

Prevalence of children with behaviour disorders in Canterbury primary schools

A research project submitted in partial fulfilment of the requirements
of the degree of Master of Education

by
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February 1996

Abstract

All 189 Canterbury primary schools were surveyed to determine the prevalence of children with behaviour disorders. Prevalence rates were estimated by sampling at Years 1, 4 and 7. A total of 186 schools participated in Phase 1, which asked schools to nominate the number (if any) of children with severe behaviour problems currently enrolled. A total of 103 schools provided confirmatory information in Phase 2. For each child nominated two staff members were asked to complete separate copies of the Canterbury Social Development Scale. Nominated children who were scored at 140 or less on the Scale were counted. The overall prevalence was estimated at 4 - 4.5%. Prevalence rates were estimated for types of schools according to funding, administrative type and community, and according to their Targeted Funding for Educational Assistance (TFEA) rating from the Ministry of Education. The separate rates estimated for boys and girls revealed much higher prevalence among boys - a ratio of 5.6:1.

Introduction

The number of children who engage in severe levels of problem behaviours in schools is a recurring issue in education. Over recent years, principals and teachers have expressed concern at the apparent increase in the numbers of such children, at the levels of resourcing in schools for dealing with them, and at the disruptions which they cause to the learning of other children. There is strong evidence to show that a considerable proportion of behaviour disordered children become criminal adults; that violent children often become violent adults; that abused children may become abusive adults; and that highly disruptive children drain educational resources and hinder the learning of other children (Church, 1994; Church & Langley, 1990; Fergusson, Horwood & Lynskey, 1993a; Munro, 1980;).

Debate about the problems which behaviour disordered children pose for the education system, including discussions on funding, teaching programmes, teacher training and teacher support, must be informed by reliable data on the prevalence of such children. Following recent publicity about the problems which disruptive children caused and the apparent paucity of resources available to deal with them effectively, the Canterbury Primary Principals' Association commissioned the present study in an attempt to determine the number of children with behaviour disorders in Canterbury primary schools. The Association's expressed desires were to establish the overall prevalence rate of behaviour disordered children in Canterbury primary schools, to discover whether there were different prevalence rates in different types of schools and communities, and to discover the prevalence rates for behaviour disordered boys and girls.

This study uses the terms "behaviour disordered children" and "children with severe behaviour problems" interchangeably. Characteristic traits of behaviour disordered children are high rates of antisocial behaviour, disruptive behaviour in the classroom setting, violence, extreme intensity of behaviours such as temper tantrums, and academic and social retardation (Church & Langley, 1990; Kauffman, 1992).

There are two main ways of determining prevalence rates. The first is to use a cross-sectional design which provides a "snapshot", like a census, of the state of the school population at a

certain point in time. Such a study is relatively simple to conduct and may be reliable if designed and implemented with care. It provides a figure for making judgements about the proportion of the school population which is in need of help, and therefore whether the present allocations and systems for funding are sufficient. However, in order to be reliable, such a study must provide a clear operational definition for the term "behaviour disordered", and employ objective criteria for identifying behaviour disordered students in order to achieve reasonably consistent classifications by informants.

The second approach is to use a longitudinal study. A longitudinal study collects data on the same population over a period of time, usually years, and usually involves different informants or observers providing information on the subjects over the course of its duration. Clearly, the identification of a child by three different teachers on three separate occasions as having behaviour problems is more reliable than if only one teacher on one occasion is involved. In some respects, therefore, the longitudinal study is able to provide more reliable information about which children have long-term needs, as opposed, for instance, to children whose behaviour has deteriorated through a short term crisis in their family. The great disadvantages of longitudinal studies are that they are both costly and time consuming. Where no reliable information exists on the prevalence of behaviour disorders in the school population, a well designed cross-sectional study can provide useful data at a fraction of the cost, and in a fraction of the time required by a longitudinal study. In the long term, however, a longitudinal study may yield more informative data about the development or cessation of disorders within a population.

Studies of prevalence rates

There are few recent studies of the prevalence of behaviour disordered children in the school population. One of the most significant is the longitudinal study by Rubin & Balow (1978) which tracked a total population of 1, 586 Minnesota children over seven years from kindergarten through to sixth grade. By the end of the study there were 439 children for whom six annual ratings were obtained. As the number of teacher ratings increased, the proportion of children consistently classified as having "severe behaviour problems" decreased: from the 24 - 31 per cent range at each grade level, to 11 per cent identified as problems on each of their first

three ratings, to only 3% identified as problems by all six teachers. The authors used a criterion of three or more “problem” ratings by different teachers to determine the prevalence rate of children with behaviour problems. The proportion of children in the study who were consistently regarded as having problems by three or more of the teachers who rated them was 7.5%. The results showed a clear gender imbalance: 11.3% of boys, but only 3.5% of girls, were classified as having severe behaviour problems.

A major limitation of the Rubin & Balow study, however, was that the term “behaviour problems” was not defined for the teachers when they were asked to provide a rating, leaving open to question the consistency of the teacher’s classifications of their students. Not surprisingly, the authors suggest that the results raise important questions about the processes used by teachers to classify their students as children with behaviour problems.

Achenbach & Edelbrock, (1981), cited in Kauffmann (1992), compared the frequency distributions of behaviour ratings scores for the general school population obtained from parents with those of the identified “disturbed” population currently receiving special services. After eliminating false negatives and false positives, Achenbach and Edelbrock concluded that 9% of the school population suffered from some form of behaviour disorder. Kauffman (1992) suggests after comparison with rating scales scored by professional researchers, that a figure of 3 - 6% is more probable for the American population. He also notes that, given the academic and social problems associated with behaviour disordered children, a figure of only 2% would have significant implications for educational services.

Wang, Shen, Gu, Jia & Jhang (1989) conducted a cross-sectional study in Peking with a total of 2,432 children aged from 7 -14 years. This study found a prevalence rate of 7.4 - 8.3 per cent for “antisocial” behaviour, with an additional category for “neurotic” behaviour yielding a rate of just 0.6 per cent. Again a pattern of much higher prevalence in boys (13.5%) compared to girls (2.8%) was identified.

New Zealand studies of prevalence

In a cross sectional study, Norman, Sritheran & Ridding (1984) used a questionnaire which asked a random sample of 1184 teachers (and their principals) to count the number of pupils

with various types of special need in their classes. Responses were received from 763 teachers, or 72% of the sample. Principals nominated 1.9% of primary age students as “socially or behaviourally maladjusted” while teachers nominated 3.4% of their pupils in the same category. Included within the definition of “socially or behaviourally maladjusted” were not only children who were disruptive but also those who were withdrawn or over-anxious.

