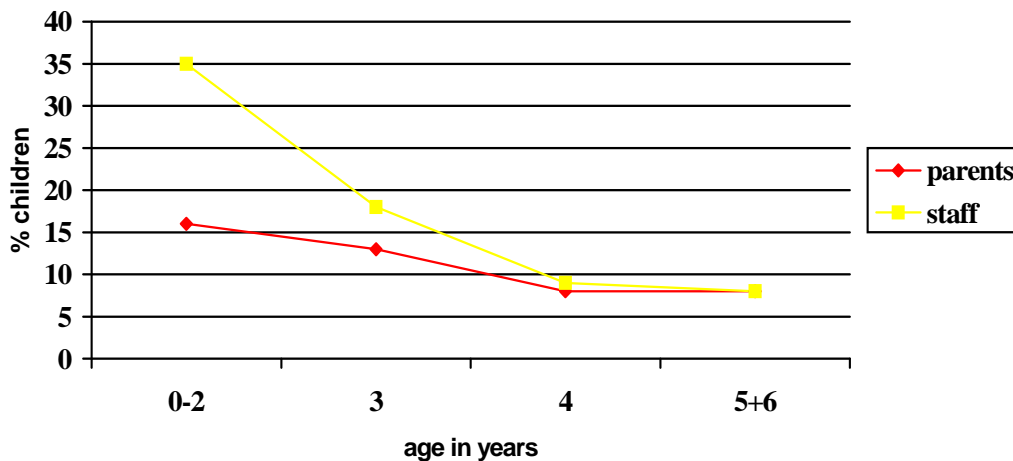
Very young children in the study were benefiting from good standards across six of the seven subscale dimensions of the ITERS scale. Activities scored above average at just below a 'good' – in some settings very young children could benefit from a wider range of activities and more outdoor time. The quality of interaction overall in provision for the youngest children is very good.

Nevertheless, the 0-3 age range stood out in the study as being an age range at which some of the highest perceptions of concern or of 'at risk' behaviours were expressed by both parents and staff in a number of areas. For example, figure 8.4 shows the percentages of parent and staff perceptions of children's behaviour in the 'abnormal' category on the SDQ, and not only can it be seen that these percentages are highest for both parents and staff in the 0-3 age range, but also for both parents and staff there is a steady decrease as the age range becomes older.

Additionally, staff perceive double the percentage of 0-3 children to show behaviours in the 'serious difficulties' category compared to parents.

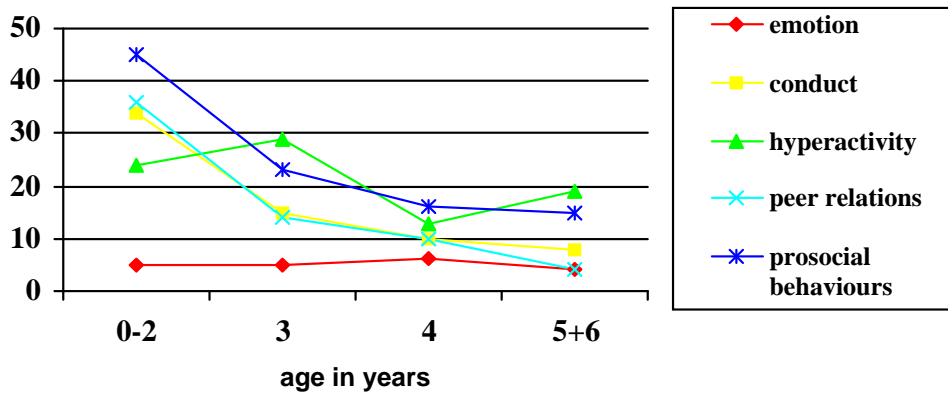
However these very high 'abnormal' figures for the 0-3s should be interpreted with caution given that an adapted non- standardized version of Goodman's Strengths and Difficulties Questionnaire was used with this age group. The 0-3 figures might be somewhat raised in some domains because they reflect some developmental behaviours which are fairly appropriate to the age range but which score as 'non-normal' in relation to the older age ranges.

Figure 8.4 Parent and staff perceptions of children in 'serious difficulties' category on SDQ



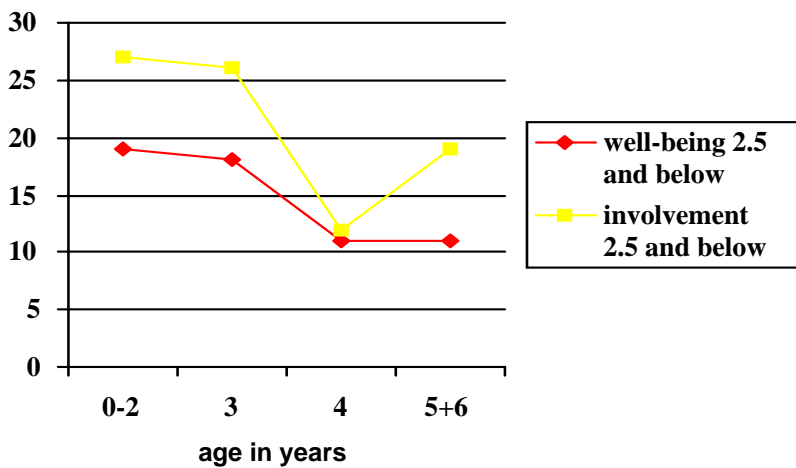
Looking at the staff percentages in more detail in relation to particular domains of behaviour, it can be seen in figure 8.5 that staff perceive the greatest percentages of 'abnormal' levels of behaviour for the 0-3 range of children in the areas of pro-social behaviours, peer relations and conduct. Further, case study information from the Hutcheson and Smith screening schedule indicated 'feelings' and 'relationships with children' to be areas where staff expressed more concern in relation to a small proportion of the children in the 0-3 age range.

Figure 8.5 Staff perceptions of percentage of children’s behaviours in ‘serious difficulties’ category on SDQ domains



Similarly, staff ratings of well-being and involvement on the Leuven scales (figure 8.6) show that the highest percentages of children for whom low scores of 2.5 and under on well-being and on involvement have been given are in the 0-3 age range (19% for well-being and 27% for involvement), and also the 3-4 age range. It is recommended that children who are given a low score on well-being or involvement should be supported to develop good relationships as a context for intervention.

Figure 8.6 Staff ratings of well-being and involvement at 2.5 and below



These results on parent and staff perceptions of difficulties in behaviour and well-being and involvement indicate both the extent to which the behaviour of the youngest group of children may be concerning, and also the changes in these behaviours which are perceived to take place by both parents and staff. It may be that these changes are happening through the intervention of an effective setting. The EPPE study found that

‘one in three children were ‘at risk’ of developing learning difficulties at the start of pre-school, however, this fell to one in five by the time they started school. This suggests that attending pre-school can be an effective intervention for the reduction of special educational needs (SEN) especially for the most vulnerable and disadvantaged children’ (EPPE Executive Summary, page iii)

Additionally, it may be the case that well-being and involvement percentages for this age group reflect the need for a greater range of activities and more outdoor time, as indicated above. New guidance from Learning and Teaching Scotland ‘Birth to Three, Supporting our Youngest Children’(2005), and the research evidence on meeting the needs of children from Birth to Three in Out-of-Home Provision (Stephen, Dunlop et al, 2003) each provide useful guidance for practitioners working with the youngest children. ‘Birth to Three’ support materials are now available, and are based on three key areas- relationships, responsive care and respect.

Some very young children are placed in local authority under-three provision on referral: it is likely that for this group staff will express higher levels of concern, since placement may be on a basis of such professional concerns, rather than the larger group of under-threes whose parents seek support for their children whilst they are working. Under three staff returns from partnership providers were overall very low in number, despite this being the most frequent form of under-three services at present.

Staff and parents in this project expressed a clear recognition of the importance and benefits of communication with each other, and the results for the 0-3 age group underline the need to take a holistic approach to sharing information from the earliest stages (Dalli, 2002).

8.4.3 Case Study 2 - Multi-professional Inter-agency working

Head of Settings Interviews

Heads of all settings were approached to take part in a semi-structured interview on the day of the research team visit to their setting. The items included on the interview schedule were the staffing profile, opening hours, attendance pattern, approaches to planning, observation and assessment, staff training or continuing professional development in the area of positive behaviour, links with parents, links with associated care and education settings, links with other agencies- both general and specific. Additionally heads of settings were asked to provide a set of documentation about their provision.

Response

Across the two local authorities, 35 Head of Centre/Service Provider interviews were achieved. Of these 15 interviews from a possible total of 19 took place in Edinburgh (1 Primary, 3

Primary/Nursery, 11 Pre-School), and 21 from a possible 23 in North Lanarkshire. A small number of Heads of Centre asked to return the interview schedule as a completed questionnaire as soon as they had had time to complete it, as they were unable to fit in the interview on the day of the research visit arranged for this purpose - these returns were not forthcoming.

Inter-Agency

Almost all respondents noted that they had contact with the agencies identified on the schedule: social work, health visitors, educational psychologist and speech and language therapists, however, only 5/6 had provided some contact details on the form. In these cases there was a strong focus on inter-agency working with heads of settings providing strong leadership in this area of practice. For example -

“We have regular contact with the Ed Psych. We agree a contract at the start of the year, some sessions are on a consultative basis. The psychologist can help with training. Some families come in and the need is mainly for the parent – the key worker has to be more task oriented as far as behaviour is concerned and child element is mainly development. Across the city we are moving towards a Care Coordination Model in planning of supporting parents in planning for their child from birth onwards. Edinburgh wide there is a multi-professional approach of giving ownership back to parents - the parent is part of the multi-professional approach and can nominate a representative. This Care Coordination Model can be applied whatever the child’s setting/provision.”

This setting also had high numbers (n=10) of identified children with ASN. We noted that two of the pre-schools had no children with additional needs and no contacts with other agencies or professionals. Of these one setting said any liaison would be managed by the headteacher of the primary school rather than by nursery staff.

The most common contacts were with educational psychologists, learning support, health professionals and speech and language therapists. Contact with Social Workers seemed to be only in relation to specific children although a third of settings knew how to contact the Social Work Office. Where children had multiple needs in relation to health a number of specialist health professionals were mentioned as well as health visitors.

Table 8.34 - frequency of inter-agency links

	Ed Pysc	Parent Support	Speech Therapist	Dental	Health Visitor	Learning Support	Social Work
Specific Contact details	19	1	13	1	12	12	6
Known but No Specific Contact							7
No Contact	2	20	8	20	9	9	8

Additional Support /Behaviour Needs

Widening concepts of additional support needs and the inclusion agenda raise expectations of incidence of children with additional support needs in all settings. Figures reported by staff in

this study suggest that participating settings are recognising 3% of children as falling within an identifiable category of identified educational support needs. Wider levels of concern identifying much higher figures across a range of measures and resonates with the notion of this wider concept of additional support needs.

Primary - Local Authority 1

Two Primary School Heads noted children with Additional Needs (ASN, n=7) including some with social - emotional needs and challenging behaviour.

Primary – Local Authority 2

Three Primary Schools noted children with Additional needs (n = 8, 6 in one school) including some with social/emotional needs and challenging behaviour.

