

**Child Disruptive Behaviour Problems,  
Problem Perception and Help-Seeking Behaviour**

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This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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## **ABSTRACT**

Disruptive behaviour problems in early childhood are found to be associated with many negative long-term outcomes, such as antisocial behaviour, adolescent delinquency, and substance abuse (Kellam, Werthamer-Larsson & Dolan (1991), as cited in Butler, 2005:1). Even after adolescence this arises, for, as Vogel (2008:16) states the 'frequency of behavioural problems or challenging behaviour among the youth of today often predicts the size of our future prison population'. These findings clearly highlight the importance of early identification of behavioural problems, adequate preventative intervention (Butler, 2005:1) and the necessity for early intervention to prevent their continuity, since behaviour problems are found to worsen without treatment (Loeber, 1982, cited in Butler, 2005:1).

The goal of this study is to gain an understanding of disruptive behaviour in primary school learners. To achieve this goal, the objectives of this are to explore the nature of child disruptive behaviour problems; to explore parents and teachers' problem perception of child disruptive behaviour; to explore the problem threshold of parents and teachers toward child disruptive behaviour; and to explore their help-seeking behaviour. The study's aim, therefore, is to better understand and gain more insight in child disruptive behaviour problems before a threshold is reached by parents and teachers and help is sought from social service professionals.

The study uses an exploratory qualitative research design to gain insight into child disruptive behaviour problems, problem perceptions and help-seeking behaviour in the Southern Cape Karoo District in the Western Cape. Child disruptive behaviour patterns were analysed along a three-point continuum (from less severe — 'preventative'; to moderate — 'early intervention'; and most severe — 'statutory') based, on problem perceptions of parents, teachers and social service professionals. In addition, the present study examines parents and teachers' problem thresholds to identify help-seeking behaviour and sources.

A purposive sampling technique was used to select the participants according to appropriation and availability. Parents and teachers were contacted to participate voluntarily in the research from schools in the area —Acacia Primary School, Baartmansfontein Primary School, Buffelsriver Private Primary School and Matjiesfontein Primary School. The social service professionals who participated consisted of social workers, social auxiliary workers and police officials from the Department of Social Development, Child Welfare SA and the South African Police Service. The study consisted of a broad range of child ages and parental ages. Parent participants also included biological and foster parents.

Data was gathered by means of a semi-structured interview schedule administered during 24 individual interviews. The schedule is based on information obtained from the literature review relevant to the models and theories selected. Previous research done by Jessica Hankinson in 2009 in America on child psychopathology, parental problem perception, and help-seeking behaviours was used as a reference for creating the data collection tool, since she also focused on child behavioural problems and used similar models in the theories. This tool was created in such a way as to be relevant to the South African context.

The findings confirmed the serious nature of child disruptive behaviour amongst primary school learners, including abusive behaviour, assault, bullying, fighting, swearing, theft, criminal involvement, substance abuse, truancy and school dropouts. The participants were found to be able to perceive their child's problem behaviour and to perceive themselves to be competent parents in dealing with disruptive behaviour. Child disruptive behaviour was found to have a significant effect on classroom learning. Despite legislation banning this, the participants still resort to punitive corrective measures. Stigma related to professional services and the privacy of the family are found to be very relevant in help-seeking efforts. This lead to the conclusion that child disruptive behaviour may become a normal and acceptable phenomenon, and thus leads to late reporting — and social services being contacted only as a last resort.

The most important recommendation resulting from the study indicates that there is a need for prevention and early intervention services for child disruptive behaviour. This should address the escalation of the behaviour that later results in the need for statutory services. The study further indicates that various sectors (social workers, teachers, community structures and the departments) need to collaborate and form partnerships in order to enhance the early reporting of children in need and the accessibility and availability of services rendered in rural areas. This could enhance the early identification, reporting and service delivery in order to find problem resolutions.

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## **CHAPTER ONE: INTRODUCTION TO THE STUDY**

### **1.1 Introduction**

Childhood disruptive behaviour many times involve conduct such as temper tantrums, physical aggression such as attacking other children, excessive argumentativeness, stealing, and other forms of defiance or resistance to authority. These behaviours are often tolerated at first by parents and teachers and only attract notice when they interfere with school performance or family and peer relationships, since they frequently intensify over time. It is important to recognise that childhood disruptive behaviour problems in early childhood have been found to be associated with several negative long-term outcomes such as antisocial behaviour, adolescent delinquency, and substance abuse (Kellam, Werthamer-Larsson, & Dolan (1991) cited in Butler, 2005:1).

Research by Vogel (2008:16) has shown that even after adolescence, 'frequency of behavioural problems or challenging behaviour among the youth of today often predicts the size of our future prison population'. These findings clearly highlight the importance of early identification of behaviour problems, adequate preventative intervention (Butler, 2005:1) and the necessity for early intervention to prevent the continuity, since behavioural problems are found to become worse without treatment (Loeber, 1982, cited in Butler, 2005:1).

In order to understand the complexity of child disruptive behaviour and prevent the continuation of these behaviour problems in a South African context, this chapter will focus on the contextual understanding of child disruptive behavioural problems, problem perception and help-seeking behaviour. Thereafter, the rationale, significance and motivation of the study will be discussed. The topic, research questions, objectives, assumptions and clarification of concepts are then clearly outlined with the key concepts used in the research study, ending with reflexivity. A review of literature will be presented in the following chapter.

### **1.2 Problem Context**

The aim of this section is to explore the context of child disruptive behaviour in a South African context. When examining this within a global context, a notable concern was found in the arena of public education is learner misconduct (Serame, Oosthuizen, Wolhuter and Zulu, 2013:1) as was seen in research conducted in China and New Zealand. A survey of 527 teachers from 27 elementary schools

located in five provinces of China found that 45% of the teachers reported spending 'too much time' on learners' behavioural problems (Shen et al., 2009:187, cited in Serame et al., 2013:2). In New Zealand, the Minister of Education, Steve Maharey, stated that child behavioural problems are the single most important predictor of later chronic anti-social behaviour which includes poor mental health, academic underachievement, early school leaving age, teenage parenthood, delinquency, unemployment and substance abuse (Clark, 2006, cited in Vogel, 2008:17).

Wolhuter, Oosthuizen and Van Staden, (2010) found that South Africa has not been spared this problem either (Serame et al., 2013:2). A study by the South African Human Rights Commission in 2008 on school-based violence confirmed media reports and complaints from educators showed that violence in many South African schools has reached alarming proportions (South African Human Rights Commission 2008:1; Wolhuter & Steyn, 2003, cited in Serame et al., 2013:2). These findings also illustrate the seriousness of the problem in the South African context (Rossouw, 2003:416). This research confirms the need to further investigate child disruptive behaviour problems in the South African context and address the serious nature of this behaviour.

The South African Police Service has estimated that 43% of South African youth are at risk of becoming offenders (Bezuidenhout & Joubert, 2003:26). This estimate confirms that high levels of disruptive behaviour in our youth exert a strong influence on the crime statistics of our country (Vogel, 2008:17). This context, therefore, again highlights the importance of not underestimating the extent and seriousness of learner misconduct in the South African context (Rossouw, 2003:416). By understanding the context of child disruptive behaviour in a South African context, this research will aim to address child disruptive behaviour as early as possible to prevent the escalation thereof into later criminal or violent behaviour.

### **1.3 Rationale of the Research Study**

Research has shown the negative influence of misconduct on teaching and learning in the classroom (De Wet & Jacobs, 2009:52, cited in Serame, 2013:3) and Serame et al. (2013:1) stated that an orderly learning and teaching environment is a prerequisite for optimal teaching and learning in class. Optimal teaching and learning cannot be met if teachers are experiencing child disruptive behaviour. Research has already found that teachers are experiencing these misbehaving learners and disciplinary problems as a disproportionate and intractable part of teaching (Marais & Meier, 2010:41). This concern will be explored, since Ncontsa and Shumba (2013:2) found that 'schools have become highly volatile and

unpredictable places' and 'violence has become part of everyday life in some schools'. Child disruptive behaviour is a serious concern to explore since violence will negatively impact on the optimal learning and safety of children in schools.

There is, therefore, an increasing desire to understand disruptive behaviour in elementary classrooms (Bru, 2009; McCarthy et al., 2009; and Finn, Pannozzo, & Voelkl, 1995, cited in Jacobson, 2013:5). For example, Dymess (2006) explored 'how teachers respond to children who interfere with the classroom environment' (cited in Jacobson, 2013:5). Others like Ruma, Burke & Thompson (1996) found that 'early intervention is optimal because evidence suggests that interventions provided at the preschool age may be more effective than when children are older' (cited in Butler, 2005:1). In his work Butler (2005:1) highlighted the importance of 'early identification of behaviour problems so that children may receive adequate preventative intervention' (Butler, 2005:1).

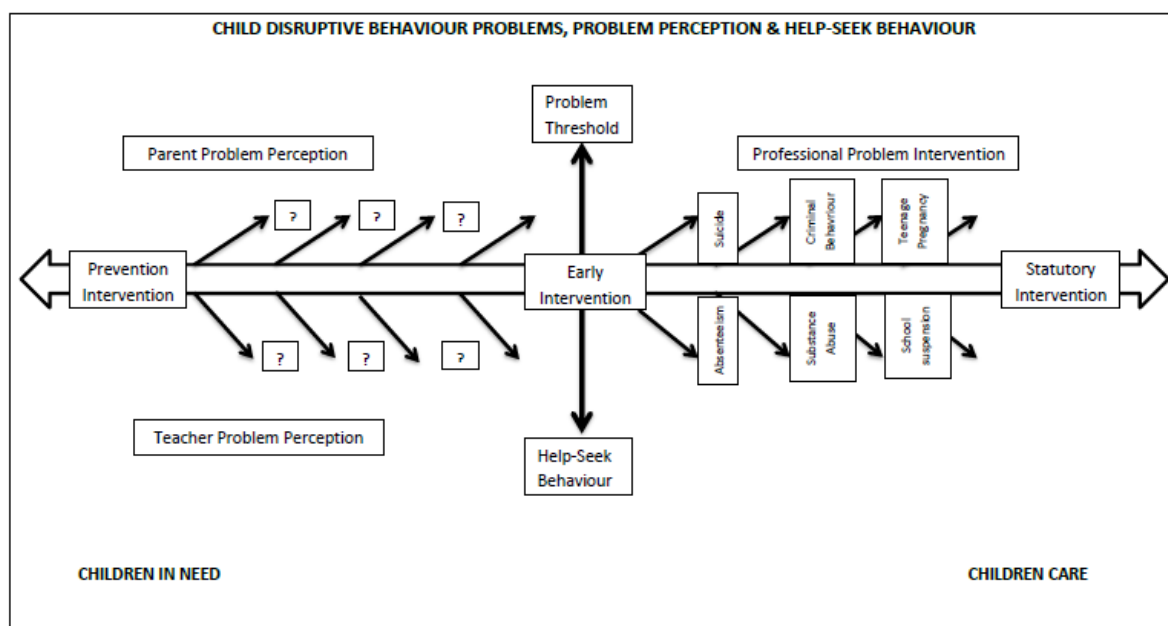


Figure 1: Illustration of child disruptive behaviour problems on a continuum of children in need toward children receiving care.