Munro (1980) in a survey of 14 Christchurch secondary schools, attempted to identify the number of “difficult to teach” pupils, that is pupils for whom conventional methods of discipline (e.g impositions, detentions) had had no effect on the child’s misbehaviour. Munro found that teachers nominated 2.6% of the secondary school population in this category. Prior to observing 22 teachers and their classes, Rossiter (1982) asked the teachers to identify children with behaviour disorders. Initial nominations included 8.7% of students, but when two teachers were asked to agree on the classification of each child the figure fell to 2.4%.

Fergusson, Horwood and Lynskey (1993) conducted a longitudinal study of a birth cohort of 1,265 New Zealand children born in the Christchurch urban area in mid-1977. Samples of between 961 and 986 fifteen-year-old members of the original birth cohort were surveyed for engagement in a variety of problem behaviours, specifically alcohol abuse, cannabis use, early sexual activity, police contact and conduct disorder. Information was collected from the adolescents and their mothers. Conduct disorder was assessed by interviewing the subjects using the Self-Report Early Delinquency Scale (SRED) (Moffat and Silva, 1988). Information provided by the mothers about their perceptions of the child’s behaviour was collected using a parent version of the SRED. Fergusson et al found that prevalence of conduct disorder was 8.3% based on self-report data and 5.2% based on maternal report data. Rates for boys were higher (by approximately 20%) than for girls.

Definitions and Procedures

As the above studies show, the task of estimating the prevalence of children with behaviour problems in the school population may be undertaken in a variety of ways. These studies highlight two issues of particular importance relating to the accurate identification of children with behaviour disorders: the definition which is used to classify children and the procedure which is used to distinguish between those who do and do not meet the

definition. Each of the studies used a different definition of “behaviour disordered”. Fergusson et al. (1993a), used the DSM-III diagnostic criteria. Rubin and Balow (1978) and Norman, Sritheran and Ridding (1984) named a classification (“has behaviour problems”, “emotionally or socially maladjusted”) and allowed teachers to interpret this term for themselves. Munro (1982) provided a definition based on events which the informants had previously had the opportunity to observe (the student’s response to regular school discipline events such as detentions and impositions).

While most researchers such as Rubin and Balow (1978), Munro (1980) and Rossiter (1982) sought information from teachers, some (e.g. Fergusson et al., 1993a) sought it through interviewing the children directly, or by interviewing parents. Some studies such as Achenbach and Edelbrock (1981) and Rossiter, (1982) employed confirmatory procedures. In the Achenbach and Edelbrock (1981) study this involved checking teacher classifications and questionnaire results against each other, while Rossiter asked each teacher to agree with a second teacher on the classification of nominated children.

Another area in which studies differ is whether to include students who exhibit withdrawn or “neurotic” behaviours within the same grouping as students who show excessive antisocial and aggressive behaviours. Wang et al. (1989) separated such groupings but combined the totals to provide an overall count of “problem” students. Norman et al. (1984) included anxious and withdrawn children within their classification of “socially or emotionally maladjusted”. Fergusson et al. (1993a), distinguished between “withdrawn” and “antisocial” groups but combined both prevalence rates under a general rate for “any disorder”. The issue of whether withdrawn (“internalising”) behaviours should be combined with antisocial (“externalising”) behaviours is one which currently remains unresolved in the literature.

Reliable classification of children with severe behaviour disorders requires a clear, unambiguous definition; informants who have had the opportunity to observe the subject; a consistent procedure for making classifications; and a procedure which enables checking of nominations for reliability. The “multiple gating” system developed by Walker et al. (1988) uses teachers to make initial nominations in Phase 1 and follows this up with a standardised measurement instrument, the Systematic Screening for Behaviour Disorders procedure

(SSBD), in Phase 2. A third phase involves *in vivo* observation of children who remain in the pool of nominations after Phase 2.

The procedures for the present study were similar to Phases 1 and 2 of the SSBD. The direct observation procedures in Phase 3 were not employed because the level of diagnostic accuracy required for individual, case by case decisions is not necessary when surveying a large sample of the population.

Aims of the present study

The aims of the present study were to measure the prevalence of behaviour disordered children within the primary school population in Canterbury; and to find out whether the prevalence rate differed in rural- versus urban-community schools, in state, integrated and privately funded schools; in schools with different TFEA rankings as determined by the Ministry of Education's socio-economic indicator; and for boys and girls. This was to be achieved by sampling at three levels of the population: Year 1 (New Entrants), Year 4 (Standard 2) and Year 7 (Form 1). The accuracy of teacher nominations was to be checked using the Canterbury Social Development Scale.

The Canterbury Social Development Scale has been developed to provide a diagnostic tool for teachers and researchers to identify behaviour disordered children. The items in the Scale cover a broad range of social development factors. The Scale allocates higher scores to frequent pro-social behaviours and infrequent anti-social behaviours; conversely, high frequency antisocial behaviours and low frequency pro-social behaviours earn lower scores. Initial trials and subsequent study of the reliability of the Scale have found it to have high internal and external validity (Alexander, 1980; Turnbull, 1980; Bradshaw, 1989). Scores below 140 on the Canterbury Social Development Scale have been found to correlate strongly to the need for referral to specialist services for help with behaviour problems (Bradshaw, 1989).

Method

Subjects

The sample consisted of all Year 1 (New Entrants), Year 4 (Standard 2) and Year 7 (Form 1) students in primary, intermediate and composite schools in the Canterbury region.

Principals were asked to furnish a return on the number of students with severe behaviour problems at each level and subsequently to ask teachers to complete copies of the Canterbury Social Development Scale for each of these pupils.

Instruments

The Phase 1 questionnaire explained the purpose of the survey and asked for the following items of information regarding each school: roll; rating (for Targeted Funding Education Assistance) on the Ministry of Education Socioeconomic Indicator; mobility of the school's student population; the number of children at Years 1, 4, and 7; and the number of children at each of these levels whom teachers regarded as having serious behaviour problems. Teachers were asked to nominate pupils who complied with teacher instructions much less frequently than other children of similar age, and/or pupils who engaged in antisocial behaviour much more frequently than other children of similar age. Antisocial behaviour was defined as behaviour which was widely regarded as unacceptable. A copy of the Phase 1 questionnaire, including the definitions given to teachers, is contained in Appendix 1.

The Phase 2 Questionnaire consisted of a set of questions about each child nominated and two copies of the Canterbury Social Development Scale (Version 4). Information items requested on each child were: age, gender, and year level; whether the pupil had been identified as part of the Phase 1 return; the length of time the respondent had had opportunity to observe the pupil; whether the respondent was the class teacher or the second staff member; and, if the respondent was the second staff member, the capacity in which they had observed the student (e.g. as interchange teacher, as principal, reading recovery teacher, teacher aide, etc.).