Pre-school – Local Authority 1

One Primary Nursery class noted 6 children with ASN of whom one had challenging behaviour. This primary /nursery noted lots of challenging behaviour among its nursery population and a number of children who had been excluded from the nursery (mostly boys) but no numbers were recorded for the purpose of the interview. Three pre-schools noted more than five children with additional needs but of these only two noted two children with behaviour needs. A further pre-school noted 2 children with needs but did not specify whether these were behaviour needs. Of these 1 pre-school noted no specific individual cases but commented that there were a number of children with social - emotional needs and that all children had involvement with other agencies as this was an admission criterion. In one further setting ten children with ASN were noted - each of these children carried a diagnosis – the behaviour of those on the autism spectrum was found to be particularly challenging for staff.

Pre-school – Local Authority 2

Thirteen pre-school settings noted children with additional support needs (range 1-7). Two 0-3 settings identified 3 and 2 children respectively with additional needs. Eleven 3-5 year old settings identified children with additional needs. Three had 1 child, two had 2 children, two had 3 children; three had 4 children, one had 5 children.

Does identification lead to intervention?

A question raised by identification of children with additional support needs is whether there is any intervention taking place for the 15% of children perceived to have difficulties across the various measures relating to behavioural concerns? This specific question was not asked. Where children have been identified as having some specific form of additional needs, it is clear that staff in all settings visited would take action, and the child will receive some sort of intervention.

Link with data from the SDQ

The strengths and difficulties questionnaires highlight that 34 parents perceive their children to have definite and severe behavioural difficulties (n = 34/ 567 = 6%). Staff perceive 179 children to have definite and severe difficulties (n = 179/1173 = 15%). Taking these subgroups of 'difficult' children and looked for information on the ASN 'child's needs' variable in the Background Information Form, this shows that 11% of the children perceived to have definite

and severe difficulties by teachers have sensory and physical problems (according to parents). Similarly, 4% of this 'difficult' subgroup has been diagnosed with ASN (according to parents). The difference in view between parents and professionals on numbers of children presenting with definite and severe difficulties merits further investigation.

Summary - Multi-Professional and Inter-Agency Working

Overall across settings it was very difficult to access useful information about the range and number of contacts with other professionals, and the nature and frequency of contacts. Often there was no indication of whether this was on a regular or intermittent basis. The national policy emphasis on inter-agency working whilst clear in local authority policy, is not yet always evident on the ground.

8.4.4 Case Study 3 - Learning environments

All human behaviour occurs in context: the contexts of early childhood settings provide formative learning experiences and have the potential to lay the foundations for positive attitudes to people and to learning. Classroom climate is known to affect young children's well-being. The nature and structure of the day will influence the extent of choice, decision making, understanding of cause and effect, capacity to relate to others, to understand expectations and to gain from the opportunities offered. Malaguzzi claimed environment as the first teacher, his influential work in Reggio Emilia had a profound influence on the development of the 'Reggio model'. Here in Scotland the early child garden movement established nursery schools which placed an emphasis on working with the local community and on children's health and well-being. Early years pre-school practice has promoted a developmentally appropriate approach for many years. Within this approach in Scotland we have seen the value of a curriculum framework that provides guidelines on the processes of learning, and promotes principles of practice that recognise the competence of even very young children.

In this study of young children's behaviour it has been essential to consider the contexts or environments in which that behaviour occurs. To do so use was made of the Infant/Toddler Environment Rating Scale (ITERS-R), (Harms, Cryer and Clifford, 2003) and the Early Childhood Environment Rating Scale (ECERS-R), (Harms, Clifford and Cryer, 1998). These quality assessment instruments have established reliability and validity which means they are widely used in research studies. The ITERS is designed for use in centre-based child care settings for infants and toddlers up to the age of 30 months, while the ECERS is designed for use in pre-school, kindergarten and child care classrooms catering for children of 2.5 through to 5 years of age. Sylva et al (2004) made use of ECERS-R in the EPPE study which is the first UK large-scale prospective study on the effects of pre-school provision. A major aim of the EPPE research was to investigate the contribution of centre quality to children's developmental progress. EPPE found that the quality of early education is a significant factor in enhancing children's development, their results indicated that the ECERS-R is a more sensitive measure of quality related to children's social-behavioural development than the ECERS-E (the English extension of ECERS-R) which picks up more effectively on cognitive development. On this basis the present study used ECERS-R rather than the more recent ECERS-E since the prime focus was on children's positive behaviour and therefore their social development rather than the cognitive outcomes predicted by ECERS-E. Whilst ECERS-R is more sensitive to aspects of quality related to children's social development, Sylva et al also found it was highly correlated with ECERS-E: in other words certain process characteristics of quality are seen and understood in similar ways on the two rating scales (Sylva et al., 2006).

The decision to use the ECERS-R in both pre-school and primary came from the focus on the transition time specified in the project brief. As a result of a single annual entry to primary school, children in Scotland may start school between the ages of 4 years 5 months and 5 years 5 months. Given the current increasing emphasis on play in early primary education, a positive choice was made to rate pre-school and early primary classrooms on the same instrument. There are seven sub scales – they address space and furnishings, personal care routines, listening and talking (ITERS)/language and reasoning (ECERS), activities, interaction, programme structure and parent and staff dimensions. The full list of items forming the subscales are included in

Annex 3. ITERS has 39 items while ECERS has 43. Here we have used average scores calculated from each of the sub scales. Scoring ranges from 1 = inadequate through to 3 = minimal, 5 = good with a score of 7 = excellent.

Overall settings scored most highly on provision for parents and staff, which includes respectful relations between parents and staff, sharing of child-related information, and a variety of alternatives used to encourage family involvement, provision for the personal and professional needs of staff, good staff interactions, shared responsibilities, good supervision and evaluation of staff and good opportunities for professional growth. High scores were achieved overall on interaction. This sub section in ECERS includes supervision of gross motor activities, general supervision of children, discipline, staff-child interactions and interactions amongst children. The research team found it was possible to achieve a good score overall in this sub scale even when the specific staff-child interaction item was of a lower quality. In ITERS the section includes supervision of play and learning, peer interaction, staff-child interaction and discipline.

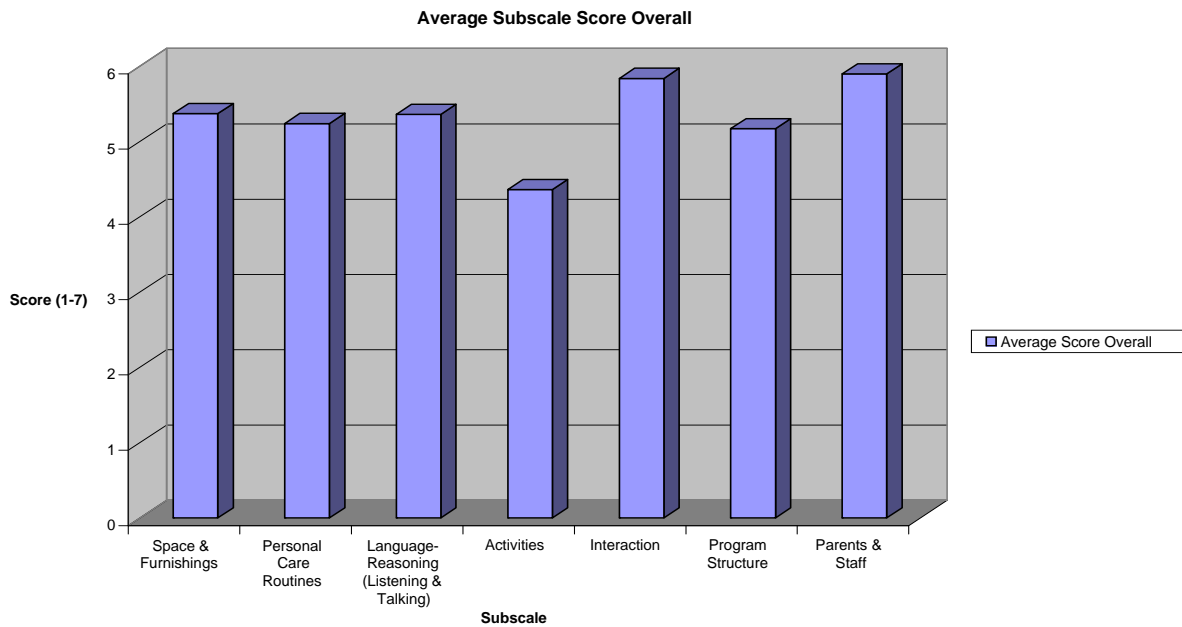
Overall ratings on the ITERS and ECERS subscales

Most sub scale average scores were between a 5 and a 6 (Table 8.35), with only ‘activities’ scoring consistently below 5. The range of activities included in ITERS are fine motor, active physical play, art, music and movement, blocks, dramatic play, sand and water play, nature and science, use of TV, video or computer, and promoting acceptance of diversity; in ECERS maths/number is also included. (Sylva, at al, 1998)

Table 8.35 Average Scores on ECERS – ITERS (Highest possible average score = 7)

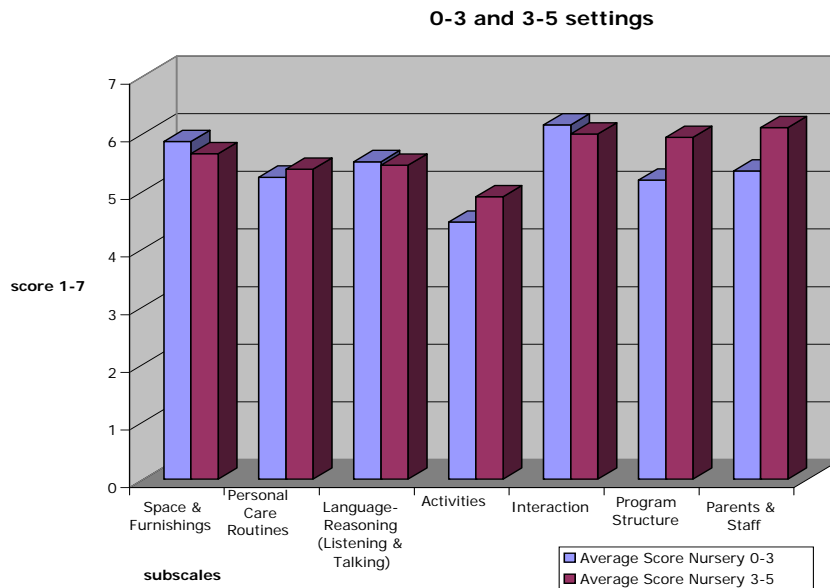
Subscale	Average Score Overall	Average Score Nursery 0-3	Average Score Nursery 3-5	Average Score Nursery (0-5)	Average Score Primary 1	Average Score Edinburgh	Average Score North Lanarkshire	Average Score Case Study Settings
Space & Furnishings	5.37	5.86	5.65	5.78	4.56	5.92	5.06	5.59
Personal Care Routines	5.24	5.24	5.38	5.31	5.05	5.36	5.29	5.02
Language-Reasoning (Listening & Talking)	5.36	5.51	5.45	5.48	5.04	5.51	5.31	5.34
Activities	4.36	4.46	4.9	4.68	3.5	4.64	4.24	4.51
Interaction	5.84	6.15	5.99	6.07	5.28	5.76	5.91	5.95
Program Structure	5.17	5.19	5.93	5.56	4.07	5.79	4.91	5.55
Parents & Staff	5.9	5.35	6.1	5.73	6.2	6.76	5.58	5.49