As illustrated in Figure 1, services are offered on a continuum of care starting with prevention, early intervention and reaching statutory services. On this continuum, certain behaviours are observed by parents and teachers, but do not necessarily receive any care before they reach their threshold. Parents and teachers may still be able to address and manage the minor forms of disruptive behaviour but once the behaviour become so problematic that their threshold is reached, the statutory services are required. At this point of the continuum, the services are necessary from professionals who then

have to provide early intervention- or statutory services. This study, will, focus on behavioural problems that are noticed before the problem threshold is reached, problems that can rather be identified for prevention and early intervention. These findings could then contribute towards the much-needed preventative measures to be put in place and would prevent the necessity of statutory services and crisis management of child disruptive behaviour.

The most commonly reported problem is disrespectful behaviour towards educators that manifests itself in numerous forms of misconduct (Rossouw, 2003:423). Educators in other South African schools are reporting much more serious misconduct, including constant absenteeism, vandalism, theft, smoking dagga, bullying, examination dishonesty, assault, exposure to pornography and gambling (Rossouw, 2003:424). Rossouw (2003:423) concluded that misconduct has a noticeable influence on discipline in South African schools.

The escalation of these commonly reported problems then leads to the need for statutory services. As found by White, et al. (2001) there is an increase of children in the classroom with behavioural problems (cited in Jacobson, 2013:5) which emphasises the need for more focused interventions on a national scale (Booyens & Crause, 2012:255).

In conclusion, within the South African context it is important, to ask, 'What happens before school and social service professionals intervene in disruptive classroom behaviour?' Furthermore, 'What types of behaviour are prevalent amongst young children that can be addressed in a more preventative manner?' If child disruptive behaviour is placed on a continuum of prevention and early intervention to statutory intervention, what types of disruptive behaviour would constitute a problem threshold when help is sought?

#### **1.4 Significance of the Research Study**

Hankinson (2009:1) highlighted the importance of parents and caretakers being aware of their children's problem behaviour and seeking appropriate services so that children's emotional and behavioural needs are met. She identified parents as the ones most responsible for seeking help for their children's emotional and behavioural problems with others (Bussing, et al., 2005) calling them the 'gatekeepers' to professional services for children (cited in Hankinson, 2009:1). This study, therefore, will focus on the importance of these 'gatekeepers', the understanding of parents' and caregivers' problem perception, threshold levels and help-seek behaviour in order to understand child disruptive

behaviour on the continuum of care. This will assist in the identification of the needed prevention services rather than statutory services. The Children's Act makes parents responsible for the wellbeing of their children and this would include addressing their behavioural needs.

In addition, other researchers (Hartung & Widiger, 1998; Poduska, 2000; Slade, 2004; Zwaanswijk et al., 2007, cited in Hankinson, 2009) agree that caretakers like teachers, school personnel, and other professionals play a major role in recognising children's problems and referring them for treatment, and these will be included in the study. Poduska (2000) believes that the accuracy with which parents identify their child as needing services, and the factors that may influence parental perception of children's problems are very worthy of study (cited in Hankinson, 2009:2). He has also found that professionals can play an important role in providing parents with information that may influence their recognition of their child's problem (cited in Hankinson, 2009:2).

Other studies have also found that teachers play an important role in identifying behavioural problems. These include learner misbehaviour that tends to lead to poor performance in school and more frequent absence truancy (Andrews & Taylor, 1998:1, cited in Rossouw, 2003:414). Another study found that one of the major concerns is the disruptive behaviour or other forms of misconduct by fellow learners and the influence it has on learner safety, security and success in education (Rossouw, 2003:414). Despite these problems, recent research has shown a major paradigm shift towards preventative and positive – rather than punitive – disciplinary methods (Oosthuizen, Wolhuter & Du Toit, 2003:457). This study, therefore, aims to identify what constitutes disruptive behaviour as early as possible and what preventative measures may be employed to prevent it from escalating and making the intervention of statutory services necessary.

Oosthuizen, Wolhuter and Du Toit (2003:464) found that these preventative measures should include appropriate educational and psychological approaches to children experiencing difficulties. These should be the answer to intervention in disciplinary problems once the problem behaviour has been identified early. The obvious approach therefore is that a child is a person, a human being that is still in the process of developing and unfolding towards the status of full maturity (Rossouw, 2003:418). It is thus crucial that child disruptive behaviour is identified, understood and addressed as early as possible to be a part of the positive development of the child.

## **1.5 Motivation for the Research Study**

The aim is to identify the problems faced by parents, teachers and professionals, before help-seeking behaviour starts. These persons are the ones most responsible and involved in a child's life. This study will aim at identifying child disruptive behaviour problems among primary school learners who are young and still developing into youth and adult stages of their lives. At a young age the children can benefit from prevention and early intervention services that may be necessary to address child disruptive behaviour. In the field of social work and probation services, the researcher experiences child disruptive behaviour problems when it is too late and statutory intervention is necessary. This study can contribute to minimising the necessity for statutory services.

The researcher also perceives the distress of teachers and parents at this stage, for according to Finn, Pannozzo and Voelkl 1995, disruptive behaviour takes away the attention of other learners in the classroom, impairs the classroom learning environment (cited in Bru, 2009), and according to McCarthy et al., (2009), increases teacher burnout rate (cited by Jacobson, 2013:5). Jacobson (2013:6) further believes that 'there are many reasons why social workers should be interested in sources of disruptive behaviour in the classroom as well as an educator's perceptions of children's behaviour'. It is thus most important for social workers to collaborate with teachers to acknowledge the mental health needs of children at schools to understand the source of a child's disruptive behaviour and to be able to assist the child to receive appropriate mental health services (Jacobson, 2013:5-7).

The present author, a social worker and researcher, wants to advocate for children with behavioural problems to be given the help they need and I believe that this study will provide a necessary insight into child behavioural problems and thus can be used for better planning in future intervention and – especially – prevention strategies. This study can assist in the reduction of the likelihood of minor behaviour problems escalating and turning into future risk behaviour – and even criminal behaviour.

## **1.6 Title of the Research Study**

Child Disruptive Behaviour Problems, Problem Perception and Help-Seeking Behaviour.

## **1.7 Main Research Questions**

- What do parents and teachers in the Central Karoo perceive as child disruptive behaviour?

- What do parents and teachers in the Central Karoo perceive as contributing towards child disruptive behaviour?
- When do parents and teachers seek help for child disruptive behaviour?
- When do professional services intervene in child disruptive behaviour?

## **1.8 Main Research Objectives**

- To explore the nature of child disruptive behaviour problems.
- To explore parents' and teachers' problem perception of child disruptive behaviour.
- To explore problem threshold of parents and teachers toward child disruptive behaviour.
- To explore help-seek behaviour of parent and teachers.

## **1.9 Main Research Assumptions**

- Teachers may experience different types of child disruptive behaviour.
- Parents may have a higher problem threshold for child disruptive behaviour.
- Numerous external factors may contribute towards help-seeking behaviour.
- Professionals may perceive parents seeking help too late on the continuum of behaviour problems.

## **1.10 Clarification of Concepts**

### **1.10.1 Child**

According to the Children's Act (38 of 2005), a child is 'a person under the age of 18 years'. For the purposes of this study, a child will refer to a person between the ages of 6-13 years (Children's Act, No 38 of 2005, 2010:Chap 1) which are a primary school learner's age group.

### **1.10.2 Parent**

The study will refer to a 'parent'. This term refers also to a biological parent, guardian, foster parent or an adoptive parent. The Children's Act (38 of 2005) further defines a 'guardian' as a parent or other person who has guardianship of a child and a 'foster parent' as a person who has foster care of a child by order of the children's court (Children's Act, No 38 of 2005, 2010:Chap 1). An 'adoptive parent' is

defined as a person who has adopted a child in terms of any law (Children's Act, No 38 of 2005, 2010:Chap 1).

The Children's Act (38 of 2005) excludes the following persons from the definition of a parent:

- the biological father of a child conceived through the rape of or incest with the child's mother;
- any person who is biologically related to a child by reason only of being a gamete donor for purposes of artificial fertilisation; and
- a parent whose parental responsibilities and rights in respect of a child have been terminated (Children's Act, No 38 of 2005, 2010:Chap 1).

### **1.10.3 Teacher / Educator**

The Department of Education (76 of 1998) and the South African Schools Act, No. 84 of 1996, amended 2011, 1997:Chap 1) defines a teacher or 'educator' as:

'any person, excluding a person who is appointed to exclusively perform extracurricular duties, who teaches, educates or trains other persons or who provides professional educational services, including professional therapy and education psychological services, at a school'.

### **1.10.4 Social Service Professional**

A 'social service professional', for the purpose of this study, will refer to social workers, social auxiliary workers and social crime officers based at the South African Police Service. The definition of social work adopted by the South African Council for Social Service Professionals is:

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge's, social work engages people and structures to address life challenges and enhance wellbeing (SACSSP, Definitions).

With this definition in mind, all the social service professionals targeted for this study will have the same aim – working towards the well-being of people by means of different systems and interventions.

### **1.10.5 Learner**

A learner is defined by the South African Schools Act (Section 1) as 'any person receiving education or obligated to receive education in terms of this Act' (Boezaart, 2009:468). For the purpose of this study, a learner will specifically refer to primary school learners that are in Grades 1-7.

### **1.10.6 Child Disruptive Behavioural Problems**

Disruptive behaviour problems, for the purpose of this study, will refer to any form of behaviour that disrupts the normal functioning of the child within the context of the family, school or community, for example insubordination or violence.

## **1.11 Reflexivity**

De Vos, Strydom, Fouché and Delport (2005:425) found that it is crucial for the researcher to be aware of his or her tradition of thinking about a topic or question and to orientate one to making an independent and meaningful contribution. The researcher was aware of her own feelings towards child disruptive behavioural patterns held no prejudice towards the participants' perceptions and help-seeking behaviour.

## **1.12 Conclusion**

The introduction of the research was discussed to allow the reader to understand the structure of the report. The next chapter will focus on the literature that is available on the topic by discussing the policy and legislation, theories and theoretical models, as well as literature regarding the objectives of the research.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

A broad scope of literature pertaining to the research topic that is narrowed down to address the research objectives. First, an overview is presented in terms of the relevant policies and legislation, followed by various theoretical models and theories relevant to child disruptive behaviour problems, problem perception and help-seeking behaviour.