The Canterbury Social Development Scale consists of 40 items, each of which refers to a clearly observable behaviour, and respondents are asked to rate the subject on a scale of 1 to 5 according to the observed frequency of the behaviour. Twenty items refer to pro-social behaviours (e.g. "uses polite remarks/questions to gain the attention of peers", "gets started on required tasks as soon as requested") and 20 items relate to anti-social behaviours (e.g. "interrupts others when they are speaking", "ignores initial requests and directions even though he/she has heard them").

In addition, the students were rated by the respondents on a scale from one to five according to the amount of supervision they required and the extent to which they disrupted the smooth running of the classroom. A copy of the Phase 2 questionnaire, including the Canterbury Social Development Scale (Version 4) is contained in Appendix 2.

Procedure

Copies of the “Phase 1” questionnaire were sent to 189 primary school principals in the Canterbury region, inviting them to participate in a survey which aimed to identify children with special behavioural needs.

Each school was asked to return the Phase 1 questionnaire with an indication of whether they wished to participate in the next phase of the study. Those who chose to participate were asked to file (but not return) a list of those pupils whom teachers regarded as having serious behaviour problems.

In Phase 2, participating schools were sent copies of the Canterbury Social Development Scale with detailed instructions. For each child nominated in Phase 1, two members of the school staff who had had the opportunity to observe that child were requested to complete the Scale separately. Respondents were also requested not to reveal the identity of pupils on the return other than by initials. These questionnaires were then collated by the school and returned (unnamed) to the researchers. Each student’s set of scales was given an identification number which also identified the pupil’s school and level.

Follow-up

Schools which did not respond to the Phase 1 Questionnaire were contacted by members of the CPPA executive to ascertain their decision whether to participate or not, and to check whether they had any children whom they regarded as having serious behaviour problems. In this way responses to the Phase 1 question on the number of children causing concern were gathered for all 189 schools.

Schools which indicated that they wished to participate in the survey, and which had identified children with behaviour problems, were also followed up by the CPPA executive members if their Phase 2 returns were late. A total of 103 schools participated in Phase 2 of the survey. Where schools furnished less than the number of responses they had indicated in

Phase 1 without providing an explanation for the discrepancy between the two returns, they were telephoned to check on the reasons for the omissions.

Data Analysis

The marks for each student on each item in the scales were entered into a Statview 4.0 computer spreadsheet programme for analysis. The number of children scored by two staff members as behaviour disordered (ie a score of below 140) was recorded for Years 1, 4, and 7. Also included in the count were students where the class teacher had provided a score of less than 140 but the second teacher had not. Prevalence rates were calculated by dividing the count for each of the three year levels against the total roll of the participating schools for each year level, and the total count against the total roll of participating schools. The rate thus generated was applied across the whole roll of Canterbury schools (Ministry of Education, 1994) to provide a probable prevalence rate of behaviour disordered children for the region.

Prevalence rates were also calculated for schools according to their funding type, their community (rural/urban), their TFEA rating, and their student mobility rating. Separate prevalence rates for boys and girls were also calculated.

Results

Returns

Of the 189 Canterbury schools in the survey, three were excluded because they were “short stay” special schools, and their students were already on the rolls of other schools. The remaining schools contained 14 161 children, of whom 866 were nominated as having severe behaviour problems. The results at each level are shown in Table 1. As this table shows, a total of 866 children was nominated: 238 at Year 1, 327 at Year 4, and 301 at Year 7.

In Phase 2, Scales filled in by the class teacher and a second staff member were supplied from 103 schools, allowing scores to be calculated for a total of 656 students. On the basis of previous studies (Bradshaw, 1989; Rossiter, 1982), the cutoff point at which children were classified as having a behaviour disorder was set at 140. The percentages of agreements between the teacher and the second staff member are shown in Table 2.

Table 1

Canterbury rolls at years 1,4 and 7, and total number of students at each level nominated by their teachers as having serious behaviour problems. (N = 186 schools)

Level	No. of children at this level (Total Roll)	No. of children nominated	Percentage of total roll nominated
Year 1	4,993	238	4.77
Year 4 (Std 2)	4,771	327	6.85
Year 7 (Form 1)	4,396	301	6.85
Total	14,160	866	6.12

Reliability

To establish the degree of agreement between observers, a two-way contingency table was created. The results are shown in Table 2.

Table 2

Percentages of agreements between class teacher and second staff member on whether children scored above or below 140.

Class Teacher	Second Staff Member					
	140 or less		More than 140		Totals	
	N	%	N	%	N	%
Less than 140	424	64.9	76	11.6	500	76.5
More than 140	87	13.3	66	10.2	153	23.5
Totals	511	76.2	142	21.8	653	100.0

As can be seen in Table 2, the class teachers and second staff members agreed that 64.9 % of students should be scored at less than 140, and agreed that a further 10.2 % should be scored above 140. However, 11.6 % of students were considered by their class teacher to score below 140, but not by the second staff member. Similarly, 13.3 % of nominated students

were given a score higher than 140 by their class teachers, but were scored lower than 140 by the second staff member.

Thus, if only students who scored less than 140 on both scales are included in the final count of the screening process, 64.9% of students for whom scales were received would be included. However, it is clear that the percentages for the two categories of disagreement are closely similar (11.6% and 13.3 %). Since the extent of disagreement is similar, it is likely that the degree of error in each category is roughly the same. For this reason it was decided to include in the count of children with behaviour disorders all students who received scores of less than 140 by their class teachers. The number of students for whom Scales were received, and the number of these students scoring below 140 on the teacher's Scale, can be seen in Table 3.

Table 3

The proportion of children for whom Scales were received at each year level with scores below 140. (N = 103 schools).

Level	Number Nominated	No. of scales completed for Phase 2	Percentage of those nominated	No. of children with scores below 140	Percentage of those nominated
Year 1	238 ²¹³	178	83.57	128	60.09
Year 4 (Std 2)	327 ²⁸⁸	236	81.94	186	64.58
Year 7 (F1)	301 ²⁸¹	242	86.12	186	66.19
Total	866 ⁷⁸²	656	83.89	500	63.94

As Table 3 shows, Scales were supplied for 213 ¹⁷⁸ children at Year 1, 236 at Year 4, and 242 at Year 7. After scoring of the 656 scales received, a total of 500 children (63.94% of initial nominations) were found to have scores below 140: 128 at Year 1 (60.09% of initial nominations), 186 at Year 4 (66.19% of initial nominations) and 186 at Year 7 (63.94% of initial nominations).