Figure 8.7 Overall average scores ECERS - ITERS



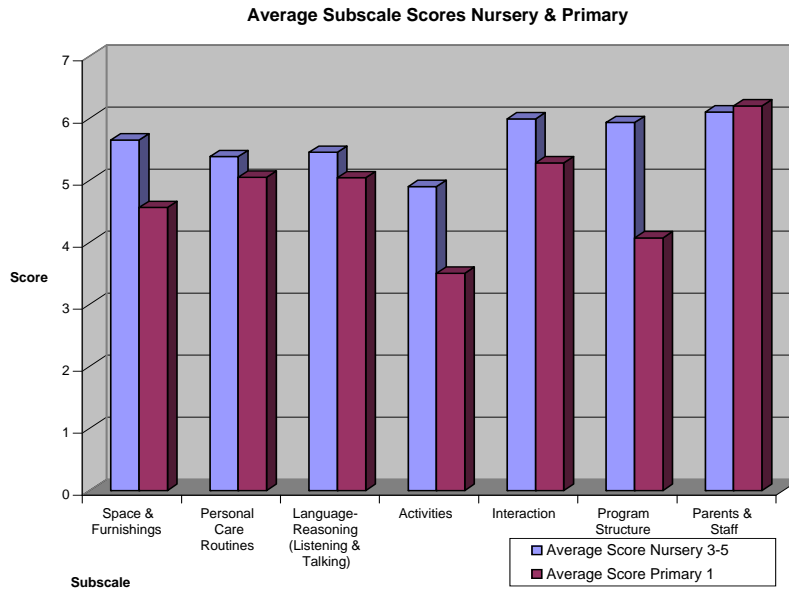
A comparison of 0-3 settings and 3-5 nursery settings shows higher scores on space and furnishings, listening and talking and interaction in the 0-3 settings, with pastoral care, activities, programme structure and parent and staff dimensions higher in the 3-5 settings (Figure 8.8).

Figure 8.8 – Comparison 0-3 and 3-5 environments



A comparison of nursery (3-5) and primary 1 (Figure 8.9) shows higher ECERS scores on all subscales except the parents and staff subscale where primary is marginally higher.

Figure 8.9 – Comparison of 3-5 and P1 environments



In their early years children may start in group settings in babyhood. All children have the opportunity for two years of pre-school education, and whilst take-up varies across the country nearly all children in their pre-school year attend some out-of-home provision. Dunlop (2004b) suggests that one of the characteristics of a smooth transition to a new setting is that children should find themselves in a recognisable environment. This is not an argument for ‘sameness’ but rather the case is being made that young children’s learning, as their behaviour, develops in context, and if the context is very different the young child may not be able to exercise competence from the start of their time in the new setting. Feeling like a ‘fish out of water’ may result in uncharacteristic behaviours. For example a child might become less responsive, more anxious or more fidgety. It is therefore important in terms of children’s behaviour that the settings either side of a transition, whether home to nursery or nursery to school, share not only child-related information, but also share information about the curriculum, the nature of relationships and the type of environment in which children have been at their most successful.

8.4.5 Case Study 4 - Parental participation - Particularly vulnerable groups of parents

To give a flavour of responses from our qualitative data, two matched discussions undertaken in an area of high social deprivation follow:

Parents' focus group

A focus group held with 9 mothers and 1 grandmother. The children of these respondents are aged between 10 months and 6 years

a) Extent and Nature of Behaviour Difficulties

Parents said their child's behaviour can be difficult to cope with at times although they mentioned they expect their children's behaviour to be difficult at times as this is 'normal' behaviour.

Temper tantrums and problems with potty training and sleeping were mentioned; sleeping was perceived as difficult to cope with due to the problem coming up at night time when nobody can be contacted for advice/help.

b) Parenting Hassles

Many mums said it to be exhausting to deal with the children all day and that it can be hard to be consistent. Mums mentioned that experience with a first child made them more relaxed when having a second; although some mums mentioned to feel guilty as it was not possible to give the second baby as much attention as the first-born.

Strategies

The mums mentioned using the following strategies to promote positive behaviour and deal with negative behaviour:

- naughty step
- time-out
- restricting treats
- explaining and setting rules
- praise

Most mums reported using distraction rather than punishment when trying to promote positive behaviour.

c) Children's behaviour in different situations

Most mums felt their children behaved better with other people and at nursery; they felt this is because at nursery the children are the focus of attention and there are a lot of distractions and opportunities for the child to play and socialise.

d) Transition

One mum spoke of how her son blossomed when starting nursery; it gave him confidence and independence.

Matched example from the staff group at the same centre

Staff mentioned the main reason for parents visiting the centre to be contact with other adults/parents, which ties in with what parents told us about need for adult contact. The Principal Teacher felt that at times the centre gets misused as the main aim of the centre should be for parents to learn about their child's development rather than using the centre as a childminding service whilst interacting with other parents.

a) Extent and Nature of Behaviour Difficulties

All 3 staff members did not find children's behaviour in their setting to be concerning. Most negative behaviours were typified as normal for the children's age and stage (e.g. not sharing).

b) Strategies

Strategies used by staff for promoting positive behaviour were said to include:

- modelling (for both children and parents)- e.g. sharing, taking turns
- distraction
- time-out
- getting down to child's eye level and making eye contact

c) Transition

Strategies used by staff at times of transition:

- talking to children about the move in a positive way
- visits
- talking to parents

The Principal Teacher advised that they are hoping to undertake home visits for vulnerable parents in the future.

d) Training

Staff have not had in-house training specifically on dealing with behaviour but most have had modules on behaviour whilst at college/studying; a member of staff informed us more training on this would be useful. Two staff members mentioned they would like more training in counselling due to the type of problems their parents are dealing with, whilst one staff member expressed the wish to have more training on dealing with EAL children (English as an Additional Language).

e) Multi-Agency Working

The Principal Teacher reported making links with other agencies, e.g. health visitors, library, Stepping Stones, Art centre. Links with social work are only made on an individual basis if a child needs support.

f) Support & Other Agencies

Mums mentioned the nursery staff were supportive and a number of mums said the staff were important role-models, however most mums would first talk to their own mum or friends when looking for advice or support. A number of mums said their health visitor was helpful.

It was remarkable how all mums mentioned support from their family, particularly that of their mum, to be of paramount importance; because of her knowledge, expertise and advice but also for baby-sitting and child-minding issues.

All mums spoke of the need to have contact with other adults/mums and of the desire to occasionally have a break from the kids and to have some time alone.

CHAPTER NINE DISCUSSION AND CONCLUSIONS

9.1 Discussion

We find through the insights afforded from this study that the line between “misbehaviour” and “disruption” is very fine. Reid (1993) suggests that children naturally are mischievous and disruptive from time to time. Participants in this study shared a wide experience of time spent with young children. Many behaviours were seen to be typical of the age and progress of the child. Only when behaviours persisted beyond such typical parameters did they cause concern to practitioners. Then they felt skilled to support the child, but in their own view would benefit from further training in this area.

A thread coming through the study is the more active nature of young boys’ learning. Boys have been shown to demonstrate aggressive and antisocial actions up to 10 times more often than girls (Offord et al. 1987). In this study attention can be drawn to perceptions of boys’ behaviour that could benefit from careful interventions. Parents sometimes have different perspectives on their children’s abilities and areas of difficulties even though reality does not always support this. Sometimes teachers and parents consider that boys’ behaviour is more provocative and challenging (Maniadaki, et al, 2003). Many of the early years settings lacked good outdoor environments – more attention needs to be paid to ‘free’ adventurous outdoor activity for both boys and girls.

Difficult behaviours are often perceived to be in some way related to parenting, and some of the centres have addressed this by offering support in a number of ways but this can be challenging. There is a diversity of parenting needs. Some parents need only simple advice, for example, on dealing with their toddler’s temper tantrums. Other parents’ needs may stem from a lack of sufficient knowledge about child-rearing and appropriate parenting strategies—gaps that can lead to major disruptions in family functioning. Some children have parents who are ill-equipped to deal with the problems their child is presenting, like defiant behaviours (Queen’s University, 2004). We found that young parents find their children’s behaviour more challenging, and that a ‘hard to reach’ or ‘hard to engage’ group of parents were clear in their lack of confidence in professionals, preferring family based support.

The development of appropriate pro social behaviours in early years settings is a critical task. It has been suggested that this will go some way to preventing emotional behavioural problems in school age children (Eisenberg and Fabes, 1998). There is also evidence that early pro-social behaviour predicts subsequent attainment (Caprara et al, 2000). Parents and early years professionals have a range of strategies to cope with children’s behaviour and a great interest in doing so. Young children respond to consistency, clear boundaries, rich choice of learning activities and skilled interaction of the professionals who work with them.

Our findings have interesting parallels with the Effective Provision of Pre-school Education Project (EPPE) (Sylva, Melhuish, Sammons, Siraj-Blatchford and Taggart, 2004). The EPPE project is the first UK large-scale prospective study on the effects of pre-school provision in

which 3,000 children were followed longitudinally. A major aim of the EPPE research was to investigate the contribution of centre quality to children's developmental progress. EPPE found that the quality of early education is a significant factor in enhancing children's development, their results indicated that the ECERS-R is a more sensitive measure of quality related to children's social-behavioural development than the ECERS-E (the English extension of ECERS-R) which in turn picks up on cognitive elements of development more effectively.

Their particular focus on the following factors in relation to children they identified at 'at risk' and needing additional support, fits with the findings of the present study, for example the moderate concerns we found in relation to about 30% of the sample, the lesser proportions of severe concern (3-5%), the drop in perceived difficulties to 20% (Teacher SDQ) as child becomes 5-6yrs may also reflect effectiveness of pre-school education and care.

- Pre-3 age of child
- Young mothers
- Girls and boys
- Trained teachers
- Responsive interactive teachers
- Communication with parents
- Small proportion continuing to be 'at risk' 2.3%
- 1 in 3 'at risk' of developing learning difficulties at beginning of pre-school
- the reduces to 1 in 5 at end of pre-school

Sylva et al also provide evidence for their claim that 'for all children the quality of the home learning environment is more important for intellectual and social development than parental education, occupation or income. What parents do is more important than who parents are' (Executive Summary, page ii). In the Positive Behaviour Project we found the responding parents to be aware of their children's behaviour, to be concerned to support their children towards sociable behaviours and to be keen to work with pre-school and primary staff towards that end. Sylva found that "1 in 3 children were 'at risk' of developing learning difficulties at the start of pre-school, however, this fell to one in five by the time they started school. This suggests that attending pre-school can be an effective intervention for the reduction of special educational needs (SEN) especially for the most vulnerable and disadvantaged children" (Executive summary, page iii; Sammons et al., 2002). By contrast Tymms et al (2005) found a lack of evidence for pre-school impact, but evidence supporting the strong impact of home factors.

In the Positive Behaviour study both parents and staff held a view that working together in children's best interests was important and provided opportunities for consistency of approach. Sylva reports that "the most effective settings shared child related information between parents and staff" (Executive Summary, page vii). The quality of relationships is emphasised by Sylva et al and also by Harrison (2007) who reports that the feelings a child has about the relationship with their first teacher is statistically related to successful outcomes in primary school. The perceived drop in concerning behaviours in the present study as children engage with pre-school and early primary education may also be attributable to the quality of settings.