### **2.2 Policy and Legislation**

South Africa has developed several laws relevant to child behaviour, responsibilities towards children, children's wellbeing, early intervention and prevention strategies. The main policies and legislation are presented to create a clear and holistic understanding of the research topic. Other influences in social work that helped shape child welfare and social work are also considered. (Schmid & Patel, 2016:247).

When focusing on social work interventions in this research study, it is important to mention that authors (Gary & Fook, 2004; Jones & Truell, 2012) agree that social work within international contexts have various communalities, such as 'shared ethical foundations, formal social work structures, the notion of praxis, the recognition of individual dignity, valuing of diversity, and a social justice and human rights agenda' (Cox & Pawar, 2006; Midgley, 2010; Rowe et al., 2000, as cited in Schmid & Patel, 2016:247). Within these communalities, the scope of child welfare interventions in South Africa has widened, by going beyond the traditional notion of abused children (Schmid & Patel, 2016:248). Various authors (Anderson et al., 1999; Estacio & Marks, 2005; Goodmark, 2010; Ripoli-Nunez & Rohner, 2006) agree that a much broader range of children are now considered to be vulnerable and in need of intervention' (cited in Schmid & Patel, 2016:248).

In addressing the need for intervention for these vulnerable groups within South Africa, Midgley and Conley (2010), are 'optimistic that the voice of the South is increasingly being heard' through various shifts, that include 'the introduction of the rights instruments like the United Nations Convention on the Rights of the Child (UNCRC) (1989) and the African Charter on the Rights and Welfare of the Child (ACRWC) (1990)' (cited in Schmid & Patel, 2016: 247–248). These instruments 'have shaped worldwide dialogue and local child welfare policy agendas' and today our 'welfare policy and legislation

is identified as the background against which child welfare is practised, taught and researched' (Schmid & Patel, 2016: 248–249).

South Africa's adoption of the UNCRC and the ACRWC, the acknowledgement of the rights of children in the South African Constitution saw the inclusion of South Africa into the international arena (Schmid & Patel, 2016: 250). Children are being educated on their rights and 'a greater awareness of the rights of children has led to increased practice trends in children's rights, child protection and early childhood development' (Schmid & Patel, 2016:250).

The White Paper of 1997 provides the framework for developmental social welfare, which Schmid (2012a, 2012b) suggests requires the essential collaboration across sectors, government levels and disciplines, crucial primary prevention efforts, preventive and therapeutic efforts that are 'focused on the empowerment of service users and their communities and should be mutually reinforcing' (cited in Schmid & Patel, 2016:249). The social service professionals in various sectors will form part of this study to focus on prevention and early intervention as Schmid suggests.

The other cornerstone of child welfare in South Africa is the Children's Act 38 of 2005, which is in line with the South African Constitution and the United Nations Convention on the Rights of the Child (UNCRC) (Schmid & Patel, 2016:249). The Children's Act (2005) 'identifies which groups of children are vulnerable, defines abuse, outlines appropriate legal responses and demands appropriate resource allocation to vulnerable children' (Schmid & Patel, 2016:249). The study will focus on some of the primary documents relevant to this research.

### **2.2.1 United Nations Convention on the Rights of the Child (UNCRC)**

The United Nations Convention on the Rights of the Child (CRC) is the primary international instrument to address the rights of the world's children (Herrmann, 1999:103, cited in Mama, 2010:177). In Article 25(2) it 'extends special care to motherhood and children', who are defined as 'human beings who deserve dignity and human rights', like "the right to survival through adequate health care, food, clothing, and shelter, and it endorses children's rights to education, freedom from discrimination, and a safe environment' (Herrmann, 1991:103, cited in Mama, 2010:177). The UNCRC recognises children as children and it values the 'importance of a happy childhood' (Articles 27, 28, 29, and 31; Hammarberg, 1990, cited in Mama, 2010:177).

The UNCRC also entitles children to special care and assistance in the UN Declaration of Human Rights (Article 25(2)) (Mama, 2010:179). The CRC preamble states that: 'The family – the main group of society that promotes the growth and well-being of children – should therefore be 'afforded the necessary protection and assistance so it can fully assume its responsibilities within the community' cited in Mama, 2010:179). Mama (2010) also describes the UNCRC as 'a document that supports children and families and provides measures that will enable the child to eventually be prepared to lead a full life'.

The UNCRC should therefore not only be considered as a legal instrument focusing on individual rights but also as a general policy framework outlining obligations for the state and for social services with respect to children and parents alike (Roose & De Bie, 2007:41, cited in Mama, 2010:187).

Child protection begins with prevention through social measures, 'including adequate health, housing, safety, nutrition, education, and potential for children's full well-being and development, and continues through short and long-term protection' (Svevo-Cianci & Velazquez, 2010:141).

Since social workers have taken a leadership role in recent years towards human rights education and advocacy (Libal, Mapp, Ihrig & Ron, 2011:368–369) this research can assist in identifying measures that need to be put in place in various settings to address children's behavioural problems in a preventative manner. The research can then contribute to the prevention of behavioural problems and assist caregivers in the development and education of the child. Social workers, who are knowledgeable about children's human rights, should play a leading role "in advocating on behalf of children and their families" (Libal et al., 2011:368).

### **2.2.2 The South African Constitution**

Within the South African context, the Constitution is the most prominent and important policy document. When we discuss disruptive behaviour of children, many the constitutional rights of children are important and relevant in this research. Firstly, we need to understand the basic rights of a child according to Section 28 of the Constitution, which are relevant in this research:

Section 28 of the Bill of Rights states that:

1. Every child has the right to -

- b. family care or parental care, or to appropriate alternative care when removed from the family environment;
  - c. basic nutrition, shelter, basic health care services and social services;
2. A child's best interests are of paramount importance in every matter concerning the child.
  3. In this section 'child' means a person under the age of 18 years.

Section 28(2) emphasises and correlates with the UNCRC by stating that the child's best interest must be taken into consideration in every matter concerning a child. The Constitution is therefore the basis in terms of policies and legislation regarding children and other matters in South Africa. Two themes are identified by Boezaart (2009:275) as inter-linked in children's rights: 'Firstly the need for protection and secondly the recognition of autonomy.' She stated that when children grow up they are highly dependent on their parents or caregivers due to their 'lack of capacity and general vulnerability', therefore they need protection when young and parents and caregivers are responsible for guiding and supporting their children (Boezaart, 2009:275).

Since children are highly dependent on their parents this research's focus will be on parents' and caregivers' recognition and perception of their child's behaviour and thereafter their reaction to and support of child disruptive behaviour — when they seek help or not. As children become older, their capacity develops and they are seen as 'separate human beings and individual rights bearers but their need for protection however continues throughout their childhood, when they continue to need assistance with the achievement of their rights' (Boezaart, 2009:276).

Teachers also play an important role since they spend many hours during the day with children and are then able to identify their behavioural needs. Section 29 of the Constitution provides children with the right to basic education. Boezaart (2009:399) believes that 'the right to education is one of the most essential rights for the upbringing and development of children to reach their full potential and to take their rightful place in society'. She further states that 'education is of cardinal importance for meaningful human existence because it allows individuals to develop whole and mature personalities and empowers them to fulfil a role that is enriching to them and beneficial to society'.

The last statement is further supported by the United States case, *Brown v Board of Education*, where it was asserted that 'education is the very foundation of good citizenship'" (Boezaart, 2009:399). Boezaart believes that a person's education opens doors to 'employment, income, housing, health care and other benefits' which will suffer otherwise and 'create a vicious cycle in which their poor education again

results in a disadvantage' (Boezaart, 2009:399). Teachers then do not only play an important role in identifying behavioural problems, but also in educating children. This research can therefore assist teachers to recognise which behaviour they need to act on early and what help they can seek in order to address child disruptive behaviour.

If all relevant stakeholders, including the 'education authorities, school governing bodies, educators, parents and learners' understand 'the importance and role of human rights in education' they can develop a 'human rights culture' in schools (Boezaart, 2009:455). This will be possible if the mentioned stakeholders take responsibility and learners are able to exercise their rights responsibly toward the rights of others (Boezaart, 2009:455). Boezaart (2009:455), therefore, concludes that 'human rights are not a goal in itself, but a mechanism to ensure peace, order, justice and progress in society' (2009:455).

### **2.2.3 Children's Act 38 of 2005**

The Children's Act (38 of 2005) is referred to as the cornerstone of child welfare practice in South Africa. It sheds more light on early intervention and prevention services when dealing with children, including children with disruptive behaviour, on parent's responsibilities and rights and professional person's obligations and help sources. One would assume in South Africa, that the wellbeing of children is an important matter to research, since children comprise the largest proportion of South African society (NIEP, 1996:50, as cited in Lockhat & Van Niekerk, 2000:296). This research will therefore aim to contribute towards the better understanding of the wellbeing and development of children.

Historically, children have been the most neglected sector of the South African population, and despite South Africa's political changes, children are still faced with enormous problems affecting and impeding their development (Lockhat & Van Niekerk, 2000:297). With this in mind, the question that needs to be asked, at least initially, is 'What is the responsibility of the state towards its children in any "civilised" society?' (Lockhat & Van Niekerk, 2000:292). Even within the history of the Children's Act, preventative measures are not the priority, and statutory work is mostly found to be dominant (Schmid, 2007:500–502).

In the early 1990s some child welfare agencies attempted to introduce a more equitable practice (JCWS, 2005), but welfare as a whole was unable to respond to the needs of vulnerable communities,

families and children (Fraser-Moleketi, 2005, cited in Schmid, 2007: 500–502). Later, a multidisciplinary approach to developmental social welfare framework in that is family-centred, community-based and that provides strength-based services (Schmid, 2007:500–502) was introduced.

In the following section, the key elements of the Children’s Act will be discussed to establish to what extent they contribute towards the prevention of disruptive behaviour in children and an early intervention in it.

### **Child in need of care and protection:**

A crucial part of the Children’s Act is whether a child is, in fact, in need of care and protection in terms of s.150. This research aims to address the problem of children in need of services in a preventative manner and with early intervention. In order to identify these needs, Section 150 of the Act is discussed which is predominantly child-focused (Boezaart (2009:174).

Section 150 of the Act states that a child is in need of care and protection if the child:

- (a) has been abandoned or orphaned and is without any visible means of support;
- (b) displays behaviour which cannot be controlled by the parent or care-giver;
- (c) lives or works on the streets or begs for a living;
- (d) is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency;
- (e) has been exploited or lives in circumstances that expose the child to exploitation;
- (f) lives in or is exposed to circumstances which may seriously harm that child’s physical, mental or social well-being;
- (g) may be at risk if returned to the custody of the parent, guardian or care-giver of the child as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child;
- (h) is in a state of physical or mental neglect; or
- (i) is being maltreated, abused, deliberately neglected or degraded by a parent, a care-giver, a person who has parental responsibilities and rights or a family member of the child or by a person under whose control the child is.