Details for 126 children nominated in Phase 1 by the 103 schools were not returned. In many cases schools provided explanations for the exclusion of these students from Phase 2. Explanations varied, but statements such as “we held a staff meeting and decided that some of these children’s behaviour problems were not serious enough”, “the student concerned has settled down”, or “the ‘ringleader’ has left and the others have settled down” were common. The general tenor of these responses suggests that schools were in fact screening out some of the nominated pupils themselves, and that the vast majority of these pupils would not have scored below the cutoff point of 140 on the Scale.

A small number of students (6) left the schools which had nominated them between Phases 1 and 2, and it is therefore unclear whether they were later included at their new schools (since their identities were not revealed in either phase). Conversely, 52 pupils were included in Phase 2 who were not nominated in Phase 1.

Prevalence Rates

The data in Table 3 suggest that schools themselves excluded about 15 per cent of the children originally nominated, and that a further 20 per cent received scores above the cutoff point on the Scale. The correction factor at Year 1 was approximately 60 per cent; at Year 4 (standard 2) it was approximately 65%; and at Year 7 (Form 1) it was approximately 66%. For the purposes of estimating prevalence rates, the correction factor for Year 1 was taken as 60 per cent, and for Years 4 and 7 it was taken as 65 per cent. These correction rates were then applied to the total of Phase 1 nominations at each level for the whole of the Canterbury roll in order to provide a probable count of behaviour disordered children in the region. The results are shown in Table 4.

Table 4 shows that using the correction factors of 60 per cent of nominations for Year 1 and 65 per cent for Years 4 and 7, a probable number for behaviour disordered children at Year 1 in the Canterbury region is 143, or 2.86 per cent of the roll for that level. The probable Year 4 figure is 213, or 4.46% of the roll, and for Year 7 the figure is 196, also 4.46% of the roll.

Table 4

Probable prevalence rates by level.

Year level	Total Canterbury roll	Total nominations (Phase 1)	Correction factor	Prevalence (%)	Probable number of behaviour disordered children
1	4993	238	.60	2.86	143
4	4771	327	.65	4.46	213
7	4396	301	.65	4.46	196
Total	14160	866	.65	3.98	564

Prevalence by School Type

Prevalence rates were also calculated for different types of schools. The prevalence rates for state, integrated and private schools were calculated, as were the rates for schools with rural or urban communities. Further analysis provided rates according to the mobility of the schools' student populations and the TFEA ratings assigned to the schools. The results are shown in Table 5.

As Table 5 shows, the prevalence rate for state schools was 4.18%, while for integrated schools it was 3.46%. In contrast, private schools were well below these rates, at 0.58%. The totals for the region closely followed the pattern in state schools, reflecting the very great proportion of the roll which these schools comprise. Urban schools had higher prevalence rates (4.18%) compared to rural schools (3.02%).

It is interesting to note that different administrative types of schools experienced different prevalence rates. Full primary and area schools had lower rates at 3.48% and 3.69% respectively, compared to contributing and intermediate schools with 4.46% and 4.43% respectively.

A clear pattern emerges in Table 6 showing that schools with lower rankings on the socio-economic indicator tend to have markedly higher prevalence rates, especially at TFEA Category 1 (10.70%) and TFEA Category 2 (9.55%). While prevalence rates generally decrease as the school's TFEA category becomes higher, it is notable that it is not until Levels 6 - 8 that the

figure moves significantly below 4%. The lowest prevalence rates occurred for TFEA Category 9 (1.96%) and Category 10 (1.29%).

Table 5
Prevalence rates according to school type .

Type	Number of schools	Total Canterbury Roll	Nominations	% Nominated	Prevalence Rate
Funding					
State	158	12345	794	6.43	4.18
Integrated	22	1256	67	5.33	3.46
Private	6	559	5	0.89	0.58
Total	186	14160	866	6.11	3.97
Community					
Urban	119	11321	728	6.43	4.18
Rural	58	2209	103	4.66	3.02
No Response	7	562	27	4.80	3.12
Total ^a	184	14092	858	6.08	3.95
Admin Type					
Contributing	61	4274	293	6.86	4.46
Full Primary	100	7180	385	5.36	3.48
Intermediate	11	1937	132	6.81	4.43
Area	6	441	25	5.67	3.69
Other	8	328	31	9.45	6.14
Total	186	14160	866	6.11	3.97

^aData on 2 schools / 68 children is missing(no response to rural/urban item on questionnaire).

A further area of interest was the relationship between prevalence rates and socio-economic indicator ranking, which is used by the Ministry of Education to allocate Targeted

Funding for Educational Assistance (TFEA) to schools. Schools considered to have the greatest need have a ranking of 1, while those in the highest socio-economic areas have a ranking of 10 (Norris, Bathgate & Parkin, 1994). The prevalence rates for schools in each TFEA category are shown in Table 6.

Table 6
Prevalence rates for TFEA categories.

TFEA Category	Number of schools	Total Roll	Total nominations	% nominated	Prevalence Rate
1	12	766	126	16.45	10.70
2	13	776	114	14.69	9.55
3	14	1 326	98	7.39	4.80
4	16	1 383	144	10.41	6.77
5	13	1 294	84	6.49	4.21
6	15	1 500	63	4.20	2.73
7	15	798	46	5.76	3.74
8	19	1 214	54	4.45	2.88
9	27	2 139	64 54	2.99 3.0	1.6 1.94
10	29	2 167	43	1.98	1.29
Total	173	13 363	836	6.26	4.07

Note: The total number of schools is less than 186 because private schools do not have TFEA ratings. One state school did not have a TFEA rating.

Prevalence rates were also calculated according to the mobility of schools’ populations. All schools which had provided mobility data were allocated to one of five groups according to the proportion of their students who had left during the previous year, and had been enrolled for less than twelve months. The results are shown in Table 7.

Table 7

Prevalence rates according to mobility of school population.

Group (% Turnover)	Number of Schools	Roll	Nominations	% Nominated	Prevalence Rate
1 (0 - 0.9%)	35	2 164	51	2.36	1.53
2 (1 - 3.9%)	53	5 163	251	4.86	3.16
3 (4 - 7.9%)	41	3 686	312	8.46	5.50
4 (8 - 15.9%)	30	1 931	181	9.37	6.09
5 (16+%)	9	465	60	12.9	8.39
Total	168	13409	855	6.37	4.14

Note: The number of schools is less than 186 because 18 schools did not provide mobility data.