Where low expectations, limited adult strategies and poverty combine there is beginning to be a recognition (Brooks-Gunn et al, 2003) of the importance of “understanding of familial and educational processes that underlie change in the developmental trajectories of young children” (EPPE final report, page 2). Building on the recognition of the importance of practitioners and families being in tune in their approaches towards children’s behaviour means adding effective approaches in working with ‘hard to reach’ families into the early childhood training agenda, to the training priorities identified by staff in this project.

Additionally the Effective Provision of Pre-school Education research found that “... at entry to pre-school girls generally show better social development than boys, especially in cooperation/conformity and independence and concentration” (Executive Summary, page iii). In the present study findings include that staff perceive boys to exhibit more behaviour in the abnormal categories than they do girls. This is consistent with Stephenson et al’s Sydney study in which teachers reported 5% of boys and 2% of girls having serious enough behaviours to “warrant additional management support” (Stephenson et al, 2002, p.233). We find that approaches that are both proactive and responsive to the needs and developmental trajectories of boys are therefore required.

Transitions remain a persistent issue. Many parents in the present study commented on the importance of staff approachability, visits to the new setting, sharing of information and positive attitudes towards change shared by parents and staff. Transitions data in the present study highlight that staff have extensive and worthwhile knowledge to share with receiving settings. The timing of such exchange is important, and leadership from senior staff is needed to prioritise transitions approaches so that the more vulnerable children and their families will be supported to make effective transitions. Sanders et al (2005) found that certain children could be identified as more likely to experience problems: where children are young, have identified concerning behaviours or who are experiencing other transitions in their lives, transition support will be needed beyond the immediate transfer time.

9.2 Conclusions

In conclusion, there was considerable consistency in data emerging from all measures that parents and staff **perceived that the majority of children generally displayed positive behaviour.**

Overall compared to previous studies there was **a fairly stable level of concern about the extent of behavioural difficulties.** While parental perceptions overall indicate that over half of the children have no behaviour difficulties (57.7%), 30.7 % are perceived to have minor difficulties, and 5.6 % fall into the categories of definite and severe difficulties.

The extent and nature of behavioural difficulties perceived in young children aged 0-6 in early childcare, pre-school and primary settings in most instances lie in the expected range (as reported in previous studies) of an approximate 20% of children presenting with a range of difficulties that cause concern. The concept of additional support needs has widened, and there is an

additional group of children, ranging on particular measures from 20% to 40% levels of concern, whose difficulties whilst reported to have been present for upwards of 6 months. Nevertheless staff report confidence in their own skills and the team efforts they are able to make, thus difficulties should be met by appropriate provision and well timed intervention, and would not normally be expected to give long term concerns.

Analysis of the 'staff-only' data (TSDQ, well-being, involvement) representing children whose parents did not return questionnaires but who were observed by staff in settings, indicated there was only a very slightly higher percentage children causing concern in some categories.

There is variety in early childhood environments to an extent that in some settings the provision of daily activities scores lower than hoped for in terms of quality of provision. Taken with the higher levels of concerning behaviour that arise in terms of children's concentration and involvement his finding sits alongside the HMIe (2006) report that suggests staff in early years settings should focus more on the learning needs of individual children.

Case study foci show that greater attention needs to be paid to some features of 0-3 provision in line with 'Birth to Three - Supporting Our Youngest Children' (Scottish Executive, 2005). Increased efforts to take advantage of inter-agency support and collaboration are also needed in some settings. Transitions are challenging for children and with anticipated changes in curriculum design an opportunity exists to address this challenge in ways that are helpful to children. Development opportunities for staff are needed to further this process.

The results reported in this study show a consistency across different measures. Staff express concerns but say that the behaviours they encounter are containable as they feel confident in their own skills, though they emphasise the contribution of good teamwork with colleagues, training opportunities and good parent-staff relationships. Levels of concern are fairly stable in relation to previous studies. For children low involvement and lack of concentration is helped by rich learning environments with a good variety and balance of activities, high quality interactions and more challenge and engagement in learning. Parents and staff use similar strategies to manage children's behaviours and agree on the value of good communication between them, with parents feeling that they can learn from staff. A high percentage of parents are very positive about transitions and the benefits for children evident when pre-school and school are working together.

Given that all behaviour occurs in context, the widening of perceptions of young children's lives beyond service provision, the sharing of information and support between professionals and parents, and the recognition that sometimes the best or most acceptable supports come from within the family, lead to a conclusion that the early years sector, pre-school and primary, needs to find innovative ways of building on current good practice to create a more inclusive approach for all children and their families.

References

- Abdelnoor, A. (1999) *Preventing Exclusions*. London: Heinemann.
- Bourdieu, P. (1991). *Language and symbolic power*. Cambridge: MASS: Harvard University Press.
- Bronfenbrenner, U. (1989) Ecological Systems Theory. In R. Vasta (Ed.) (1992), *Six Theories of Child Development : Revised Formulations and Current Issues* (pp. 187-249). London & Bristol, Penn.: Jessica Kingsley.
- Brooks-Gunn, J., Currie, J., Emde, R.E., Zigler, E., (2003) Do You Believe In Magic?: What We Can Expect From Early Childhood Intervention Programs. *Social Policy Report Volume XVII, Number 1. 3-15*. Society for Research in Child Development.
- Burman, E. (1994) *Deconstructing Educational Psychology*. London: Routledge.
- Campbell, S. B. & Ewing, L. J. (1990). Follow up of hard-to-manage pre-schoolers: Adjustment at age 9 and predictors of continuing symptoms. *Journal of Child Psychology and Psychiatry* 3, 6, 871–889 .
- Caprara, G., Barbaranelli, C., Pastorelli, C., Bandura, A., Zimbardo, P., (2000) Pro-social foundations of children's academic achievement. *Journal of Psychological Science* 11, 4, pp.302–306
- Crnic K A & Greenberg M T (1990) Minor parenting stresses with young children. *Child Development*. 61: 1628–1637.
- Crnic K A & Booth C L (1991) Mothers' and fathers' perceptions of daily hassles of parenting across early childhood. *Journal of Marriage and the Family*. 53: 1043–1050.
- Dalli, C. (2002) "From Home to Childcare Centre" in H. Fabian and A-W.A. Dunlop (eds) *Transitions in the Early Years*. London: Routledge Falmer.
- Davie, R., Butler, N. and Goldstein, H. (1972) *From Birth to Seven*. London, Longman
- Dunlop, A-W. (2002). Perspectives on Children as Learners in the Transition to School. In H. Fabian & A-W. Dunlop (2002).(eds.) *Transitions in the Early Years. Debating Continuity and Progression for Young Children*. London: Routledge Falmer.
- Dunlop, A-W. (2003a). Bridging Children's Early Education Transitions through Parental Agency and Inclusion. *Education in the North*, 55-65
- Dunlop, A-W. (2004a) The challenges of early educational transitions: change the child or change the system? Peer reviewed paper in D. Whitton, B. Perry, & S.Dockett. *Continuity and*

Change; Transitions in Education . Conference proceedings. 27th & 28th November. Sydney: University of Western Sydney.

Dunlop, A-W. (2004b) *Is there a place for a transition curriculum for early years?* Paper presentation EECERA 2004 14th Annual Conference of the European Early Childhood Education Research Association. 1st-4th September 2004, Malta.

Eisenberg, N. and Fabes, R.A. (1998). Pro-social development. Handbook of child psychology (5th ed., Vol. 3, pp. 701-778). New York: Wiley and Sons

Fabian, H. (2002). *Children starting school. A guide to successful transitions and transfers for teachers and assistants.* London: David Fulton.

Fabian, H. and Dunlop, A-W. (2002) (eds.) *Transitions in the Early Years. Debating Continuity and Progression for Young Children.* London: Routledge Falmer.

Foot, H., Woolfson, L., Terras, M., & Norfolk, C. (2004). Handling hard to manage behaviours in pre school provision: A systems approach. *Journal of Early Childhood Research*, 2, 115–138.

Goldschmied, E. & Jackson, S (2004) (2nd edition) *People under Three, Young Children in Day Care.* London & New York: Routledge.

Goodman, R. (1997), 'The Strengths & Difficulties Questionnaire: A Research Note'. *Journal of Child Psychology & Psychiatry*, 38, 581-586.

Goodman R, Meltzer H and Bailey V (1998) The strengths and difficulties questionnaire: A pilot study on the validity of the self-report version. *European Child & Adolescent Psychiatry*. 7: 125–130.

Goodman R, , Ford, T., Simmons, H., Gatward, R and Meltzer, H. (2000) Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample *The British Journal of Psychiatry* 177: 534-539.

Greig, A. (2001) *Social Understanding Goes to School. Supporting the Personal. Social and Emotional Competencies of Children in Transition from Nursery to School.* MSc Educational Psychology. University of Strathclyde, Glasgow.

Harms, T., Clifford, M. and Cryer, D. (1998) *Early Childhood Environment Rating Scale. Revised Edition (ECERS-R).* Vermont: Teachers College Press.

Harms, T., Cryer, D. and Clifford, M. (1990) *Infant/Toddler Environment Rating Scale.* New York: Teachers College Press.

Harrison, L. (2007) *The Supporting Role of Relationships in Children's Transition into and through School.* Paper presented at the Transforming Transitions International Conference. April 11th – 14th, 2007. University of Strathclyde: Glasgow.

Her Majesty's Inspectorate of Education (HMIE) (various dates) Integrated inspection reports. <http://www.hmie.gov.uk/documents/inspection/>

Hutchison, E., Pearson, D., Fitzgerald, C., Bateman, B., Grant, C., Grundy, J., Stevenson, J., Warner, J., Dean, T., Matthews, S., Arshad, H. & Rowlandson, P. (2001) Can parents accurately perceive hyper-activity in their children? *Child-care, Health and Development*, 27,3, 241–250 .

Kitzinger, J. (1994) The methodology of Focus Groups: the importance of interaction between research participants, *Sociology of Health and Illness*, 16, 1, 103-121.

Ladd, G.W. (1990). Having Friends, Keeping Friends, Making Friends, and Being Liked by Peers in the Classroom: Predictors of Children's Early School Adjustment. *Child Development*, 61, 1081-1100.

Laevers, F. (1994) *The Leuven Involvement Scale for Young Children (LIS-YC)*. Leuven, (Belgium: EXE Project).

Laevers, F. (2000). Forward to basics! Deep-level learning and the experiential approach. *Early Years*, 20 (2), 20-29.

Laevers, F. (2003) Experiential Education: making care and education more effective through well-being and involvement. In Ferre Laevers and Ludo Heylen (eds.), *Involvement of Children and Teacher Style: insights from an international study on experiential education*. Studia Pedagogica 35. Leuven: Leuven University Press. 13-24.

Learning and Teaching Scotland (2005) *Birth to Three, Supporting our Youngest Children*. Dundee: Learning and Teaching Scotland

McLean, A. (2003) *The Motivating School*. London: Paul Chapman Publishing.

Maniadaki, K., Sonuga-Barke, E., and Kakouros, E. (2003) Trainee nursery teachers' perceptions of disruptive behaviour disorders; the effect of sex of child on judgements of typicality and severity. *Child: Care, Health and Development*, 29, 6, 433 – 440

Moffit, T. E. (1993). The neuropsychology of conduct disorder. *Development and Psychopathology*, 5, 2, 135–152.