Section 150 (b) and (d) especially highlight behavioural problems which can be addressed by the research if these behavioural aspects are identified early parents are assisted to control these

behaviours before statutory intervention is needed. If, however, children are found to be in need of care and protection, the Act makes provision for a reporting system in s. 110 that requires that any suspicion on reasonable grounds of child abuse or deliberate neglect must be reported to a child protection organisation or the Department of Social Development (Children's Act, No 38 of 2005, 2010:Chap 7).

Boezaart (2009:184) is, however concerned, about the number of children in South Africa that are in need of care and protection, especially those who remain outside the continuum of care that is provided by the child protection system. This present research can contribute towards addressing this need on early in order to minimise the large number of children needing statutory services and can identify the behaviour that can benefit from early intervention.

Children who are found to be in need of care also need interventions with a multi-disciplinary approach (Boezaart, 2009:164), but Lockhat and Van Niekerk (2000:297) found that 'there is an acute shortage of adequately trained health care and social workers to cater to the needs of the thousands of children affected by violence'. Boezaart also found that these professionals require a broad range of skills and need to learn 'how to interact knowledgeably and constructively with professionals from other disciplines' (Boezaart, 2009:164).

The research will broaden the knowledge of professionals and assist them in terms of service delivery. Despite the protection of these children, the fundamental care, guidance and protection of a child should be provided by adults (its parents), as is stipulated in the parental rights and responsibilities section of the Act (s.18). It is only if parents are unable to provide this that their rights are passed over to the social worker, who will make decisions that ensure the protection of the child (Boezaart, 2009:253). Parents and teachers have participated in this research by identifying the needs of children as well as their own in terms of services needed when their threshold is reached.

Schmid (2007:203) concludes that the need for statutory intervention can be avoided if prevention and early intervention is focused on, for it is that which is 'required to strengthen families, enhance their coping skills and promote self-reliance'. It is in this way that the needs of children and those outside the continuum of care can be addressed, as Boezaart (2009:253) as suggested.

## Prevention and early intervention

In its s.144 the Children's Act makes provision for prevention and early intervention services to be provided. The goal of prevention is to 'provide services to families with children to strengthen and build their capacity and self-reliance to address problems that may or are bound to occur in the family environment which, if not attended to, may lead to statutory intervention' (Chap. 8, s.143(1)(b) of the Children's Act 38 of 2005). Section 144 states that:

- 144.** (1) Prevention and early intervention programmes must focus on-
- (a) preserving a child's family structure;
  - (b) developing appropriate parenting skills and the capacity of parents and care-givers to safeguard the well-being and best interests of their children, including the promotion of positive, non-violent forms of discipline;
  - (c) developing appropriate parenting skills and the capacity of parents and care-givers to safeguard the well-being and best interests of children with disabilities and chronic illnesses;
  - (d) promoting appropriate interpersonal relationships within the family;
  - (e) providing psychological, rehabilitation and therapeutic programmes for children;
  - (g) preventing the recurrence of problems in the family environment that may harm children or adversely affect their development;
  - (h) diverting children away from the child and youth care system and the criminal justice system; and

This section clearly identifies parenting skills, capacity building with parents and support as a key part in preventing statutory services. This research will assist in identifying the children and parents that can benefit from preventative services as obligated by s. 144 (3) which states that 'prevention and early intervention programmes must involve and promote the participation of families, parents, care-givers and children in identifying and seeking solutions to their problems'.

### 2.2.4 The Child Justice Act 75 of 2008

The Child Justice Act is also relevant when discussing behavioural problems, prevention and early intervention. Children's disruptive behaviour may also escalate towards criminal behaviour. Such

behaviour will also be addressed in this research by focusing on the behaviour that needs prevention and early intervention services.

As stated previously, in some cases a child's behaviour may lead to criminal behaviour. If a child's behaviour problems are of a serious nature and lead to criminal offending, the child will be dealt with in terms of the Child Justice Act. On 1 April 2010, the Child Justice Act 75 of 2008 came into operation, marking the 18th anniversary of the child justice movement in South Africa (Boezaart, 2009:635). Boezaart (2009) also noted that this is 'the same amount of time it takes a child from the time of birth to reach the age of majority'.

The Child Justice Act creates a procedural framework for dealing with children in conflict with the law that 'represents a rights-based approach to children accused of crimes, but also seeks to ensure accountability, respect for the fundamental freedoms of others and prevent crime and promote public safety using diversion, alternative sentencing and restorative justice' (Boezaart, 2009:648). The Act is an example of legislation that gives effect to the requirements of Article 40 of the UNCRC. The Act created a separate criminal justice system for children that set norms and standards for processes such as diversion, legal representation and sentencing (Boezaart, 2009:648).

The Act applies to all criminal offences, dividing them into three schedules based on the seriousness of the offence and each with different implications for the charged children (Boezaart, 2009:649). She discusses the following example: If a child has committed a first minor offence, the child may be diverted by the prosecutor before even appearing in court. However, if a child is charged with a schedule 3 serious offence, the child may only be diverted by the Director of Public Prosecutions after a range of conditions have been met.

The Act also makes provisions for various age groups, which are divided into the following three categories (Boezaart, 2009: 649–650):

- 1) Children below 10 years of age at the time of the commission of the offence. These children are handled according to the procedures of section 9 of the Act.
- 2) This category is the main category of persons to whom the Act is intended to apply, which include children aged 10–18 years, at the time of arrest or when the summons or written notice was served on them.

- 3) The last category is children between the ages of 18–21 years, who committed an offence while they were under the age of 18 years. The Act believes that this category of persons is still young and can benefit from the Act.

All these age groups can benefit from this research which urges that their behavioural problems be addressed as early as possible, especially the group younger than 10 years and those without criminal capacity. The needs of these groups and the vital services aimed at addressing their behaviour and preventing the behaviour from escalating are discussed. It may also be found that a child within the criminal justice system is a child in need of care within the ambit of the Children's Act. The Act makes provision for a conversion to the Children's Court in terms of section 50 (Child Justice Act, 75 of 2008, 2010:Chap 7).

## **2.3 Theories and Theoretical Models**

In attempting to understand child disruptive behaviour problems, problem perception and help-seeking behaviour, the following main theories and models are discussed. Each will be discussed outlining its components and how it was used in the research:

### **2.3.1 Models of Help-Seeking**

In order to understand help-seeking behaviour, we need to understand the conceptualisation thereof to compare the current help-seeking behaviour of parents and teachers. Rickwood et al. defines help-seeking as:

The behaviour of actively seeking help from other people... it is about communicating with other people to obtain help in terms of understanding, advice, information, treatment and general support in response to a problem or distressing experience (cited in Cornally & McCarthy, 2011:281).

In most models of help-see, four help-seeking stages are prominent: *problem recognition*, *decision to seek help*, *service selection*, and *service utilisation patterns*. Within these stages, Nadler suggests that help-seeking involves three distinct elements: the person who is looking for help (parent or teacher), the problem for which help is sought (child disruptive behaviour) and the individual from whom help is required (professional services) (cited in Cornally & McCarthy, 2011:282).

Another way of explaining this theory is by means of the following figure and discussion, adapted from Cornally and McCarthy (2011:284), namely work by focusing on the need/problem, the source of help and the consequence.

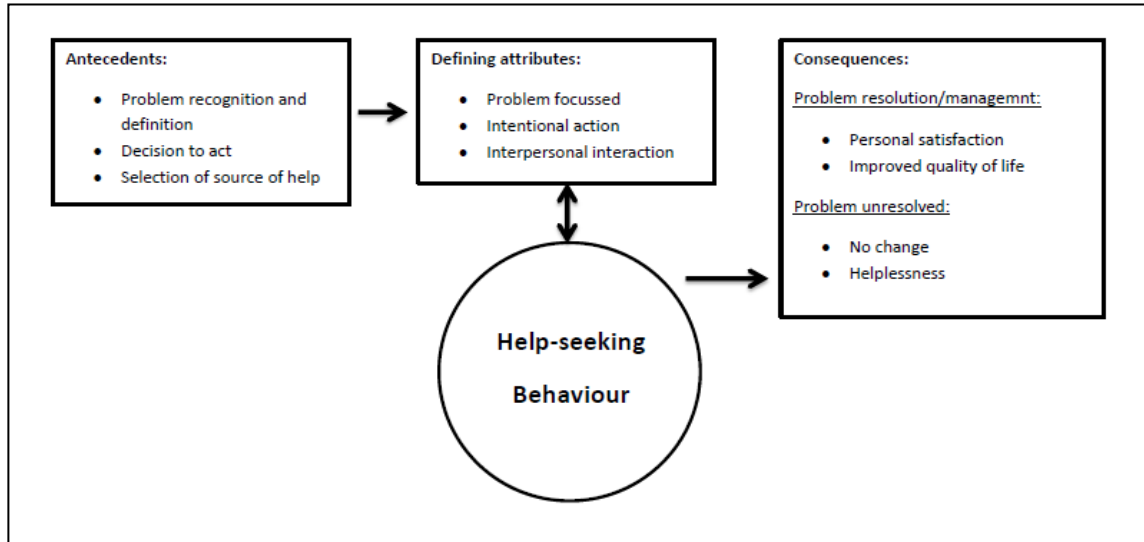


Figure 2: Help-seeking behaviour: Antecedents, defining attributes and consequences (Cornally & McCarthy, 2011:284).

- **The need / problem:**

According to Cornally and McCarthy (2011:284), the perceived need is most applicable to the process of help-seeking behaviour because the person identifies the problem for which help is sought. The decision to act on the need or problems is then influenced by several factors.

- **Source of help**

After the need or problem has been identified, the source of help is selected. Cauce et al. defines service selection as where or to whom individuals turn after identifying a problem and deciding to seek help (cited in Cornally & McCarthy, 2011:284).

- **Consequence**

Cornally and McCarthy 2011:285, argue that the most favourable outcome of help-seeking is 'problem resolution/management', which leads to personal satisfaction and the second obvious consequence is that the problem remains unresolved, leading to no change.

In conclusion: Cornally and McCarthy (2011:286) summarise help-seeking behaviour as:

the intentional action to solve a problem that challenges personal abilities. The complex decision-making process begins with the recognition and definition of a problem, which leads to the decision to act, and this is influenced principally by social cognitive factors. Once a behavioural intention is formed, the person moves to selecting a source of help, makes contact and discloses the problem in exchange for help.