The results shown in Table 7 indicate that as pupil turnover, or mobility, increases, so too does the prevalence rate for children with serious behaviour problems. In schools with low turnover (less than one per cent per year), the prevalence rate was 1.53%, while in schools with a high turnover of pupils, such as Turnover Group 5 (more than 16%), the rate was 8.39. There was a clear pattern of rising prevalence from Group 1 through to Group 5.

The data was also analysed to compare the number of boys and girls classified as having behaviour disorders. During Phase 1 schools were not asked to supply information about whether the subjects were boys or girls. This data was collected in Phase 2, and therefore is derived from the 103 schools who supplied copies of scales for each of their nominated pupils. The number of children who were nominated by these schools, and the numbers who scored below 140 on the Scale are shown in Table 8.

As Table 8 shows, the ratio of boys to girls was approximately 5.5:1, for both the nominations in Phase 1 and the Scale scores in Phase 2. This ratio was consistent between the Year 4 and Year 7 groups, but as with the overall patterns of nomination and Scale scores, the Year 1 results are different. This group, as well as having fewer children nominated and fewer

Table 8

Numbers of boys and girls nominated and numbers classified as behaviour disordered. (N = 103 schools).

		Number of children Nominated		Number of scores of 140 or less	
		N	%	N	%
Year 1:	Girls	33	18.6	26	20.5
	Boys	144	81.4	101	79.5
	Total	177		127	
Year 4 (Std 2)	Girls	35	14.8	19	15.7
	Boys	201	(35) 85.2	156	84.3
	Total	236		185	
Year 7 (F1)	Girls	34	14.3	27	14.8
	Boys	203	85.7	156	85.2
	Total	237		183	
All levels:	Girls	103	15.8	82	16.5
	Boys	550	84.2	414	83.5
	Total	653		496	

children confirmed as behaviour disordered, also had a slightly lower proportion of boys (approximately 4:1). The reasons for these patterns are not known.

Discussion

Reliability

Agreements on scores above and below the cutoff point of 140 on the Canterbury Social Development Scale between teachers and the second staff members was 75% an adequate figure for a survey of this type. Both the percentage of teacher nominations and the percentages

of agreements for Year 1 children were lower than for Years 4 and 7. There are several points to note regarding the levels of agreement in this study.

First, as noted in the results section, the proportions of disagreement over which pupils should be counted and which should not were closely matched, suggesting that the prevalence rates arrived at will be reasonably accurate. Second, the Scale is used as a part of what would in individual cases be a three-stage screening procedure, as with the model developed by Walker et al. (1988). Teacher nominations form the first part of this screening procedure. A standardised rating scale, the Canterbury Social Development Scale, is used to provide unambiguous, objective and observable criteria. Teachers are asked to rate the frequency of the behaviours described in the Scale. It is this two-part strategy which provides an agreement level of 75%. The next step, inappropriate for this study because it is a survey of a large population, would be direct observation of children who had scored below the cutoff point.

The percentage of Year 1 children nominated was lower than for Years 4 and 7, and the proportion of those nominated was also lower (see Table 4). There was also a lower proportion of boys compared to girls in each phase of the survey (see Table 8). While the reasons for these differences are not known, there are several possible explanations. It was more difficult to find second staff members who knew these pupils well, since they had no previous year's teacher to call on, resulting in a lower proportion of second scales to calculate reliabilities. The Year 1 children tended to have been with their class teacher for varying periods, as they arrived at school at various times during the year rather than at the beginning of the year. Teachers therefore had spent less time on average with their Year 1 pupils than teachers at the older age levels, perhaps making it more difficult to decide how frequently various behaviours occurred. It is also possible that the Scale does not work as reliably with this age group: previous studies had worked with Form 4, Form 2 and Standard 2 pupils. Further reliability studies with five- and six-year-olds would be required to establish whether this was the case.

It should be noted also that there are very few surveys of this type which include any reliability data. It is suggested that future studies on this question should employ procedures which enable reliability checks to be made.

Prevalence rates

The prevalence rates in the results section exhibit some clear patterns. The rate in the Year 4 (Standard 2) and Year 7 (Form 1) population as a whole is approximately 4.5 per cent, significantly higher than the rate suggested by Munro (1980) (2.6%) and Norman, Sritharan and Ridding (1978) (3.4%). Integrated schools appear to be slightly better off, at 3.5%, than state schools (approximately 4.2%). The rate for private schools is substantially lower at 0.58%. Behaviour disordered children could be said to be rare to the point of non-existence in most private schools. There are at least two obvious factors contributing to the much lower rates in private schools. As the TFEA results show, the numbers of behaviour disordered children tend to reduce as the wealth of the school's contributing community increases, and it seems reasonable to regard private schools as having generally more affluent clients than state and integrated schools. A second probable factor in the low prevalence rate is the ability of private schools to select their students, either by refusing or terminating enrolment when serious behaviour problems occur.

In analysing the differences between the performance of state, integrated and private schools, therefore, researchers and educators need to take account of the variations in the prevalence rates of these children in the different types of schools. The effects on the use of teaching time, administration time, and the performance of non-disruptive children in the same classrooms must inevitably lead to greater differences in performance between schools, and between different types of school.

This principle is also applicable in the case of the socio-economic profiles of schools. The TFEA results show that approximately 10% of the population of Category² 1 and 2 schools can be considered behaviour disordered, while in Category 10 schools the proportion is only about 1.3%. This suggests that the teachers in Category 1 and 2 schools will face difficulties in creating a positive environment for teaching and learning because of the disruptive effects of their behaviour disordered pupils. It is likely that most classes in these schools will have three or four such children: a challenging situation for teachers.

The problems of high prevalence are not limited only to Category 1 and 2 schools, however. It is not until Category 8 that there is a clear and substantial drop below the mean of 3.97%.

While much of the TFEA funding has been targeted at the lower end of the socio-economic scale, there are still many schools in the mid-range who have around 4% of their population in the “behaviour disordered” category – suggesting that there are one or two of these children in every classroom in these middle socio-economic range schools. This is still a substantial problem, and one which cannot be ignored because of its effects, not only on teacher morale but on the learning of other pupils.

It might have been expected that rural schools would have a much lower prevalence of behaviour disordered children than urban schools, in view of the popular conception of “urban problems” such as street crime, gangs, and poverty. However, the results show that the prevalence rate in rural schools (approximately 3%) is not much lower than the Canterbury average. When combined with the patterns in the TFEA and mobility results, this suggests that lower prevalence in rural schools is more likely to occur in those schools with a stable, relatively wealthy population. Rural schools with poor and transient populations are likely to encounter a higher prevalence of behaviour disordered children.