Munn, P., Johnstone, M., & Sharp, S. (2004). *Discipline in Scottish schools: A comparative survey over time of teachers' and headteachers' perceptions. Final Report to SEED*. Edinburgh: SEED.

Offord, D.R, Boyle M.H, Szatmari P, Rae-Grant N.I, Links P.S, Cadman D.T, et al. (1987) Ontario Child Health Study: II. Six-month prevalence of disorder and rates of service utilization. *Archives General Psychiatry*, 44, 832-836.

Pierce, E., Ewing, L. and Campbell, S. (1999). Diagnostic status and symptomatic behaviour of hard-to-manage pre-school children in middle childhood and early adolescence. *Journal of Clinical Child Psychology* 28, 1, 44-57.

Queen's University (2004) *Better beginnings, better futures*, Ontario: Author. Accessed from <http://bbbf.queensu.ca>

Reid, J.B. (1993). Prevention of conduct disorder before and after school entry: Relating interventions to developmental findings. *Development and Psychopathology*, 5, 243-262.

Richman, N., Stevenson, J., & Graham, P. J. (1982). *Pre-school to school: A behavioral study*. London: Academic Press

Rutter, M., Cox, A., Tupling, C., Berger, M., and Yule, W. (1975). Attainment and adjustment in two geographical areas. 1 The prevalence of psychiatric disorder. *British Journal of Psychiatry*, 126, 493-509.

Rutter, M., Tizard, J. and Whitmore, K. (1970). *Education Health and Behaviour*. London: Longmans.

Sanders, D., & Hendry, L. (1997). *New perspectives on disaffection*. London: Cassell.

Sanders, D., White, G., Burge, B., Sharp, C., Eames, A., McEune, R. and Grayson, H. (2005) *A Study of the Transition from the Foundation Stage to Key Stage 1*. NFER. Nottingham, DfES Publications.

Scottish Deprivation Deciles (2004) www.sns.gov.uk

Scottish Executive Education Department (SEED). (2001). *Better behaviour — Better learning: Report of the Discipline Task Group*. Edinburgh: Author.

Scottish Executive Education Department (SEED). (2004). *Better behaviour in Scotland's Schools. Policy Update*. Edinburgh: Author.

Scottish Executive Statistics (2006) *Scottish Deprivation Indices from Data Zone & Intermediate Geography Disc*

Stephen, C & Cope, P. (2003). An inclusive perspective of transition to primary school. *European Educational Research Journal*, 2, 2, 262–276.

Stephen, C., Dunlop, A-W, Trevarthen, C. and Marwick, H. (2003) *Meeting the Needs of Children from Birth to Three: Research evidence and Implications for Out-of-Home provision*. Insight 6. Edinburgh: SEED.

Stephenson, J., Linfoot, K. and Martin, A. (2000) Behaviours of Concern to Teachers in the Early Years of School. *International Journal of Disability, Development and Education*, 47, 3, 225-235.

Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2004) *Effective Provision of Pre-school Education*. EPPE Project Final Report.

Sylva, K., Siraj - Blatchford, I., Taggart, B., (2003) *Assessing quality in the early years. Early Childhood Environment Rating Scale . Extension (ECERS-E) Four Curricular Subscales*. Stoke on Trent: Trentham Books

Sylva, K., Siraj - Blatchford, I., Taggart, B., Melhuish, E., Elliot, K., and Totsikaf, V. (2006) Capturing quality in early childhood through environmental rating scales. *Early Childhood Research Quarterly*, 21, 76-92.

Thompson, M.J.J., Stevenson, J., Sonuga-Barke, E., Nott, P., Bhatti, Z., Price, A. and Hudswell, M. (1996) Mental Health of pre-school children and their mothers in a mixed urban/rural Population I. Prevalence and ecological factors. *British Journal of Psychiatry*, 168, 16-20.

Tizard, J., Blatchford, P., Borke, J., Farquhar, C. and Plewis, I. (1988) *Young Children at School in the Inner City*. Hillsdale, New Jersey. Lawrence Erlbaum Associates.

Tymms, P., Jones, P., Merrell, C., Henderson, B. and Cowie, M. (2005) *Children Starting School in Scotland*, Scottish Executive.

Additional Bibliography

Banathy, B. (1973). *Developing a system view of education: The systems-model approach*. Belmont, CA: Lear Siegler Inc./Fearon.

Bates, J (1980) The Concept of Difficult Temperament *Merrill-Palmer Quarterly* 26, 4, pp. 299-319 accessed <http://eric.ed.gov>

Department of Health, Department for Education and Employment, Home Office (2000) *The Framework for the Assessment of Children in Need and their Families*. The Stationery Office, London.

Dunlop, A-W. (2003). Bridging early educational transitions in learning through children's agency. *Transitions. European Early Childhood Education Research Journal, Themed Monograph Series*, 1, p. 67-86.

Dunlop, A-W. & Fabian, H. (2003) (eds) *Transitions. European Early Childhood Education Research Journal, Themed Monograph Series*, 1.

Dunlop, A.W. and Fabian, H. (eds) (2007) *Informing Transitions: Bridging Research Policy and Practice*. Berkshire: OUP/McGraw Hill

Fthenakis, W. (1998). Family transitions and quality in early childhood education. *European Early Childhood Education Research Journal*, 6, 1.6–18.

Maniadaki, K., Sonuga-Barke, E. & Kakouros, E. (2001) *Social attributions for externalising behaviour patterns in boys and girls*. Oral presentation at the 20th International Human Science Research Conference, Tokyo, Japan, August 2001.

Margetts, K. (2000). Transition to school: Complexity and diversity. *Paper presented at the 10th European Early Childhood Research Association*. London

Papatheodorou, T., & Ramasut, A. (1994). The effects of Nursery School Environment on Teachers' Perceptions of Children's Behavioural Difficulties. *European Early Childhood Education Research Journal* 2, 2, 63–78

Papatheodorou, T., & Ramasut, A. (1993). Teachers' Attitudes towards Children's Behaviour Problems in Nursery Classes in Greece. *International Journal of Early Years Education* 1, 3 , 35–47

Stephen, C., Brown, S., Cope, P., & Waterhouse, S. (2003) *Moving from all-day provision to primary school*. Retrieved March 21, 2005, from University of Stirling Web site: [http://www.ioe.stir.ac.uk/Research/Briefings/Moving from all day provision to primary school.pdf](http://www.ioe.stir.ac.uk/Research/Briefings/Moving%20from%20all%20day%20provision%20to%20primary%20school.pdf)

Thurman, S. K., Cornwell, J. & Gottwald, S. (1997). *Contexts of early intervention: systems and settings*. Baltimore, MD: Paul Brookes.

ANNEXES TO REPORT

Annex 1 - Elaboration of research methods

Annex 2 – Additional analysis

Further tables of results of detailed analyses, particularly those of a statistical nature, referred to in the main text

Annex 3 - Research instruments and coding category examples

Annex 4- Technical Annex

Annex 5 – Analysis of teacher perception data for sub-group of 681 children for whom no parental data is held

ANNEX 1 ELABORATION OF RESEARCH METHODS

1 (i) Participants – sample description

1 (ii) Response rate

1 (i) Participants – sample description

Most of the analysis has been based on the 603 cases for which complete data is held. The tables below show the actual sample numbers and these are reflected in certain returns, for example in the Strengths and Difficulties questionnaires and the Well-Being and Involvement Scales.

1.1.1. Number of children identified for participation

Number of Children					
	0-3	3-4	4-5	P1	
City of Edinburgh	124	212	288	240	864
North Lanarkshire	122	324	325	334	1105
Total	246	536	613	574	1969

The initial design of the project proposed to recruit 1,000 child cases in each local authority. Care was taken to bring in 100 children in the 0-3 strata, 300 strata in 3-4, 300 strata in 4-5 and 300 in 5-6 strata. The figures here show the numbers achieved in the sample by age strata and by local authority. Although there was a discrepancy in the sample sizes by local authority, returns from Edinburgh exceeded returns from North Lanarkshire.

1.1.2. Number of participating parents

Local Authority	Number of Children	Number of Parental Returns	Percentage Parental Returns
City of Edinburgh	864	360	42%
North Lanarkshire	1105	369	33%
Overall Total	1969	729	37%
Average Return Rate per Setting	45%		
Number of parent cases with complete data	Although there were 729 parental returns overall , our merged parent file on which our analyses have been based has 603 cases.		

As with the number of children there is a difference between actual families recruited, returns and the final number of cases with complete data. Some measures can be reported by the actual total per measure, eg the Parenting Daily Hassles which achieved 724 returns – 603 of which matched up with other data from measures completed.

In the 603 cases used across measures, characteristics of the cohort emerge.

1.1.3. Relationship to child

Most returns were completed by mothers (n=544), a small number (n=39) completed by fathers only, and a very few being completed by both parents (n=7). Of the families represented in the sample, 77% were living as a two-parent family; 26% of these were living in reconstituted families.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mother	544	90.2	91.0	91.0
	Father	39	6.5	6.5	97.5
	Guardian	3	.5	.5	98.0
	Grandparent	5	.8	.8	98.8
	Both Parents	7	1.2	1.2	100.0
	Total	598	99.2	100.0	
Missing	0	5	.8		
Total		603	100.0		

1.1.4. Child's gender

The sample of children was very evenly divided in terms of gender – the 603 cases was made up of 306 boys and 297 girls.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	306	50.7	50.7	50.7
	Female	297	49.3	49.3	100.0
	Total	603	100.0	100.0	

1.1.5. Child's Additional Needs

In response to our question about whether additional needs were present, 108 parents responded. The categories were very broad and parents reported that 14% of the total sample of 603 had sensory or physical difficulties – this included children with allergies, however we did not ask for these needs to be specified. Only 7 children were reported by parents as having been diagnosed with additional support needs - this figure is much lower than would be expected, and conflicts with the reporting of service providers/heads of centres - where, for example, one centre alone reported 10 cases of children with ASN. This suggests that few parents of children with ASN responded to the questionnaires.