This model was used to identify the need of the participants in terms of child disruptive behaviour. After their needs were identified and specific behavioural problems could be identified, sources of help and whom they turn to in order to assist with a child's disruptive behaviour was explored. Lastly, this model was used to determine the consequence of their help-seeking behaviour, identifying whether the problems were resolved.

### **2.3.2 Threshold Model**

Hankinson (2009:4) has already mentioned that help-seeking decisions begin with problem perception. She adds that it is also important to study the lens by which society, including parents and teachers, views the problem (behaviour) to determine whether or not a parent perceives that a child's problem is serious and decides to seek help (Hankinson, 2009:4). This lens will differ for individuals from different cultures in relation to their threshold for child problems (Hankinson, 2009:4). Weisz et al. (1988:601) also add that the degree of distress faced by the parent or teachers will determine whether or not a help-seeking initiative is taken. In other words, determining when the threshold is reached (cited in Hankinson, 2009:4).

Another aspect that can have a bearing on a parent or teacher's threshold is cultural values that interact with expected norms (Weisz et al., 1988, cited in Hankinson, 2009:6). An example is found in previous studies by Weisz et al. (1988) and Lambert et al. (1992) who found that culture had a profound effect on parents, teachers and psychologist perceived seriousness, worry, possible improvement and typicality of behaviours in America, Thailand and Jamaica (cited in Hankinson, 2009:6).

The threshold model determines that certain types of behaviour, as well as a child's gender, may play a role in different thresholds. An example is that externalizing problems, such as aggression and hyperactivity, are more distressing for parents and teachers and therefore they are more likely to

recognize these problems and refer children more quickly for treatment (Hankinson, 2009:5). Other studies (Hartung & Widiger, 1998; Keenan & Shaw, 1997) also found that boys tend to have more externalizing problems than girls, and therefore parents may have lower thresholds and refer boys more quickly (cited in Hankinson, 2009:5).

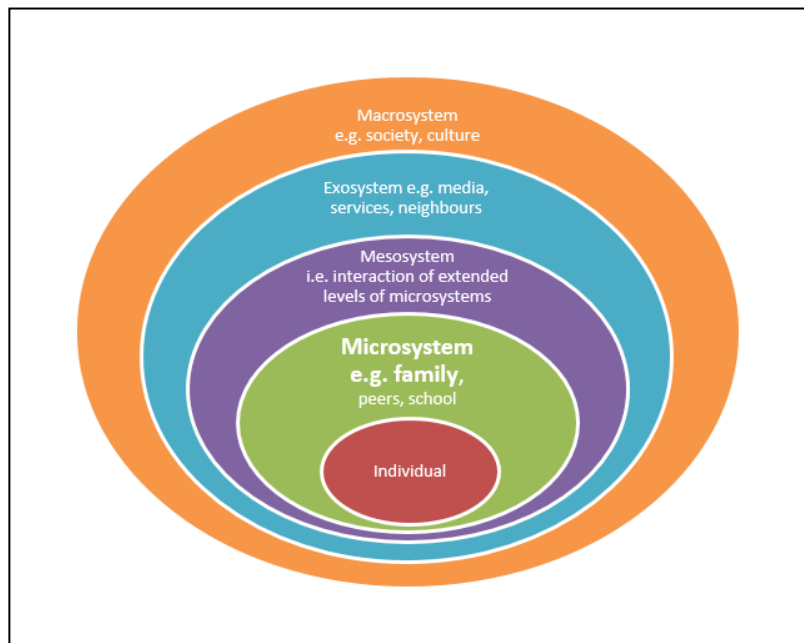
A few other studies have also examined multiple thresholds in help-seeking. In a study by Arcia and Fernandez (2003), it was found that 'mothers went through several threshold stages including noting symptoms, becoming concerned, and reaching a "saturation point" of problem acknowledgment before deciding to seek help' (cited in Hankinson, 2009:6). Authors like Bussing, Zima, Gary and Garvan (2003) and Shah et al. (2004) studied two threshold levels, including labelling the problem as problematic and needing professional intervention (cited in Hankinson, 2009:7).

This theory was used in the research to determine when and for which behavioural problems the participants reached a threshold. This helped to identify the behavioural problems that can be the focus of prevention and early intervention on the continuum of care. The study further focused on the seriousness of certain behavioural problems and whether participants perceived these behaviours as serious, whether the behaviour was alarming to them and whether they were angry about the behaviour as contributing towards their threshold.

### **2.3.3 Ecological Theory**

According to Bronfenbrenner (1979), the ecological perspective divides the development and interaction of the human and the environment, into different levels, (cited in Louw, 2008:42-43). These levels of interaction are identified as (1) the individual or micro level; (2) the family or meso level; (3) the socio-structural system or exo level; and (4) the cultural context or macro level, as illustrated in Figure 3.

This theory will assist in analysing child disruptive behaviour, problem perception and help-seeking behaviour by focusing on the influences of the different levels on each topic. Important influences, such as the family, school, community, norms and beliefs, may play a significant role in how problems are perceived, whether or not help is sought and from which source.



*Figure 3: Bronfenbrenner's representation of the ecological model*

Friends, family members, teachers or other individuals from the community are usually the first to hear about children's emotional and behavioural difficulties rather than mental health professionals (Srebnik et al., 1996, cited in Eiraldi, Mazzuca, Clarke and Power, 2006:615). 'Research has shown that the size, composition and degree of influence of social networks on families differ according to families' ethnicity' (Eiraldi et al., 2006:615).

Bronfenbrenner's (1986) ecological system model therefore provides a theoretical framework for analysis (Eamon & Altshuler, 2004:23). 'This model recognises that developmental outcomes, including behaviour problems, are determined by simultaneous interactions at multiple levels of the environment' (Eamon & Altshuler, 2004:24). Social workers can be guided in addressing disruptive behaviour problems through this framework of 'multi-layered and reciprocal nature of child, family, peer, neighbourhood, and school factors in development' (Eamon & Altshuler, 2004:23).

This theory is used in the research to identify the influences and roles of various structures within the family and how these may influence certain behaviour, escalate behaviour or be a source of help to the participants. They were also asked to identify their sources of help, which were analysed according to this theory.

### **2.3.4 System Theory**

General systems theory links to the ecological model and emphasises that a system can only be understood as an integrated whole and not as a set of discrete elements, since elements do not necessarily behave individually as they would in a specific context (Marais & Meier, 2010:42). The complex relationships between elements in a system are thus key to understanding the system (Marais & Meier, 2010:43). Social systems include families, schools and society that interact with each other and are dependent on and influenced by each other (Laszlo, 1972:48 cited in Marais & Meier, 2010:42).

Jacobson's research (2013:59) revealed that she found that a child's family support system can play an important role in their success in school. She made the following observation that the responsibility to help organise and see that homework is completed is placed on the learners' caregivers, but if a child has an inattentive parent, it is left to learn those skills without adult support or modelling. This support can be in the form of the parent helping with homework or helping a child to set his alarm clock.

The educators acknowledge that if family support is not present at home various forms of disruptive behaviour are more likely to occur with those learners (Jacobson, 2013:59). Within this research topic, child disruptive behavioural patterns, problem perception and help-seeking behaviour can all be explained by understanding how these elements interact, are dependent on and influenced by each other and other relevant factors. This theory was used to analyse the sources of help and to understand how these systems interact. The theory was also used in problem perception and to establish how systems may influence this perception.

## **2.4 Conclusion**

The chapter gave a broad outline of the policy, legislation, theories and theoretical models that are relevant to the research topic. The next chapter will discuss the literature relevant to the research objectives of this study.

## **CHAPTER THREE: CHILD DISRUPTIVE BEHAVIOUR, PROBLEM PERCEPTION AND HELP-SEEK BEHAVIOUR**

### **3.1 Introduction**

In the previous chapter an overview was given of literature pertaining to policies and legislation and theories and models in the research study. In this chapter, literature is discussed that are linked to the main research objectives of the research. The first objective is to explore child disruptive behavioural problems. The nature of disruptive behaviour will be discussed, focusing on classroom behaviour, behaviour disorders and criminal behaviour. After this, the contributing factors to child disruptive behaviour will be discussed. Finally, the disciplinary measures that are in place to address this behaviour will be examined.

The second objective is to explore problem perception that will focus on parents and teachers' problem perception, specifically the difference in externalising and internalising behaviours. The role of parental knowledge and competence will also be discussed and how this may influence problem perception. The last objective would then be to explore help-seeking behaviour. This is discussed in line with the help-seeking model, focusing on the need/problem that is identified, the sources of help to address this need and, lastly, the consequence of the help-seeking behaviour that could lead to problem solutions or no change in the situation.

### **3.2 Child Disruptive Behaviour Problems**

#### **3.2.1 The nature of child disruptive behaviour problems**

Gordon and Browne (2004:639) give a short definition of disruptive behaviour by stating it merely as inappropriate behaviour (cited in Marais & Meier, 2010:43). For the purpose of this research, concepts such as misconduct, misbehaviour and disruptive behaviour are treated under the scope of child disruptive behavioural problems (Marais & Meier, 2010:43).

- **Disruptive behaviour in the classroom**

When focusing on the nature of behavioural problems that are faced, White et al. (2001), stated that 'the most difficult dilemma facing elementary schools is "troubled" behaviour' (cited in Jacobson,

2013:5). Mabeba and Prinsloo (2000:24), further, found that disruptive behaviour is attributed to disciplinary problems in schools that affect the fundamental rights of the learners to feel safe and be treated with respect in the learning environment (cited in Marais & Meier, 2010:43). Elementary schools are therefore the focus of this research to identify these behavioural problems that can be addressed in prevention and early intervention services.

Jacobson (2013:2) has also found that behavioural problems in elementary schools have become an increasing concern for educators, school personnel and mental health practitioners because more time is spent on discipline. Naturally, this affects other learners in the classroom. Other authors, like Rosenberg and Jackman (2003), agree that 'teachers are spending more time on discipline than on classroom instructions due to an increase in off task and poor behaviour' (cited in Jacobson, 2013:2). Whilst learner discipline does constitute a problem in schools, Serame et al. (2003:2) found that it is the relatively minor forms of misbehaviour that dominate. This research can therefore contribute towards identifying these minor forms of behavioural problems early and assisting teachers to address this behaviour before it escalates.

When categorising the nature of behavioural problems, Rossouw (2003:423) identified the 'less serious' types of misconduct as disobedience, tardiness, noisiness, homework not done, and refusal to keep quiet while educators are talking. More serious disruptive behaviour that negatively affects both the emotional and physical experiences of learners in the school is bullying, defined for the South African context by Naser et al. (in Booyens, 2003:35) as intentional, hurtful words or acts or other behaviour repeatedly visited upon a child or children by another child or children (Marais & Meier, 2010:44). Research by Bott (2004:9) found that several learners reported that they were frequently called names in the classroom and on the playground, and that they felt ashamed and humiliated by the experience of being called those names (cited in Marais & Meier, 2010:44).