The strong correlation between increasing mobility and increasing numbers of children with behaviour problems raises the question (beyond the scope of this study) as to whether high mobility among families contributes to the development of behaviour problems, or whether high mobility is simply strongly correlated with lower socio-economic conditions. In either case, the measurement of mobility as a factor affecting school performance may lead to fairer and more meaningful comparisons between schools.

The lower prevalence rates for full primary and area schools may be significant. These figures are partly explained by the lower prevalence in rural areas. Full primary schools may often be found in comparatively stable rural communities. Another possible explanation requiring further investigation is the possibility that both area schools and full primaries may tend to be in higher socio-economic areas relative to intermediates. In the more affluent north-west of Christchurch, for example, there are four full primary schools and only one intermediate.

Gender differences were extremely significant. As in other studies, boys greatly outnumbered girls. Rubin & Balow (1978) found rates for boys approximately 3 times higher

than for girls; Wang et al. (1989) found rates for boys approximately four times higher. Fergusson et al. (1993a) found boys outnumbered girls for conduct disorder by approximately 20 per cent. In the present study boys were nominated and subsequently classified as behaviour disordered 5.5 times more frequently than girls.

The definition given to teachers when nominating students focused on non-compliance and anti-social behaviours. Wang et al. (1989) included withdrawn and anxious behaviours in the rating scale. Fergusson, Horwood and Lynskey (1993a) found that girls greatly outnumbered boys for anxiety disorders but that boys outnumbered girls for conduct disorder. These data suggest that boys are far more likely to exhibit disruptive and anti-social behaviours. This raises important questions about the way we bring up boys, and the behaviours which are tolerated and encouraged in boys (but presumably not in girls). It also raises the question of whether schools have appropriate programmes in place to change disruptive boys' behaviours.

Implications for schools

The prevalence rates disclosed by this study give rise to important questions for the management of schools. In poorer to mid-range schools, there are such high proportions of these children that it is likely that a major part of teachers' workloads will need to be devoted to training staff and establishing effective behaviour change programmes. Behaviour disordered children do not respond to the usual cues and consequences which work with other children. Praise, for instance, does not have meaning to a child who is never praised at home. Likewise, a child who has a history of being unpredictably and inconsistently punished is unlikely to connect the punishment he or she receives at school with the behaviour that generated the punishment (Church & Langley, 1990). Schools need behaviour management programmes which teach the child the connection between their actions and the consequences which follow. Many school discipline programmes work on untested assumptions that the child will find the rewards (if there are any) rewarding, and the punishments (such as detentions or impositions) sufficiently aversive to warrant desisting from their antisocial behaviours. Such programmes need to be designed so that their effectiveness can be readily evaluated and the individual child's programme monitored so that where necessary it is adjusted to ensure that effective consequences are being delivered.

Behaviour disordered children develop in families. Schools will need to have programmes which reach beyond the boundaries of the school grounds into the home lives of these children. (Banks, Paterson & Reid, 1987). Such programmes also need to run in the child's regular classroom, so that the child learns to behave appropriately according to the setting they are in. Teachers, therefore, need to have the skills to administer effective behaviour management programmes in their own classrooms, rather than referring children to specialist services outside the school. Apart from the educational validity of teaching appropriate behaviours in their natural setting, the cost of referring four per cent of the school population to organisations such as the Special Education Service would be prohibitive, and the organisation impossible. However, this raises the prospect of training all classroom teachers so that they can cope effectively with behaviour disordered children.

All of the above suggestions have been made many times by other writers, (e.g. Church, 1994; Church & Langley, 1993; Munro, 1982). It is true that the adjustments required to help schools deal with the high prevalence of children with severe behaviour problems will cost more money. It is assumed, however, that the continuing effects of crime, educational failure, the draining of educational resources, the destruction of other children's learning by highly disruptive children, and the increasing unattractiveness of teaching as a profession because of these factors, are unacceptable to our community, and that they are worth working to prevent.

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Appendix 1
Phase 1 Questionnaire and Instructions

Phase 1 Questionnaire: School Details & Decision to Participate

Instructions

1. Please take time to describe the CPPA prevalence survey of disruptive children to all teachers. Describe the benefits of the results of the survey as you see them.
2. Please make copies of the *Teacher Nomination Form* and provide each teacher of new entrant pupils (pupils in their first year of school), each teacher of Standard 2 pupils, and each teacher of Form 1 pupils with a copy of this form. Briefly explain what has to be done and when it has to be done by.
3. Teachers should count the number of pupils at each of the three class levels who appear to meet the definition of "Pupils with serious behaviour problems" given at the top of the *Teacher Nomination Form*. Count all pupils who might meet the definition. If in doubt about a particular pupil, then **include** that pupil in the count. It is important that all pupils with behaviour problems are included at this stage.
4. Delegate to a suitable person the task of calculating pupil turnover in the school in 1994 (Question 5). This involves the following steps.
 - (1) Identify the withdrawals for 1994. Exclude the graduates.
 - (2) Identify and count the pupils who (a) withdrew from the school (excluding graduates) *and who* (b) had been at the school for less than 12 months prior to the date on the withdrawal form.
 - (3) Convert this number to a percentage of the 1 July 1994 school roll.
5. Please complete the *Phase 1 Questionnaire*.
6. Please double check the numbers in Section 3 to ensure that they are completely accurate.
7. **Do not send us the names of any pupils.** You will need to file the *Teacher Nomination Forms* to refer to during the second phase of the survey but we do not want to know the names of the pupils who have been nominated by teachers.
8. When the *Phase 1 Questionnaire* has been completed, please make a photocopy for your own reference and file it with the *Teacher Nomination Forms*.
9. Use the reply paid envelope to return the *Phase 1 Questionnaire*. **Please post this form to us no later than 9 June.**

Thank you for your interest and help.

Rona Fisher
John Church

Phase 1 Questionnaire: School Details & Decision to Participate

Section 1: Decision to Participate

Name of school _____

- ☐ Our school has decided to participate in the CPPA Prevalence Survey of Children with Severe Behaviour Problems. We understand that we can withdraw from the survey at the second phase should we decide to.
- ☐ Our school has decided **not** to participate in the survey.

Signature of principal _____ Date _____

Section 2: School details

1. Type of school
(Tick one)

☐ State school
☐ Integrated school
☐ Private school
2. School structure
(Tick one)

☐ Contributing primary
☐ Full primary school
☐ Intermediate school
☐ Area school
3. Community served
(Tick one)

☐ Urban school
☐ Rural school
4. School's decile rating for Targeted Funding for Educational Achievement
5. Pupil mobility (pupil turnover in 1994)

Step 1: Number of pupil withdrawals during 1994 (excluding graduates)

Step 2: Number of these who had been at the school for less than 1 year

A

Step 3: Number of pupils on the 1 July 1994 school roll

B

Step 4: A (Step 2) as a percentage of B (Step 3)

%

Section 3: Current enrolments and pupils with behaviour problems

	New entrant (first year at school)	Standard 2	Form 1
6. Total number of pupils in our school at each of these levels (at the present time).			
7. Number of pupils at each level who have been identified by their teachers as pupils with behaviour problems.			