1 (ii) Response rate

Final Overview – June 2006

(Excludes 2nd round of well-being & involvement screening)

Strata	Children identified for involvement	Returned		% Return Rate	
Background Information Form					
All	1,969	713		36.21%	
Parenting Daily Hassles					
All	1,969	724		36.77%	
Well-being Scales					
Overall	1,969	1,230		62.47%	
0-3	246	94		38.21%	
3-4	536	305		56.90%	
4-5	613	450		73.41%	
P1	574	381		66.38%	
Involvement Scales					
Overall	1,969	1,208		61.35%	
0-3	246	95		38.62%	
3-4	536	309		57.65%	
4-5	613	405		66.07%	
P1	574	399		69.51%	
Strengths & Difficulties Questionnaire					
		Parents	Staff	Parents	Staff
0-3	246	60	61	24.39%	24.80%
3-4	536	227	345	42.35%	64.37%
4-5 & P1	1,187	426	847	35.89%	71.36%
Total	1,969	713	1253	36.21%	63.64%
Adult Strategies Questionnaire					
		Parents	Staff	Parents	Staff
All	1,969	675	168	34.28%	X
Transitions Questionnaire					
		Parents	Staff	Parents	Staff
0-3	246	60	35	24.39%	X
3-4 & 4-5	1,149	439	75	38.21%	X
P1	574	203	18	35.37%	X
Total	1,969	702	128	35.65%	X

Well-being and Involvement Return Overview
Round 1 & Round 2
 (Raw figures for returns)

Well-being	Children Involved	Return 1st round	Return 2nd round	Return 1st round	Return 2nd round
Overall	1,969	1,230	813	62.47%	41.29%
0-3	246	94	35	38.21%	14.22%
3-4	536	305	187	56.90%	34.88%
4-5	613	450	251	73.41%	40.94%
P1	574	381	340	66.38%	59.23%
Involvement	Children Involved	Return 1st round	Return 2nd round	Return 1st round	Return 2nd round
Overall	1,969	1,208	826	61.35%	41.95%
0-3	246	95	34	38.62%	13.82%
3-4	536	309	188	57.65%	35.07%
4-5	613	405	250	66.07%	40.78%
P1	574	399	352	69.51%	61.32%

ANNEX 2 ADDITIONAL ANALYSIS OF BACKGROUND INFORMATION

2 (i) Parent Age

Over half of responding parents were in the 30-40 age group (n=322) with the next largest group being in the 22-30 age range (n=173). Eighteen parents under the age of 21 responded, whilst there were 63 responding parents between the ages of 40-50 years.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 17	5	0.8	0.9	0.9
	17-21	13	2.2	2.3	3.1
	22-30	173	28.7	30.0	33.1
	30-40	322	53.4	55.8	88.9
	40-50	63	10.4	10.9	99.8
	50+	1	0.2	0.2	100.0
	Total	577	95.7	100.0	
Missing	0	7	1.2		
	System	19	3.2		
	Total	26	4.3		
Total		603	100.0		

2 (ii) Are you living with a partner?

77% of families in the sample were living as a two-parent family; 26% of these were living in reconstituted families.

2 (iii) Are you working?

117 parents were working full-time, 209 were working part-time and 243 were not in employment outside the home.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes, full-time	117	19.4	20.6	20.6
	yes, part-time	209	34.7	36.7	57.3
	No	243	40.3	42.7	100.0
	Total	569	94.4	100.0	
Missing	0	15	2.5		
	System	19	3.2		
	Total	34	5.6		
Total		603	100.0		

n=77 for public sector (13%)
n=66 for professional (11%)
n= 38 for office staff (6%)
n=38 for customer service/sales (6%)

2 (iv) Is your partner working?

In 369 cases partners of respondents were in paid full-time work and 30 were in part-time work. 65 were not currently working.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes, full-time	369	61.2	79.5	79.5
	yes, part-time	30	5.0	6.5	86.0
	No	65	10.8	14.0	100.0
	Total	464	76.9	100.0	
Missing	0	120	19.9		
	System	19	3.2		
	Total	139	23.1		
Total		603	100.0		

n=121 for manual (20%)
n=80 for professional (13%)
n=62 for managerial (10%)

2 (v) Highest or most recent educational attainment

More respondents were qualified to standard grade than to any other level of educational qualification (n=88=15%). The next largest group (n=81=13%) were qualified to degree level.

n=88 for standard grade (15%)
n=81 for BA/BSc (13%)
n=59 for higher grade
n=53 for o-level
n=48 for n/a
n=47 for SVQ

2 (vi) Own/Rent Home

Over half the responding families were home owners

61% owns home
37% rents home
2% other

2 (vii) Support

Families reported support is available to them from several different sources – more reported support from other family members than from outside the family.

n=138 for family (23%)

n=60 for after-school/childminder (10%)

social worker (3%)

health visitor (1%)

2 (viii) Ethnic Origin

Respondents were asked to indicate their ethnic background. The majority of respondents were white British in origin.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	474	78.6	100.0	100.0
Missing	0	110	18.2		
	System	19	3.2		
	Total	129	21.4		
Total		603	100.0		

7.5% other British

2.7% other white

1% Pakistani

0.5% Asian

0.3% Indian

0.2% Chinese

2 (ix) Disabled

2% consider themselves to be disabled

2 (x) Religion

33% no indication + 15% indicated to have none

23% Catholic

15% Protestant

ANNEX 3 – RESEARCH INSTRUMENTS AND CODING CATEGORIES EXAMPLES

Summary of instruments used –

*** Parenting Daily Hassles**

The Parenting Daily Hassles Scale (Crnic and Greenberg, 1990; Crnic and Booth, 1991) scale aims to assess the frequency and intensity/impact of 20 potential parenting ‘daily’ hassles experienced by adults caring for children. It has been used in a wide variety of research studies concerned with children and families – particularly families with young children. It has been found that parents (or caregivers) generally like filling it out, because it touches on many aspects of being a parent that are important to them. The statements in this questionnaire describe a lot of events that routinely occur in families with young children. These events sometimes make life difficult. Parents were asked to read each item and circle how often it happened to them (rarely, sometimes, a lot or constantly) and then circle how much of a ‘hassle’ they felt that particular item had been for them for the past 6 months. If they have more than one child, these events are able to include any or all of their children.

*** Strength & Difficulties Questionnaire**

The Strengths and Difficulties Questionnaires (Goodman, 1997; Goodman et al, 1998; Goodman et al, 2000) are a modification of the very widely used instruments to screen for emotional and behavioural problems in children and adolescents – the Rutter A + B scales for parents and teachers. Although similar to Rutter’s, the Strengths and Difficulties Questionnaire’s wording was re-framed to focus on a child’s emotional and behavioural strengths as well as difficulties. The actual questionnaire incorporates five scales: pro-social, hyperactivity, emotional problems, conduct (behavioural) problems, and peer problems. Use was made of the versions of the scale to be completed by adult caregivers, or teachers for children from age 3 to 16. We also developed a modified version for use with under-threes. For each item, the response box is marked Not True, Somewhat True or Certainly True. Participants were asked to answer all items as best as they could even if they were not absolutely certain or the items seem daft! Answers were asked for on the basis of the child’s behaviour over the last 6 months of this school year. Multi-informant responses add potential to increase parent – teacher correlations.

***Adult Strategies Questionnaire**

Parents want their children to behave in a manner that they, their family and those around them find acceptable. We call this ‘positive behaviour’. This questionnaire was designed to tap into how parents support their child to behave in a way that they and others find acceptable and what support *they* need to do this.

*** Transition Questionnaire**

Transitions into, within and between settings are an exciting time of change. Settling into nursery or primary school is a great adventure but can also be a challenge. This is also true when a child moves to another room or group within the nursery setting.

In this questionnaire we are interested in parent, teachers and children’s recent experience of nursery or primary school start, or when a child moved to a new group or room within nursery.

Set of Guidance on Instruments for Practitioners

*** Process Oriented Monitoring Scale (POMS) / Leuven Involvement Scale (LIS)**

Well-being and involvement are highly indicative of quality in education. The level of well-being in children indicates how they are developing emotionally. Children who are in a state of well-being, feel like 'fish in water'. Involvement means that a child is intensely engaged in an activity.

Please screen the children in your group by observing his/her levels of well-being and involvement. Use the whole-class screening forms to note down your observations.

*** Strength & Difficulties Questionnaire**

This questionnaire looks at a range of behaviours in the areas of emotions, concentration and relationships.

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you would answer all items as best as you can even if you are not absolutely certain or the items seem daft! Please give your answers on the basis of the child's behaviour over the last 6 months or this school year.

*** Adult Strategies Questionnaire**

In this questionnaire we want to know how you support the children in your setting to behave in a way that you and others find acceptable and what support *you* need for promoting children's positive behaviour.

*** Transition Questionnaire**

Transitions into, within and between settings are an exciting time of change. Settling into nursery or primary school is a great adventure but can also be a challenge. This is also true when children move to another room or group within the nursery setting.

In this questionnaire we are interested in your and the children's recent experience of when the children in your setting started nursery or primary school, or moved to another room or group within nursery.

Strengths & Difficulties Questionnaire Scales

Three questionnaire versions have been used for the different age groups (strata): 0-3, 3-4 and 4+. The first version was created by the research team by modifying the standardised Goodman scales for older children and includes a number of items on appetite, sleeping and toileting. The items as listed below appear in the 4+ version; a number of items in the other questionnaires are worded slightly differently to reflect difference in age and stage of development. There is also a slight variation of wording in the parent versions.

Emotional Symptoms Scale

- Often complains of headaches, stomach aches
- Many worries, often seems worried
- Often unhappy, downhearted or tearful
- Nervous or clingy in new situations
- Many fears, easily scared

Conduct Problems Scale

- Often has temper tantrums or hot tempers
- Generally obedient, usually does what adults request
- Often fights with other children or bullies them
- Often lies or cheats (in 3-4 version: often argumentative with adults)
- Steals from home, school or elsewhere (in 3-4 version: can be spiteful to others)

Hyperactivity Scale

- Restless, overactive, cannot stay still for long
- Constantly fidgeting or squirming
- Easily distracted, concentration wanders
- Thinks things out before acting
- Sees tasks through to the end, good attention span

Peer Problems Scale

- Rather solitary, tends to play alone
- Has at least one good friend
- Generally liked by other children
- Picked on or bullied by other children
- Gets on better with adults than with other children

Pro-social Scale

- Considerate of other people's feelings
- Shares readily with other children
- Helpful if someone is hurt, upset or feeling ill
- Kind to younger children
- Often volunteers to help others

A Total Difficulties Score is generated by summing the scores from all scales except the pro-social scale.

Total Scores on each of the scales and a Total Difficulties Score can be classified into the three following categories: normal, borderline and abnormal.

Infant/Toddler Environment Rating Scale Revised Edition (ITERS-R)

The ITERS is designed for use in centre-based child care settings for infants and toddlers up to the age of 30 months.

Space & Furnishings

- Indoor space
- Furniture for routine care and play
- Provision for relaxation & comfort
- Room arrangement
- Display for children

Personal Care Routines

- Greeting/departing
- Meals/snacks
- Nap
- Diapering/toileting
- Health practices
- Safety practices

Listening and Talking

- Helping children understand language
- Helping children use language
- Using books

Activities

- Fine motor
- Active physical play
- Art
- Music & movement
- Blocks
- Dramatic play
- Sand and water play
- Nature/science
- Use of TV, video and/or computer
- Promoting acceptance of diversity

Interaction

- Supervision of play and learning
- Peer interaction
- Staff-child interaction
- Discipline

Program Structure

- Schedule
- Free play
- Group play activities
- Provisions for children with disabilities

Parents and Staff

- Provisions for parents
- Provisions for personal needs of staff
- Provisions for professional needs of staff
- Staff interaction and cooperation
- Staff continuity
- Supervision and evaluation of staff

- Opportunities for professional growth

Early Childhood Environment Rating Scale Revised Edition (ECERS-R)

ECERS is designed for use in pre-school, kindergarten and child care classrooms catering for children of 2.5 through to 5 years of age.