- **Disruptive behaviour classified as behaviour disorders**

Some behaviour can also be classified as behaviour disorders. The American Psychiatric Associations (DSM-V 2013) identifies the following challenging behaviour patterns: ADHD (Attention deficit hyperactivity disorder), oppositional defiant disorder, conduct disorder and aggression in children and adolescents, which Vogel, (2008:17) found that some of the behavioural disorders often arise in clusters with other forms of misbehaviour. Hankinson (2009:9) also found that the highest reports of problems and impacts were for children with ADHD and the lowest for children with anxiety problems.

'The early intervention and detection of childhood mental health disorders has been found to increase effectiveness of treatment and being aware of the sources of disruptive behaviour can more efficiently help children with their mental health needs' (Jacobson, 2013:7). This research also seeks to identify behavioural problems early on in order to render service more efficiently.

- **Disruptive behaviour escalating to criminal behaviour**

Finn, Pannozzo, & Voelkl (1995) have stated that it gets harder to change a pattern of learning habits and behaviour in the classroom as a student gets older (cited in Jacobson, 2013:9). An example may be drawn from studies by various authors (Brewster & Railsback, 2001, Farrington, 1993, Olweus, 1997), who found that those identified as bullies at school are more likely to be convicted for a crime by early adulthood (cited in Protogerou & Flisher, 2012:122). Another concerning factor is that apart from some serious forms of misconduct, some other forms of deviant behaviour could also be classified as criminal offences (Oosthuizen, Wolhuter & Du Toit, 2003:474).

All social workers need to identify factors that are associated with disruptive behaviour in preventing the development of poor school achievement and subsequent poor adult outcomes (Eamon & Altshuler, 2004:23). Various researchers (National Centre for Education Statistics, 2002; Vernez, Krop, & Rydell, 1999), have also found that behavioural problems in school are an important precursor of unsuccessful adult functioning (cited in Eamon & Altshuler, 2004:23). Fraser (1997) adds that 'low academic achievement can lead to poverty, criminal behaviour, substance abuse, sexually transmittal diseases and higher rates of suicide' (cited in Eamon & Altshuler, 2004:23).

Researching the early identification of behaviour problems is not only beneficial to prevention and early intervention services but may also result in savings for the state. "Dropping out of school, heavy drug use, and a criminal career are estimated to incur costs between 1.7 and 2.3 million dollars in the United States' (Petitclerc & Tremblay, 2009:223), these being the most severe manifestations of disruptive behaviour. According to the Global Peace Index, South Africa is found to be the 10th most violent and 19th unsafest country in the world, compiled by the Institute for Economics and Peace (IEP) (Information available from their website: BusinessTech, 2017). This index found that the national cost of violence in South Africa is at 19% of the country's GDP – the 16th highest rate in the world resulting in the total violence containment cost in South Africa amounting to R989 billion in 2016 (Information available from their website: BusinessTech, 2017).

The prevention of disruptive behaviour may, therefore, 'potentially reduce not only the child's and their family's suffering but also substantial public costs' (Petitclerc & Tremblay, 2009:223).

### 3.2.2 Contributing Factors to Child Disruptive Behavioural Problems

According to Jacobson (2013:25), many diagnoses contain many variables that influence behaviour. Some of these variables will be discussed below, starting with the role of nature vs nurture. Bezuidenhout and Joubert (2003:5) found that past environmental (nurture) factors played a more significant role in the causation of misbehaviour in children and youths than inborn (nature) factors. Nature and nurture are both major forces in human development, as well as in the behaviour that is demonstrated (Clarke-Stewart et al., 1985:5, cited in Bezuidenhout & Joubert, 2003:5).

Others, like Campbell, 1995, Loeber & Hay, 1994, Patterson, Reid and Dishion, 1993 and Reid, 1993, have traced disruptive behaviour back to externalising behavioural problems that have developed in the preschool years in the context of dysfunctional family interaction (cited in Gardner, Sonuga-Barke & Sayal 1999:1185). During these school years poor behaviour affects children's development in many areas: it results in their poor academic achievement, alienates them from their parents and puts a lot of pressure on siblings at home (Vogel, 2008:17). This research targets primary schools in order to study the behaviour of young children, which can still benefit from prevention and early intervention services.

Parents of these young children can also benefit from this research, since another strong relationship was found between emotional insecurity, disruptive behaviour and academic difficulties (Vogel, 2008:20). Some writers have argued that positive parenting practices might actually prevent the development or display of child misbehaviour (Russell & Russell, 1996:292). This, in turn, will also assist teachers who have recognised that 'learners were not able to learn efficient coping skills so, in turn, disruptive behaviour resulted in the classroom' (Jacobson, 2013:39).

Children spend much of their day in school and therefore teachers play an important role in identifying behavioural problems and their causes. In summary, some of the prominent causes of misconduct that exist in schools are revealed as the following internal factors in Rossouw's (2003:425) research:

- The male-female ratio of the staff seems to have an influence on the disciplinary climate in schools, as it is evident that where there are a higher percentage of male educators, there are fewer disciplinary problems.

- Learners often have a negative influence on one another — the group often admires and imitates those individuals who are unruly and arrogant.
- Large numbers in classes cause disruptive behaviour and some educators have difficulty in controlling large groups.
- When educators are absent from classes, lack of discipline may prevail. This absence is due to numerous reasons ranging from mere tardiness, too many co-curricular duties and other causes, including teachers' union activities during school hours and HIV/Aids-related illness.
- Human dignity is not respected by some learners. This leads to the victimisation and bullying of younger learners.
- Prescribed processes in terms of legislation pertaining to disciplinary action against learner misconduct prevent immediate strong action that causes further disruption. Some respondents mentioned that 'due process procedures that are like those utilised in labour relations, are inappropriate for learner discipline'.
- The implementation of Outcomes-based Education may cause those learners with the inclination to misbehave to misuse the less formal atmosphere during group sessions.

The external causes of learner misconduct that Rossouw (2003:425–426) identified can originate outside the school itself. Interviews revealed that several serious external causes have a direct impact and negative influence on a school (Rossouw, 2003:425–426):

- Many schools report that there is 'a total or partial lack of discipline maintained by parents at home and that this is one of the major reasons for disruptive behaviour in schools. Some of these parents feel helpless, as one learner observed: 'Teenager parents are afraid of their children and do not want to be unpopular'. Some parents expect the teaching profession to solve their problems, even though many are apathetic towards and disinterested in school and educational matters themselves.
- Serious, traumatic experiences such as alcohol and drug abuse, sexual abuse, exposure to pornography and assault result in disruptive behaviour at many schools.
- Principals in lower socio-economic areas report that unstable or dysfunctional homes caused inter alia by poverty, disinterested or illiterate parents, have a negative influence on school discipline. 'HIV/Aids have an enormously destabilising effect' some educators added.
- Lack of care in homes across all socio-economic levels causes some learners to look for attention through misbehaviour, or to their failure to prepare homework properly.

- Bad relations with specific educators (individually or as a class group) are caused by the personality or approach of the educator. Victimisation of specific educators by groups of learners was also reported.
- The obvious decline in discipline, according to some respondents, originates in the community rather than in schools, and it does have a major influence on a school and the disciplinary climate in a school.
- Parents show a lack of tolerance and respect towards government authorities as well as educators, and some have a *laissez-faire* approach towards child education.
- Parents expect schools to teach their children proper conduct, but do not realise or admit their own responsibility.

These internal and external factors are both important in this research to identify what factors impact on the behaviour of these young children, and assist in the research into what this behaviour is and how to address this behaviour as early as possible to prevent the escalating thereof. Jacobson (2013:42–43) agrees and concludes in her research that generally an educator's point of view on the cause of behaviour, was deemed important. She noted that, although the problems appear in the classroom, they cannot be solved solely by treating the problem. One of her participants expressed her concern that 'as an educator I was just putting a "band aid" on a child's problem during school but cannot change the behaviour'. Teachers also believe that learners engage in behaviours for additional attention from the teacher or their peers. This research can shed more light on who to involve in addressing certain types of behaviour once the behavioural problems have been identified in this study.

### **3.2.3 Disciplinary Measures for Child Disruptive Behaviour**

The research will primarily look at schools within the Central Karoo area to investigate what behavioural problems are identified at the schools or at home, and how teachers or parents address these problems. Further, to create a background to some of the most prominent disciplinary measures used, previous findings will now be discussed. Disciplinary measures are believed to be an important aspect in this study, since Boezaart (2009:52) has found discipline to be essential for effective teaching and learning.

Within the classroom discipline is used to create a respectful atmosphere, although the contrary has been found in South African schools, which are described as 'unsafe with the learning environment

being disorderly and disruptive' (Boezaart, 2009:502). She further found that this is because 'learners may have a misconception that their fundamental rights protect them from any disciplinary measure at school' (Boezaart, 2009:502). The teacher should, however, make a decision regarding the best interest and wellbeing of co-learners as well, and balance this towards the rights of just one learner or a group when deciding how to respond to misconduct (Boezaart, 2009:520).

When disciplinary measures are further considered, we note that Boezaart (2009:503) has divided discipline into three categories since discipline in schools is believed to be not a single act, but should be planned:

- 1) Preventative – This type of discipline is concerned with basic rights and clear rules and consequences.
- 2) Corrective – This refers to educator's action that is carried out to correct disruptive, anti-social or deviant behaviour.
- 3) Supportive – This type of discipline is concerned with ensuring that 'correction' is received fairly and that positive working relationships are established with disciplined learners.

The specific aim of this research is to find ways of preventing behavioural problems, as stated in the first category, once the nature of child disruptive behaviour has been researched, rather than dealing with the problem after it has arisen. Ideally, learners would learn to behave well and comply with school rules and teachers would manage their behaviour in such a way that it promotes good behaviour that develops their self-discipline and self-control (Boezaart, 2009:503). One example of preventative discipline is a school's Code of Conduct.

Another method teachers may use is punishment is defined by Boezaart (2009:503) as 'a facet of discipline that involves actions taken in response to inappropriate behaviour in order to correct or modify behaviour and to restore harmonious relationships'. This involves 'a penalty of corrective measure for a person who is guilty of misconduct' (Boezaart, 2009:512). Punishment may be found in categories two and three. These categories will be used in this study to identify the measures that the participant uses to address behavioural problems.

Another way that the Department of Education is trying to deal with behavioural problems is by means of a document published, in 2000, *Alternatives to Corporal Punishment: A Practical Guide for Educators* that gives guidelines in terms of the Code of Conduct and learner misbehaviour (Boezaart, 2009:512—513). This includes the following:

1) *Misconduct in the classroom*. For example, punctuality, bunking class, incomplete homework, not responding to instructions, dishonesty with minor consequences. The guideline is to use verbal warnings, demerits, time-out, additional work or detention.