Please return this form in the reply paid envelope provided to: *Survey of Children with Behaviour Problems, c/- Dr John Church, Education Department, University of Canterbury, Private Bag, Christchurch, by 9 June.*

Thank you for your assistance.

Teacher Nomination Form

Teacher name _____

Instructions

Please list any new entrant pupils, Standard 2 pupils, or Form 1 pupils who appear to have relatively serious behaviour problems. These are:

- 1. pupils who comply with teacher instructions much less frequently than other children of similar age, and/or
- 2. pupils who engage in antisocial behaviour much more frequently than other children of similar age. (Antisocial behaviour includes any behaviour which is widely regarded as unacceptable.)

New entrant pupils are pupils who have been at school for up to, but not more than, one year.

If in doubt about a particular pupil, then **include** that pupil in the list. It is important that all pupils with behaviour problems are included at this stage.

Pupils who appear to meet the above definition:
(If none, write "none").

Pupil name	Year at school (circle one)		
01 _____	Year 1	Std 2	Form 1
02 _____	Year 1	Std 2	Form 1
03 _____	Year 1	Std 2	Form 1
04 _____	Year 1	Std 2	Form 1
05 _____	Year 1	Std 2	Form 1
06 _____	Year 1	Std 2	Form 1
07 _____	Year 1	Std 2	Form 1
08 _____	Year 1	Std 2	Form 1
09 _____	Year 1	Std 2	Form 1
10 _____	Year 1	Std 2	Form 1
11 _____	Year 1	Std 2	Form 1
12 _____	Year 1	Std 2	Form 1

Thank you for your assistance.

Prevalence Survey of Children with Severe Behaviour Problems

21 July, 1995

Survey of Children with Behaviour Problems
c/- Dr John Church
Education Department
University of Canterbury
Private Bag 4800
CHRISTCHURCH

Dear Principal,

Thank you for taking part in Phase 1 of the CPPA's project to count the number of disruptive pupils in Canterbury schools.

And thank you for agreeing to take part in Phase 2 of the project. The aim of Phase 2 is to measure the seriousness of the behaviour problems exhibited by each of the disruptive children identified by teachers during Phase 1.

To obtain this information we are asking the classroom teacher (and one other teacher) to complete a Social Development Scale for each of the disruptive children identified during Phase 1. The Social Development Scale provides a measure of the number and severity of a child's behaviour problems. Social Development Scales are to be completed only for the disruptive First year, Std 2 and/or Form 1 pupils identified by teachers in June (plus any disruptive First year, Std 2 and Form 1 pupils who have enrolled at the school since the Phase 1 Questionnaire was returned).

The instructions for this part of the project (Phase 2) are contained on the following page.

May we take this opportunity to thank you, and to thank your teachers for helping with this most important research project.

We ask that the completed Social Development Scales be posted back to us by 11 August.

Yours sincerely,



Rona Fisher
Secretary, Canterbury Primary
Principals Association



John Church
Senior Lecturer in Education

Questions regarding the present project or any aspect of it may be addressed to any one of the following committee members.

Rona Fisher	Phone	388 8306
Aranui Primary School	Fax	388 4599

Marg Ngatai	Phone	338 2472
Rowley School	Fax	338 0280

Gavin Price	Phone	332 7480
Thorrington School	Fax	337 1205

Marg Robson	Phone	366 2440
Christchurch East School	Fax	366 2440

Peter Orangi	Phone	359 7428
Casebrook Intermediate School	Fax	359 3074

Richard Wisnesky	Phone	389 8043
Linwood Intermediate School	Fax	389 0510

Requests for additional Social Development Scales should be addressed to:

John Church	Phone	364 2544
University of Canterbury	Fax	364 2418

Appendix 2

Phase 2 Questionnaire and Instructions

Phase 2 : Completion of the Social Development Scales

Instructions for Principals

This package contains two Social Development Scales for each of the disruptive Year 1, Std 2 and/or Form 1 pupils identified by your teachers during Phase 1 of the present survey. Two Scales are to be completed for each disruptive pupil - one by the class teacher and one by another staff member who knows the pupil concerned. Organisation of this part of the survey involves the tasks listed below. *All of these tasks may be delegated.*

1. Please locate the *Teacher Nomination Forms* which teachers completed in June. These contain the names of the disruptive pupils who were identified by their teachers during Phase 1 of the survey. It is these disruptive First year, Std 2 and/or Form 1 pupils who are to be included in the current phase of the survey. If the *Teacher Nomination Forms* cannot be located, please get the teachers of all First Year, Std 2 and Form 1 pupils to list again their most disobedient and disruptive pupils.
2. Copy the name of each disruptive pupil (from the *Teacher Nomination Forms*) on to the front page (the Instructions page) of each of **two** of the enclosed Social Development Scales. This package includes a few spare Scales in case the school has enrolled any additional disruptive pupils since 9 June. Disruptive First year, Std 2 and Form 1 pupils enrolled since 9 June are to be **included in the survey** at this stage. Retain the *Teacher Nomination Forms* so that you can mark off each pupil as you receive the completed Scales for that pupil.
3. Read the *Instructions for Completing the Social Development Scales* (on the front of one of the Social Development Scales) to familiarise yourself with what the teachers are being asked to do.
4. For each disruptive pupil, identify a second staff member (in addition to the pupil's class teacher) who has had some contact with the pupil and who knows that pupil reasonably well. (Sole charge teachers should return the second copy of the scale blank. Mark the blank copy "Sole charge".)
5. Distribute the named Social Development Scales - one copy to the disruptive pupil's class teacher, and one copy to the second staff member. Briefly describe to each teacher what is to be done, when it has to be done by (11 August) and the staff member to whom they should return the completed Scales. Emphasise that the two staff members are to complete their two copies of the Scale independently and without consulting each other. (They may compare their results once the Scales are completed, if they wish.)
6. As each completed Scale is returned, please check that every question on Page 1 has been answered and that every one of the 40 behaviour items has been marked. Incomplete Scales may be unusable.

(continued over)

- 7. Chase any missing Scales.
- 8. Tear the Instructions page from the front of each Scale and throw it away so that pupil names are not returned to the researchers.
- 9. Staple together the two Scales for each child with the class teacher's Scale on the top and complete the *School Summary* (below). **On or before 11 August, return the completed Scales and the School Summary in the prepaid envelope provided.**

Thank you for your assistance.