Space & Furnishings

- Indoor space
- Furniture for routine care, play and learning
- Furniture for relaxation
- Room arrangement for play
- Space for privacy
- Child-related display
- Space for gross motor
- Gross motor equipment

Personal Care Routines

- Greeting/departing
- Meals/snacks
- Nap/rest
- Toileting/diapering
- Health practices
- Safety practices

Language-reasoning

- Books and pictures
- Encouraging children to communicate
- Using language to develop reasoning skills
- Informal use of language

Activities

- Fine motor
- Art
- Music & movement
- Blocks
- Sand/water
- Dramatic play
- Nature/science
- Math/number
- Use of TV, video and/or computers
- Promoting acceptance of diversity

Interaction

- Supervision of gross motor activities
- General supervision of children
- Discipline
- Staff-child interactions
- Interactions among children

Program Structure

- Schedule

- Free play
- Group time
- Provisions for children with disabilities

Parents and Staff

- Provisions for parents
- Provisions for personal needs of staff
- Provisions for professional needs of staff
- Staff interaction and cooperation
- Supervision and evaluation of staff
- Opportunities for professional growth

Adult Strategies Questionnaire Coding

Age

1. 0-3
2. 3-4
3. 4-5
4. 3-5
5. 5-6
6. 0-5 (P1)

P 2 Q1 Other, please specify

1. Speech / language
2. Parenting skills
3. General welfare

P2 Q1 Please tell us more (about behaviours you experience as causing difficulty..)

Reduced categories	Covering previous categories
1. Developmental/behaviour difficulty or concern (development) (including immaturity and separation issues)	1, 2, 4, 5, 9, 12,
2. ASN (where a diagnosis or condition is specified)	7, 8, 10,
3. parent related	11,
4. setting related	3, 6,
OMIT	13, 14

1. Duration of care – length of day leads to challenging behaviour. (Comments – “children spend longer than their workers in the environment”; “should be with parents”)
2. Individual characteristics – affecting group dynamic
3. Mixture of ability needs; some children need more support than others
4. Emotional immaturity – separation issues
5. Can be easily distracted; children lose concentration
6. Quality if staff has impact on (behaviour of) children
7. Diagnosed ASN
8. Sensory / physical condition
9. Negative development comment / concern, eg sharing difficulties
10. Amount of staff
11. Parenting skills / concern
12. General welfare / skills
13. Positive overall comment
14. Negative overall comment

P3 Q2 Do you feel skilled and prepared... Please tell us more

Reduced categories	Covering previous categories
1. qualifications and training	1, 2, 5,
2. personal/work experience	3, 7,
3. examples of strategies	4,
4. support from colleagues	12,
5. need training	6
5a.need more support e.g. learning support	8,
5b. need more time	11
6. child-related (depends on mix/home)	10
OMIT	9

1. Ongoing academic courses (BA)
2. Previous qualification (nursery nurse, 'better behaviour, better learning' programme)
3. Personal experience of children
4. Various responses explaining strategies / use of strategies
5. Ongoing training / CPD
6. Lack of training
7. Work experience
8. Need learning support
9. Comment affirming / elaborating
10. Depends of mix of children / home circumstances
11. Not enough time
12. Support from co-workers / other staff

P3 Q3 How do you support children's positive behaviour

Reduced categories	Covering previous categories
1. positive reinforcement/ reward	1, 27,
2. negative reinforcement	30, 38
3. behaviour management approaches (e.g time out, distract)	24, 29, 31, 33
4. correcting, explanation, teaching rules and behaviours (e.g. apologising)	14, 15, 16,
5. relationship with child/ praise and encourage child	2, 3, 4, 5, 36, 40
6. classroom activity structure and approaches	7, 18, 19, 20, 21, 23, 25, 26, 39
7. parent related	9, 11
8. setting and staff related (staff training, recording, planning, consistency in staff approach)	6, 8, 10, 13, 17, 28, 32, 34, 37
9. external agencies	12, 35
OMIT	

1. Reward system / positive reinforcement (individual and group points, special games and golden time for those who earn it)
2. Praise and encouragement / supporting
3. Trust and bond
4. Attentive listening
5. Different responses according to individual children's needs
6. Observation and recording / planning
7. Displaying children's work
8. Leading by example / modelling
9. Communicate directly with parents – homework diaries
10. Staff training and development / support
11. Parent training workshops
12. External agencies
13. Consistency in staff approach
14. Correct negative behaviour (by explanation)
15. Encourage child to apologise
16. Explaining what is acceptable behaviour
17. Speak to child at their level
18. Pupils self-evaluate
19. Cooperative learning
20. Provide challenges for more able children
21. Structure play
22. Effective use of classroom assistants / special needs assistants
23. Role models
24. Time out
25. Working in small / large groups
26. Appropriate materials
27. Reinforcement / persistence
28. Remain calm / patient
29. Offer choices
30. Negative reinforcement
31. Behaviour strategies (eg 'traffic lights', 'brain gum', bush bee') / positive behaviour policy
32. Happy environment
33. Distract
34. Staff evaluate practice
35. Involving external sources (professional)
36. One-to-one
37. Clear rules and routines
38. Remove attention
39. Strategies for developing concentration
40. Developing self-esteem

P4 Q4 Do you feel you would benefit from more training...

1. All - benefit from more training; very interested in more training; gain a greater
2. understanding of how children think and learn
3. Particular behaviour area
4. No – already have training

P4 Q5 In what areas would you like more training...

Reduced categories	Covering previous categories
1. supporting emotions and feelings	13, 15, 16, 17, 19, 24
2. Supporting behaviour and concentration	2, 3, 14, 23
3. eating and appetite	22
4. ASN related training	9,
5. supporting parents and home/family related	6, 11, 18, 20,
6. setting related (e.g managing paperwork)	12,
7. all kinds of training/general supporting	1, 4, 5
8. no training needed	10,
9.inservice and joint-training with other professionals	8, 21,
OMIT	7

1. All
2. Behaviour management strategies / behaviour strategies / wants strategies; in a documented form / greater understanding of negative behaviour
3. Promoting positive behaviour
4. Current thinking practice
5. Supporting children in a 20/20 environment
6. Supporting parents
7. Has had no training
8. In-service training
9. Dealing with ASN (ADHT / Autism)
10. No training required
11. Strategies for dealing with a lack of parental support
12. Managing paperwork
13. Increasing self-confidence of children
14. Supporting communication and language
15. Supporting children dealing with bereavement issues
16. Supporting children dealing with separation issues from one parent
17. Supporting children in foster care
18. Home visits
19. Supporting emotional needs
20. Impact of family dynamic on child's behaviour (genetics)
21. Joint training with other professionals
22. Eating and appetite
23. Bullying
24. Emotions and feelings
25. Increasing concentration

Staff Focus Groups – Case Study Settings

Preamble

Explanation of Project

Explanation of Well-being and Involvement

What ages are the children in this setting?

Ques. 1 What is the extent and nature of behaviour difficulties among children in early years and early primary settings?

- How would you describe behaviour of children in this group?
- Can you give us any examples?
- How do you decide what is acceptable behaviour?
- Do you think the standards of behaviour are generally acceptable?
- Are there any children that you think behave in a way that is outwith the norm for this group? (please do not name)
- What types of behaviour do they exhibit?
- Have you noticed changes in behaviour at times of transition (transition may be wider in this group)?
- What do you do to promote positive behaviour?
- How would you rate children in this group in terms of their well-being and their involvement in activities?
- Are there any that you would rate particularly low or high (do not give names but describe behaviours)?

Ques. 2 What practices can be identified by staff and parents as successful in relation to supporting transitions from nursery/pre-school to primary school?

- When children are settling in the group, how do you help ease the transition?
- Are there any methods that you think are particularly effective?
- Are there any methods that you think have not been successful?
- When children are leaving to settle in another group/school, do you provide any support? What?
- Do you meet with any other provision that children attend/have come from/will be going to?
- How do you involve parents in supporting children at time of transition?
- What do you think works best when supporting children and families at transition points?

Ques. 3 What effective approaches to training and support can be identified for staff in early years settings?

- Have you had any training in dealing with children's behaviour or transition – when, who provided the training, was it useful?
- What support is available to you to help you to promote positive behaviour amongst children?
- What support is available when you face a difficulty?
- Do you feel adequately prepared or skilled in dealing with children's behaviour?
- Are there any areas in which you need more training/support?
- Do you have contact with any other agencies?
- How do they support you?
- Which agencies do you have most contact with?
- How do you liaise with parents? What information do you share with parents?

Parental Focus Groups

Preamble

Explanation of Project

Explanation of Positive Behaviour

Light introductory statements illustrating an aspect of typical behaviour of young children

What ages are your children?

Ques. 1 What is the extent and nature of behaviour difficulties among children in early years and early primary settings?

How do you expect young children to behave?

Do they always meet your expectations?

What kind of behaviour do you think is acceptable?

How do you get children to behave in the way you want?

What kind of behaviour worries you? (Does this relate to behaviour with others, feeding/toileting, emotional, activity?)

How often does it happen?

What do you do about it? (strategies in general and for specific behaviours; i.e. toileting, eating & appetite, feelings, concentration, sleeping, relationships)

Who would you talk to? Why?

Who wouldn't you talk to? Why?

Would you like more support? In what area and with what behaviours?

Ques. 2 What practices can be identified by staff and parents as successful in relation to supporting transitions from nursery/pre-school to primary school

Do your children behave in the same way with you as with other people/in the group? What is the difference? Why do you think that happens?

Has behaviour been affected when changing rooms/moving to nursery/school?

How?

How did you help your child cope?

Did you get any support from staff in nursery/school?

What was/wasn't useful?

What kind of support would you have liked to have had?

Ques. 3 What effective approaches to training and support can be identified for staff in early years settings?

Do you think that staff help children develop positive behaviour?

What kind of things do they do?

Have you learned anything from staff?

Do you share information with staff on your child's behaviour? In what way do they share information with you?

Do you get support from any other services?

Does the nursery help you get support from other agencies?

Do the nursery and other agencies work together?

ANNEX 4 TECHNICAL ANNEX

4(i) Social Deprivation Indices

4(ii) Joint Inspections – this data was collected but the table is not included in the present report in order to preserve a level of anonymity

4(i) Social Deprivation Status of Local Authorities and Study Settings

Most Deprived 5% across Scotland				
	Number of Data Zones in LA area	Number of Data Zones in LA at this level	National Share	Local Share
Edinburgh Local Authority	549	24	7.38%	4.37%
North Lanarkshire Local Authority	418	10	3.08%	2.39%
Scotland Overall	6,505	325	100%	
Most Deprived 10% across Scotland				
	Number of Data Zones in LA area	Number of Data Zones in LA at this level	National Share	Local Share
Edinburgh Local Authority	549	44	6.76%	8.01%
North Lanarkshire Local Authority	418	44	6.76%	10.53%
Scotland Overall	6,505	651	100%	X
Most Deprived 15% across Scotland				
	Number of Data Zones in LA area	Number of Data Zones in LA at this level	National Share	Local Share
Edinburgh Local Authority	549	61	6.25%	11.11%
North Lanarkshire Local Authority	418	103	10.55%	24.64%
Scotland Overall	6,505	976	100%	X
Most Deprived 20% across Scotland				
	Number of Data Zones in LA area	Number of Data Zones in LA at this level	National Share	Local Share
Edinburgh Local Authority	549	70	5.38%	12.75%
North Lanarkshire Local Authority	418	153	11.76%	36.60%
Scotland Overall	6,505	1,301	100	X

Source- Scottish Index of Multiple Deprivation 2004

Social Focus on Deprived Areas 2005, SE National Statistics publication.