2) *Misconduct by breaking school rules*. For example, reoffending of level 1 conduct, not responding to discipline, smoking, leaving school, using abusive language, interrupting the teacher, disrespect towards another person, vandalism, dishonesty with serious consequences. The guideline here is to use higher authority to carry out disciplinary action, talks with the learners and parents or use of daily reports.

3) *Serious misconduct or serious violation of school codes*. For example, reoffending of level 2 conduct, injury towards another person, gambling, being severely disruptive in class, racist, sexist or discriminatory behaviour, pornography, bearing weapons, theft and cheating. The guideline for this behaviour is for the disciplinary committee of the school to act and give written warnings, impose suspension or refer the learner to a counsellor.

4) *Very serious misconduct or very serious violation of school codes*. This level includes reoffending of level 3 conducts, threatening another person with a weapon, intentional injury to another person, verbal threats, sexual abuse, selling drugs, possessing drugs, disrupting the entire school. The corrective guideline is to make use of a formal disciplinary hearing.

These guidelines may not be found in all schools, since educators who grew up in homes where punitive measures were used are more likely to use the same measures (Boezaart, 2009:520). These guidelines will be used to compare the disciplinary measures that are used in schools to address behavioural difficulties.

### **3.3 Problem Perception**

#### **3.3.1 Parents and Teachers' Problem Perception**

Teachers were chosen as participants for this study since Jacobson (2013:7) believes that

there is value in exploring educator's perceptions of the sources of disruptive behaviour, because educators are often the entry point for children who need additional support, as well as relying on their experiences to describe the child's behaviour for mental health evaluations.

Further, 'disruptive behaviour could be more apparent in schools, because how rules are enforced at home is different from how they are enforced at school' (Jacobson, 2013:41). This research can be beneficial to educators who sometimes have a great influence on a child's life, owing to the amount of contact educators have with learners (Jacobson, 2013:23).

Parents were also selected to form part of the research. Although a parent may not be as objective as a teacher may, she/he is also a key person in identifying disruptive behaviour. Parents were found to have exhausted all other options before they sought help or treatment for their children. In fact, sometimes parents see help-seeking as a threat to their own abilities and self-esteem (Raviv et al., 2003a, cited in Hankinson, 2009:9). Hankinson (2009:9) believes that parents' reactions to their child's behaviour could be related to whether or not they find the behaviour distressing enough to seek help.

- **Externalising Behaviour**

Previous research found that the participants were more likely to react to externalising behaviour, which is more distressing to parents and teachers, and which leads to referrals and treatment more often than internalising behaviour (Cornelius et al., 2001; Hartung & Widiger, 1998, cited in Hankinson, 2009:8). Externalising behaviour is also described as more 'observable, objective, socially undesirable, and disturbing' (Christensen, Margolin, & Sullaway, 1992, cited in Hankinson, 2009:8).

- **Internalising Behaviour**

Internalising behaviour is found to be less distressing because it is not as noticeable to parents and teachers, and if parents do not recognise these problems, they may not perceive their child's need (Hankinson, 2009:8). Poduska (2000) has therefore advised parents and teachers to pay attention and listen closely to children's needs (cited in Hankinson, 2009:8).

Hankinson (2009:49) further found that parents perceive internalising behaviour to be:

less worrisome, more likely to improve, and less unusual than externalising behaviour, while externalising problems are perceived as 'more serious because they were more overt, were associated with a higher burden on parents, and were more recognized by outside sources, including teachers' (Abidin & Robinson, 2002; Arcia & Fernandez, 2003; Douma et al., 2006; Sayal, 2006; Teagle 2002).

The study will specifically refer to internalising and externalising behaviour to investigate how parents and teachers perceive these kinds of behaviour and will then compare these findings to current research.

### **3.3.2 Parental Knowledge, Competence and Problem Perception**

Dichtelmiller et al. (1992) defines parental knowledge as 'an aspect of adult social cognition that comprises one's understanding of child development processes, care giving and childrearing skills, and developmental norms' (cited in Morawska, Winter & Sanders, 2009:217). During this research, the participants' parental knowledge was not tested but may have had an effect on how parents perceived a child's disruptive behaviour or the confidence with which they dealt with the behaviour, both of which may be relevant to this research.

Sanders and Morawska (2005) found that there is no clear explanation of the linkage or combined impact of parental knowledge on child development and behaviour, parenting competence and parenting self-efficacy (cited in Morawska, Winter and Sanders (2009:217). Morawska, Winter and Sanders (2009) then extended their research into the interaction between parenting knowledge and parenting confidence that may impact on disruptive child. They found that parents that are at risk of dysfunctional parenting because of their low levels of knowledge and confidence may benefit from interventions that specifically focus on knowledge and confidence (Morawska, Winter and Sanders, 2009:217).

Previous research by Jones and Prinz (2005) found that parents with high self-efficacy show higher parenting (cited in Morawska, Winter & Sanders, 2009:218). Most other studies (Williams et al., 1987; Conrad et al., 1992; Hess et al., 2004), though, could not find a direct link (cited in Morawska, Winter & Sanders, 2009:218). Bandura's (1989) self-efficacy theory explains that 'a person's knowledge about a

task combined with their level of confidence in their ability to complete the task will influence their behaviour' (Morawska, Winter & Sanders, 2009:218). In relation to this theory Conrad and colleagues (1992) found that a mother's knowledge was linked to her level of confidence.

This led them to find that high levels of confidence and knowledge led to positive parent-child interactions and high confidence levels, but low knowledge levels were found in mothers with low quality parent-child interactions (Morawska, Winter & Sanders, 2009:218). Conrad and colleagues further found that low levels of confidence were found to make no difference in parenting (Morawska, Winter & Sanders, 2009:218). They concluded that the second group of mothers were naively confident and did not understand the complex nature of parenting (Morawska, Winter & Sanders, 2009:218).

Hess and colleagues (2004) wanted to expand the research of Conrad and colleagues (1992) in order to predict disruptive child behaviour (Morawska, Winter & Sanders, 2009:218-219). They only found one study (Benasich & Brooks-Gunn, 1996) that researched the relationship between problematic child behaviour and parental knowledge (cited in Morawska, Winter & Sanders, 2009:218). Morawska, Winter & Sanders (2009:218-219) therefore expected 'that together, parenting knowledge and level of confidence in the parenting role would predict disruptive child behaviour'. This concludes that this previous research may be used as a background to assess the causal effect of parental skills on disruptive behaviour.

### **3.3.2.1 Demographic Variables and Parenting Knowledge**

Morawska, Winter and Sanders (2009:223-224), Conrad et al. (1992) and Hess et al. (2004) found that parents with higher income levels and higher education levels demonstrated greater parenting knowledge. During the research, the participants' education levels will be investigated to establish how this may affect child disruptive behaviour. Morawska, Winter and Sanders (2009:223-224) further found that knowledge was not significantly related to parental age or experience (number of children). The household structure will however be assessed in this research in relation to the disruptive behaviour problems that are identified.

The above results indicate that low confidence and knowledge levels may place parents at risk of dysfunctional parenting. If their knowledge can be increased, despite their low levels of confidence, the risk may be reduced and optimal child development is possible (Morawska, Winter and Sanders, 2009:223-224). This research can therefore contribute towards parents' knowledge on how to identify

behavioural problems earlier and how to deal with the behaviour in a preventative manner by early intervention with the help of professionals.

Because of high costs, rural locations, etc., it is difficult to facilitate training that focuses only on parents' skill in order to reduce dysfunctional parenting (Morawska, Winter and Sanders, 2009:223–224). Sanders et al. (2000), however, found that providing parenting information alone can decrease child behaviour problems, increase confidence and, according to Sanders (2006), can also decrease dysfunctional parenting strategies (Morawska, Winter & Sanders, 2009:225).

### **3.4 Help-Seeking Behaviour**

Several factors are related to whether or not parents and teachers seek help after perceiving that a problem exists. This research revealed that it is important to determine at which point the participants reach a threshold and seek help for child disruptive behaviour. This will identify the behaviours that can be addressed with prevention and early intervention strategies and assist in preventing the need for statutory services.

Rickwood et al. define help-seeking as:

The behaviour of actively seeking help from other people... it is about communicating with other people to obtain help in terms of understanding, advice, information, treatment and general support in response to a problem or distressing experience" (cited in Cornally & McCarthy, 2011:281).

Help-seeking behaviour is therefore put into motion by a problem that challenges personal abilities and leads to a complex decision-making process that is characterised by the following attributes: problem focused intentional action and personal interaction (Cornally & McCarthy, 2011:280). In order to understand help-seeking behaviour of educators, we need to look at the competencies of educators. Jacobson (2013:7) conducted her research on the confidence of educators when reacting to child misbehaviour and found it important to acknowledge that 'educators' training on child mental health disorders or common symptoms is different from that of a social worker; and the collaboration of social workers and educators is necessary for giving children the proper mental health services in a school setting'.

Jacobson (2013:63) also found that intervention and prevention have become necessary since the number of children with mental health needs is growing. Although the educators who participated had a sense of how to handle disruptive behaviour, she (2013:63) found it necessary for them to be better trained and educated further, since trauma can have an impact on children's behaviour bigger than educators or social workers may be aware of (Jacobson, 2013:28). It may be important for educators to be aware and knowledgeable of children's trauma histories, but their job remains teaching and not counselling children. Jacobson (2013:64) concluded that special educators, social workers and regular education social workers were important.

This research did not include teachers only, but also social service professionals like social workers who can benefit from it once the need has been identified. If professionals can address behavioural problems early on this may have an impact on the number of problems that the teachers have to deal with. The research can also assist the participants in identifying the early signs of disruptive behaviour before statutory intervention is necessary.

As previously discussed, Nadler further suggests that help-seeking involves three distinct elements: the person who is looking for help (parent or teacher); the problem for which help is sought (child disruptive behaviour); and the individual from whom help is required (the professional services) (cited in Cornally & McCarthy, 2011:282). However, these elements are influenced by several factors:

- **The Need/Problem**

Cornally and McCarthy (2011:284) state that: the perceived need is most applicable to the process of help-seeking behaviour, because the problem for which help is sought is identified by the person providing the help. The decision to act on the need or problems is then influenced by many factors, like demographic characteristics, fears, sociocultural norms and values, knowledge, expectations and attitudes. In addition, motivational factors such as self-efficacy, past help-seeking experiences, gender norms and failed self-management also play a role (Cornally & McCarthy, 2011:284). 'Economic disadvantage, poor school grades, parental psychopathology, and parental perceptions of problems' have been found by Flisher et al. (1997) to be associated with unmet needs (cited in Hankinson, 2009:1).