Rona Fisher
John Church

Canterbury Primary Principals Association Prevalence
Survey of Children with Severe Behaviour Problems

Phase 2 Return: School Summary

	New entrant (first year at school)	Standard 2	Form 1
1. Numbers of pupils identified by their class teachers as pupils with behaviour problems. (The number shown on the Phase 1 Questionnaire returned in June/July.)			
2. Numbers of pupils for whom Social Development Scales have been completed by their class teachers.			

If the number of Social Development Scales completed by class teachers (#2) differs from the number of disruptive pupils nominated by their teachers (#1), please indicate the reason for this difference (e.g. "two of the nominated pupils have left the school", or "the school has enrolled an additional disruptive pupil since the Phase 1 Questionnaire was returned", or "one of the class teachers declined to participate", etc.)

Please return the completed Social Development Scales in the reply paid envelope provided to:
Survey of Children with Behaviour Problems, c/- Dr John Church, Education Department, University of Canterbury, Private Bag, Christchurch, by 11 August.

Canterbury Social Development Scale

Background Details

1. Name of school: _____
2. Name of person completing this Scale: _____
(In case we need to consult with you about this pupil.)
3. For how long have you had day-to-day contact with this pupil? _____ weeks
4. Please show whether you are the class teacher ☐ or the second person ☐
5. If you are the second person, please state how you have come to know this pupil.
(E.g. "previous year's teacher", "interchange teacher", "teacher aide" etc)
6. Pupil's initials _____
(In case we need to consult with you about this pupil.)
7. Was this pupil counted during Phase 1 of this survey and included in the school's count of "pupils with serious behaviour problems" returned by the school in June? Yes ☐ No ☐
8. Pupil's date of birth ____/____/____ Pupil's age: ____ years
9. Please tick whether pupil is a boy ☐ or a girl ☐
10. Please show pupil's class level (tick one): First Year ☐ Std 2 ☐ Form 1 ☐
11. Please show the level of supervision which this pupil requires. (Tick **one**.)

Requires close supervision in all settings in order to ensure that he/she does not harm others.	Requires close supervision in many settings in order to ensure that he/she does not harm others.	Requires close supervision in some settings in order to ensure that he/she does not harm others.	Requires a little more supervision than other children of his/her age.	Requires no more supervision than other children of his/her age.
5	4	3	2	1
12. Please show the the extent to which this pupil disrupts the smooth running of the classroom. (Tick **one**)

Very frequently disrupts the work of the class.	Often disrupts the work of the class.	Disrupts the work of the class from time to time.	Occasionally disrupts the work of the class.	Disrupts no more often than other children of his/her age.
5	4	3	2	1

Canterbury Social Development Scale

Version IV

	Very Frequently	Often	About half the time	Occasionally	Never
1. Moves about inappropriately, e.g. fidgets, jiggles, moves about without permission etc.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. Reacts in a cheeky or impertinent way to requests or directions from those in authority.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Interrupts others when they are speaking.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. Continues talking after others have indicated that they would like to comment or that they would like to get on with something else.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Ignores initial requests and directions even though he/she has heard them.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. Continues to behave inappropriately after being reprimanded, warned, or asked to stop.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. Continues to plead, nag, or whine after his/her initial request or demand has been refused.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. Uses demands where others would use requests.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. Tries to get own way by sulking or crying and refusing to co-operate.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10. Tries to get own way by throwing tantrums, e.g. by shouting or swearing and refusing to co-operate.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11. Interrupts or annoys others when they are working or relaxing on their own.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12. Shouts others down when he/she disagrees with them.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
13. Insults others or puts others down.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
14. Uses others, e.g. gets others to do things for him/her without doing something in return.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	Very Frequently	Often	About half the time	Occasionally	Never
15. Perceives insults or criticism where none were intended.	☐	☐	☐	☐	☐
	1	2	3	4	5
16. Blames others when reprimanded for behaving inappropriately.	☐	☐	☐	☐	☐
	1	2	3	4	5
17. Does things for others only if offered some immediate reward or favour in return.	☐	☐	☐	☐	☐
	1	2	3	4	5
18. Reacts with more anger than the situation calls for.	☐	☐	☐	☐	☐
	1	2	3	4	5
19. Acts violently towards others, e.g. shoves, hits, punches, or kicks others.	☐	☐	☐	☐	☐
	1	2	3	4	5
20. Intentionally gives exaggerated or untruthful accounts about things which have happened.	☐	☐	☐	☐	☐
	1	2	3	4	5
21. Follows established classroom/household rules.	☐	☐	☐	☐	☐
	5	4	3	2	1
22. Gets started on required tasks as soon as requested.	☐	☐	☐	☐	☐
	5	4	3	2	1
23. Continues to work on set tasks when left unsupervised.	☐	☐	☐	☐	☐
	5	4	3	2	1
24. Completes required tasks to an acceptable standard (given his/her present level of ability).	☐	☐	☐	☐	☐
	5	4	3	2	1
25. Uses polite requests when asking permission to do something.	☐	☐	☐	☐	☐
	5	4	3	2	1
26. Uses polite remarks/requests to gain the attention of peers.	☐	☐	☐	☐	☐
	5	4	3	2	1
27. Greets people appropriately, e.g. smiles, nods, says Hello, or stops to talk.	☐	☐	☐	☐	☐
	5	4	3	2	1
28. Stands at an appropriate distance from people when talking to them.	☐	☐	☐	☐	☐
	5	4	3	2	1
29. Makes eye contact when conversing with others.	☐	☐	☐	☐	☐
	5	4	3	2	1

	Very Frequently	Often	About half the time	Occasionally	Never
30. Shows interest in what others are saying during conversations, e.g. by nodding, smiling, commenting etc.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
31. Shows appreciation when others offer to help, e.g. by smiling, saying 'thank you', etc.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
32. Takes his/her turn when others are waiting.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
33. Tackles new activities and tasks with confidence.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
34. Honours commitments entered into with others, e.g. turning up, completing work promised, meeting friends etc.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
35. Compromises with others when conflicts or disagreements arise.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
36. Behaves sympathetically when others are unhappy,	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
37. Rejects the approaches of others.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
38. Says or does things which kill his/her conversation with others.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
39. Behaves like a sore loser, e.g. cheats or withdraws from games, or makes a big fuss when he/she loses.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
40. Says things which indicate he/she has a low opinion of himself/herself, e.g. "I'm dumb", "I'm useless", etc.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Total Score (Items 1 to 40) _____