Setting Number	Social Deprivation Decile	Low (Low, Medium, High) Decile 1-3 = Low Decile 4-7 = Medium Decile 8-10 = High	Social Deprivation Index
1	1	Low decile = high deprivation	57.65
2	1	Low decile = high deprivation	67.69
3	1	Low decile = high deprivation	52.88
4	1	Low decile = high deprivation	49.04
5	2	Low decile = high deprivation	45.34
7	1	Low decile = high deprivation	49.23
10	1	Low decile = high deprivation	76.66
13	3	Low decile = high deprivation	33.37
14	1	Low decile = high deprivation	57.65
19	3	Low decile = high deprivation	27.32
20	2	Low decile = high deprivation	43.59
21	2	Low decile = high deprivation	44.47
22	3	Low decile = high deprivation	27.32
24	3	Low decile = high deprivation	32.24
26	3	Low decile = high deprivation	32.64
29	2	Low decile = high deprivation	43.63
31	2	Low decile = high deprivation	41.71
32	2	Low decile = high deprivation	41.71
34	2	Low decile = high deprivation	41.88
35	1	Low decile = high deprivation	80.32
36	2	Low decile = high deprivation	36.52
38	3	Low decile = high deprivation	32.76
39	3	Low decile = high deprivation	28.54
41	3	Low decile = high deprivation	28.54
12	7	Medium	12.95
15	4	Medium	24.98
16	4	Medium	25.81
17	4	Medium	21.61
23	4	Medium	22.67
25	4	Medium	21.28
28	6	Medium	13.6
30	4	Medium	25.87
33	5	Medium	17.1
37	4	Medium	25.47
40	4	Medium	23.98
6	9	High decile = low deprivation	6.38
8	10	High decile = low deprivation	2.33
9	10	High decile = low deprivation	1.98

Setting Number	Social Deprivation Decile	Low (Low, Medium, High) Decile 1-3 = Low Decile 4-7 = Medium Decile 8-10 = High	Social Deprivation Index
11	10	High decile = low deprivation	5.19
18	9	High decile = low deprivation	6.04
27	8	High decile = low deprivation	8.91
Sources:			
Scottish Deprivation Deciles from www.sns.gov.uk (2004)			
Scottish Deprivation Indices from Data Zone & Intermediate Geography Disc			
	Scottish Executive Statistics 2006		

Case Study Settings (CSS)

Number	Social Deprivation Decile	(Low, Medium, High) Decile 1-3 = High Deprivation Decile 4-7 = Medium Decile 8-10 = Low Deprivation	Social Deprivation Index
CSS 1	3	Low decile = high deprivation	33.7
CSS 2a	1	Low decile = high deprivation	57.65
CSS 2b	1	Low decile = high deprivation	57.65
CSS 3	1	Low decile = high deprivation	49.04
CSS 4	10	High decile = low deprivation	1.98
CSS 5	5	Medium	17.1
CSS 6	2	Low decile = high deprivation	41.88
CSS 7	2	Low decile = high deprivation	43.63
CSS 8	2	Low decile = high deprivation	41.71

Sources

Scottish Deprivation Deciles from www.sns.gov.uk (2004)

Scottish Deprivation Indices from Data Zone & Intermediate Geography Disc (Scottish Executive Statistics, 2006)

ANNEX 5 ANALYSIS OF TEACHER PERCEPTION DATA FOR SUB-GROUP OF 681 CHILDREN FOR WHOM NO PARENTS DATA IS HELD

The first set of tables is for the new sub group of children for whom we only have teacher perception data.

Overall the figures for children for whom we only have teacher data, rather than parent and teacher data, in terms of SDQ are very similar. There is a very slightly higher number of reported difficulties, and these are in the Pro-social area - but it is only 2.7 % difference which represents 38 cases.

By looking at the child cases where parents didn't respond, we can be assured that this group does not show a different pattern on SDQ than for the total sample.

Position of staff completing SDQ questionnaires for which there are no matched parent returns

POSITION	Cases	Frequency	Percent	Valid Percent	Cumulative Percent
Manager/Head Teacher	Valid	14	2.1	2.4	2.4
Teacher/Nursery Teacher		264	38.8	44.4	46.7
Nursery Assistant/Nursery Nurse		300	44.1	50.4	97.1
Group of Teachers		17	2.5	2.9	100.0
	Total	595	87.4	100.0	
	Missing data	86	12.6		
	Total	681	100.0		

Total Difficulties on SDQ by item	Scale Items	Frequency	Percent	Valid Percent	Cumulative Percent
Scale Items	.00	49	7.2	7.8	7.8
Often complains of headaches, stomach aches	1.00	47	6.9	7.5	15.4
Many worries, often seems worried	2.00	33	4.8	5.3	20.6
Often unhappy, downhearted or tearful	3.00	35	5.1	5.6	26.2
Nervous or clingy in new situations	4.00	62	9.1	9.9	36.2
Many fears, easily scared	5.00	46	6.8	7.4	43.5
Often has temper tantrums or hot tempers	6.00	44	6.5	7.0	50.6
Generally obedient, usually does what adults request	7.00	36	5.3	5.8	56.3
Often fights with other children or bullies them	8.00	39	5.7	6.2	62.6
Often lies or cheats •	9.00	29	4.3	4.6	67.2
Steals from home, school or elsewhere **	10.00	33	4.8	5.3	72.5
Restless, overactive, cannot stay still for long	11.00	29	4.3	4.6	77.1
Constantly fidgeting or squirming	12.00	13	1.9	2.1	79.2
Easily distracted, concentration wanders	13.00	25	3.7	4.0	83.2
Thinks things out before acting	14.00	16	2.3	2.6	85.8
Sees tasks through to the end, good attention span	15.00	18	2.6	2.9	88.6
Rather solitary, tends to play alone	16.00	14	2.1	2.2	90.9
Has at least one good friend	17.00	9	1.3	1.4	92.3
Generally liked by other children	18.00	8	1.2	1.3	93.6
Picked on or bullied by other children	19.00	9	1.3	1.4	95.0
Gets on better with adults than with other children	20.00	2	.3	.3	95.4
Considerate of other people's feelings	21.00	7	1.0	1.1	96.5
Shares readily with other children	22.00	6	0.9	1.0	97.4
Helpful if someone is hurt, upset or feeling ill	23.00	2	0.3	0.3	97.8
Kind to younger children	24.00	3	0.4	0.5	98.2
Often volunteers to help others	25.00	4	0.6	0.6	98.9
0-3 Appetite items	26.00	4	0.6	0.6	99.5
0-3 Sleeping items	27.00	1	0.1	0.2	99.7
0-3 Toileting items	28.00	2	0.3	0.3	100.0
	Total	625	91.8	100.0	
Missing	System	56	8.2		
Total		681	100.0		

* (in 3-4 version: often argumentative with adults)

** (in 3-4 version: can be spiteful to others)

Tables showing frequency of Strengths and Difficulties by SDQ Categories

Total Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
22.9% borderline or abnormal levels	Normal	482	70.8	77.1	77.1
	Borderline	72	10.6	11.5	88.6
	Abnormal	71	10.4	11.4	100.0
	Total	625	91.8	100.0	
	Missing Cases	56	8.2		
	Total	681	100.0		

Emotion Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
7.5% borderline or abnormal levels	Normal	615	90.3	92.5	92.5
	Borderline	18	2.6	2.7	95.2
	Abnormal	32	4.7	4.8	100.0
	Total	665	97.7	100.0	
	Missing Cases	16	2.3		
	Total	681	100.0		

Conduct Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
16.1% borderline or abnormal levels	Normal	555	81.5	83.8	83.8
	Borderline	36	5.3	5.4	89.3
	Abnormal	71	10.4	10.7	100.0
	Total	662	97.2	100.0	
	Missing Cases	19	2.8		
	Total	681	100.0		

Hyperactivity Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
26.5% borderline or abnormal levels	Normal	486	71.4	73.5	73.5
	Borderline	50	7.3	7.6	81.1
	Abnormal	125	18.4	18.9	100.0
	Total	661	97.1	100.0	
	Missing Cases	20	2.9		
	Total	681	100.0		

Peer Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
17.6% borderline or abnormal levels	Normal	544	79.9	82.4	82.4
	Borderline	48	7.0	7.3	89.7
	Abnormal	68	10.0	10.3	100.0
	Total	660	96.9	100.0	
	Missing Cases	21	3.1		
	Total	681	100.0		

Pro-social Class		Frequency	Percent	Valid Percent	Cumulative Percent
35.9% borderline or abnormal levels	Normal	408	59.9	64.2	64.2
	Borderline	106	15.6	16.7	80.8
	Abnormal	122	17.9	19.2	100.0
	Total	636	93.4	100.0	
	Missing Cases	45	6.6		
	Total	681	100.0		

Correlations between gender and pro-social class of SDQ		GENDER	Pro-socialClass
GENDER	Pearson Correlation	1	-.171
	Sig. (2-tailed)	.	.000
	N	628	584
Pro-socialClass	Pearson Correlation	-.171	1
	Sig. (2-tailed)	.000	.
	N	584	636

** Correlation is significant at the 0.01 level (2-tailed)

(> correlation, ie more boys will have poorer pro-social behaviours)

Tables showing extent and nature of difficulties T-SDQ – Full cohort teacher data

Total Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
24.5% borderline or abnormal levels	Normal	838	56.8	75.5	75.5
	Borderline	144	9.8	13.0	88.5
	Abnormal	128	8.7	11.5	100.0
	Total	1110	75.2	100.0	
	Missing Cases	366	24.8		
	Total	1476	100.0		

Emotion Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
8.1% borderline or abnormal levels	Normal	1076	72.9	91.9	91.9
	Borderline	39	2.6	3.3	95.2
	Abnormal	56	3.8	4.8	100.0
	Total	1171	79.3	100.0	
	Missing Cases	305	20.7		
	Total	1476	100.0		

Conduct Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
16.8% borderline or abnormal levels	Normal	978	66.3	83.2	83.2
	Borderline	66	4.5	5.6	88.8
	Abnormal	132	8.9	11.2	100.0
	Total	1176	79.7	100.0	
	Missing Cases	300	20.3		
	Total	1476	100.0		

Hyperactivity Class	<i>Level</i>	Frequency	Percent	Valid Percent	Cumulative Percent
26.2% borderline or abnormal levels	Normal	865	58.6	73.8	73.8
	Borderline	76	5.1	6.5	80.3
	Abnormal	231	15.7	19.7	100.0
	Total	1172	79.4	100.0	
	Missing Cases	304	20.6		
	Total	1476	100.0		

Peer Class		Frequency	Percent	Valid Percent	Cumulative Percent
17.8% borderline or abnormal levels	Normal	959	65.0	82.2	82.2
	Borderline	84	5.7	7.2	89.4
	Abnormal	124	8.4	10.6	100.0
	Total	1167	79.1	100.0	
	Missing Cases	309	20.9		
	Total	1476	100.0		

Pro-social Class	Level	Frequency	Percent	Valid Percent	Cumulative Percent
33.2% borderline or abnormal levels	Normal	754	51.1	66.8	66.8
	Borderline	168	11.4	14.9	81.7
	Abnormal	206	14.0	18.3	100.0
	Total	1128	76.4	100.0	
	Missing Cases	348	23.6		
	Total	1476	100.0		

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