Throughout this research, the focus was on what the participants perceived as the need in terms of child disruptive behaviour and how this need can be addressed as early as possible. The participant's

perception may be influenced by a number of the above-mentioned factors, for example, demographic characteristics, norms regarding disruptive behaviour, knowledge and past help-seeking experiences.

- **Source of Help**

After the need or problem has been identified, the source of help is selected. Cauce et al., (2002) defines service selection as where or to whom individuals turn after identifying a problem and deciding to seek help (cited in Cornally & McCarthy, 2011:284). The source can be informal (for example, friends and family) or formal (social worker, psychologist). Natural support systems, like family or friends, involve lower costs and a lower threat to parental self-esteem; therefore, parents appear to prefer to seek natural support versus professional help (Raviv et al., 2003a, cited in Hankinson, 2009:18).

The study has investigated the participants' sources of help and whether they relied more frequently on formal or informal sources. The research has also focused on the barriers that may have an influence on help-seeking behaviour. These multiple barriers are identified as 'community and social network; service characteristics; societal factors and economic factors' (Eiraldi et al. cited Cornally & McCarthy, 2011:285). Past negative experiences were also found to be a significant barrier (Hankinson, 2009:18).

In addition, (Chen & Mak, 2008 and Leslie et al., 2003) found that racial, ethnic, and cultural differences are related to whether adults and children utilise and receive proper treatment (cited in Hankinson, 2009:1). Pavuluri, Luk, & McGee (1996) state that the most common barriers for parents was that they felt that they should be strong enough to handle their pre-schooler's behaviour problems on their own (cited in Hankinson, 2009:16).

A factor that is relevant to this research is the area that is surveyed, namely the Central Karoo, is a rural area. Lyneham and Rapee (2007) found that help-seeking behaviours may differ depending on whether a family lives in urban or rural areas (cited in Hankinson, 2009:3). They have found that within the rural areas, parents may rely on medical and school services, whereas in urban areas, people tend to use specialised and allied health services (cited in Hankinson, 2009:3). The study has used the social services professionals as participants in this research. These consisted of social workers, social auxiliary workers and the South African Police Service. This already may imply that there is not a broad range of resources for the parents to turn to.

The fear of stigmatisation may have an impact on parental decision-making towards help because of parents' limited knowledge (Eiraldi et al., 2006:613). However, once parents have decided to seek services, the type of service and its availability needs to be investigated in recognition of all the factors that hamper or facilitate help-seeking behaviour (Eiraldi et al., 2006:615). Goldsmith et al. (1988) assumed that 'the greater the number and severity of reported barriers to care, the higher the rate of unmet need' (cited in Eiraldi et al., 2006:615).

In summary, Hankinson (2009:3) states that although many factors hinder or facilitate the help-seeking pathways to service utilisation, parental perceptions of child problems continue to play the most prominent role in initiating pathways toward help-seeking decisions. She further states that it is important to distinguish between parental perception and a recognition of a child's problem, as parental perception of a problem is truly the first step toward help-seeking whether the problem is completely recognisable or present (Hankinson, 2009:4).

- **Involuntary Help**

Another scenario would be in instances help-seeking is not voluntary. Eiraldi et al. (2006:613) have found that although 'the decision to seek help generally involves a voluntary, rational decision-making process', the process may not be totally voluntary. Examples include cases in which treatment is required before children are allowed back in school (Cauce et al., 2002), or in cases of youth in the juvenile justice system who receive treatment while in detention (Garland et al., 2001; Wierson et al., 1992, cited in Eiraldi et al., 2006:613). In their work these authors discuss predisposing characteristics that are thought to influence parents to decide whether to seek help (Eiraldi et al., 2006:613).

Within the school context, Eiraldi et al., (2006:613) found that 'symptoms of hyperactivity and impulsivity (symptoms that seem to drive help-seeking behaviour), are usually reported in the preschool or early elementary school years when the child begins experiencing functional impairment in academic work'. Barkley & Biederman (1997) also found that 'symptoms of inattention, perhaps overlooked in earlier years, are usually reported in elementary school and through middle and high school' (Eiraldi et al., 2006:613). This shows that even if parents do not perceive a problem at first and seek help, it may be that the teachers will identify some behavioural problems that will lead to help-seeking on behalf of the parents.

Therefore, 'any social, economic or environmental pressures that can occur at the family, community, or at the larger society level can be barriers or facilitators to help-seeking behaviour' (Srebnik et al., 1996, cited in Eiraldi et al., 2006:615).

- **Consequence**

After help is sought, the consequences can be positive or negative. Cornally and McCarthy (2011:285) argue that the most favourable outcome of help-seeking is 'problem resolution'/management, which leads to personal satisfaction and the second obvious consequence is that the problem remains unresolved, leading to no change. Unfortunately, service underutilisation remains a major problem facing parents and their children with emotional and behavioural problems (Hankinson, 2009:1). This research is focused on identifying the behaviour which can be addressed before help-seeking on a statutory level is needed. The identified behaviour by the participants will also show whether they currently perceive a positive or negative outcome from service utilisation.

A typical cycle of misbehaviour that clearly shows a negative outcome is identified by Ratcliff et al. (2010) as follows:

1. The learner's misbehaviour.
2. The teacher's attempt to control misbehaviour.
3. The learner's persistence in continued misbehaviour.
4. The teacher retreating in frustration.
5. Increase in learner's misbehaviour (cited in Jacobson, 2013:13).

The gap in this cycle is that there is nowhere a point at which teachers get help for the child's misbehaviour. Jacobson's (2013:11) research was particularly interested in the educator's management of classroom behaviour and the reactive and proactive measures used. Her findings indicate that 'educators who more often used reactive strategies had more stress which was related to workload, learner misbehaviour and limited resources in the classroom'. The educators' reactive strategies were related to learners who were off task, something which was also indicated in the educators' reports that stated they had to manage learner behaviour five or more times a day and were required to use measures like non-physical punishment more often to control learner behaviour, including 'verbal reprimands and detaining the child' (Martin, Linfoot, & Stephenson, 1999, cited in Jacobson, 2013:12).

Educators who deal with learners with behavioural problems also needed to be supported. Jacobson (2013:50–51) found that participating educators were able to make use of some mental health services to various degrees of services at the schools, and that the principals also played a very supportive role if children were sent out of class or needed a referral to more mental health services. She found that:

educators were knowledgeable of the different steps to take or who to talk to if they were having behavioural difficulties in their classroom and that educators found support, working with mental health professionals and services provided to benefit the children who were having difficulty managing behaviours in the classroom (Jacobson, 2013:60;63).

Jacobson (2013:50) also remarked that

Social workers were therefore utilized in many instances for children who needed extra support”, because educators explained that “there was not enough time in the day for the educator to attend to all the children’s emotional needs and still be able to teach everything that needed to get done.

The study will also investigate the role that professionals play within the school structure, for it is to them that teachers turn to for help when they have to deal with disruptive behaviour and whether they experience relief.

### **3.5 Conclusion**

This chapter presented a broad discussion of child disruptive behavioural problems, problem perception and help-seek behaviour. The next chapter will discuss how the study was conducted to gain information on the research topic.

## **CHAPTER FOUR: RESEARCH METHODOLOGY AND DESIGN**

### **4.1 Introduction**

This chapter will discuss how the research was conducted by referring to the research design, sample, data collection and data analysis method. The chapter will also discuss the limitations, data verification, the main ethical considerations with protocols and the timeframe of the research study.

### **4.2 Research Design**

An exploratory qualitative research design was used to gain insight into child disruptive behavioural problems, problem perceptions and help-seeking behaviour in the Southern Cape Karoo District in the Western Cape. De Vos et al. (2005) define qualitative research as a 'multi-perspective approach to social interaction, aimed at making sense of, interpreting or reconstructing this interaction in terms of the meaning that subjects attach to it'. Babbie and Mouton (2012:271) add that its aim is to describe and understand, rather than to explain and predict human behaviour.

This study aimed to gain more insight and to understand child disruptive behavioural problems before a threshold is reached by parents and teachers and help is sought from social service professionals. Child disruptive behaviour patterns were analysed along a three-point continuum (from less severe — 'preventative'; to moderate — 'early intervention'; and most severe — 'statutory') based on problem perceptions of parents, teachers and social service professionals. In addition, the present study examined parents and teachers' problem thresholds to identify help-seeking behaviour and sources.

### **4.3 Sampling**

The sampling technique that was used is purposive sampling in an attempt to better understand human actions from the perspectives of social actors themselves. According to De Vos et al. (2005:328), non-probability sampling methods are used in qualitative studies because Denzin & Lincoln (2000) point out that the researcher seeks individuals and settings where the specific process is most likely to occur.

Purposive sampling is defined as choosing a particular case because it illustrates some features or process that is of interest for a particular study (Silverman 2000:104, cited in De Vos et al. 2005:328). It is for this reason that a total of 24 participants were selected. The sample consisted of eight female

parents, eight female teachers and eight female professionals working in social services with children. These participants were selected based on children displaying disruptive behaviour problems from Grades 1–7 (primary school) in the last six months. The schools in the area that participated were Acacia Primary School, Baartmansfontein Primary School, Buffelsriver Private Primary School and Matjiesfontein Primary School.

The participants were identified according to appropriation and availability. Parents and teachers were contacted to participate voluntarily in the research as well as social service professionals that consisted of social workers, social auxiliary workers and police officials from the Department of Social Development, Child Welfare SA and the South African Police Service. The study consisted of a broad range of child ages and therefore parental ages. Parent participants included biological and foster parents.

#### **4.4 Data Collection**

##### **4.4.1 Data Collection Tool**

Within the context of qualitative research, observation and interviewing are usually used to collect relevant data (De Vos, 2005:314). The data tool consisted of a predetermined set of questions on the interview schedules. The schedules were used as a guide to enhance flexibility during the interview for the researcher (De Vos et al., 2005:296).

Previous research done by Jessica Hankinson in 2009 in America on child psychopathology, parental problem perception, and help-seeking behaviours was used as a reference for creating the data collection tool since Hankinson also focused on child behavioural problems and used similar models in theories. In short, Hankinson's study focused on service underutilisation for children with emotional and behavioural problems and the role of parents in not perceiving or recognising their child's need. In Hankinson's study, she used vignettes to examine parental thresholds for problem perception and subsequent help-seeking behaviour. Hankinson also used various surveys and inventories in an online data collection method that further focused on parents' stress levels, competence, children's behaviour and attitudes towards service providers.

After Hankinson's research was examined, a similar data collection tool was created based on this research study's objectives and relevant to a South African context. Besides biographical information,

questions were asked relating to child disruptive behavioural problems, problem perception and help-seeking behaviour. Examples included the participants' being asked to describe the disruptive behaviour that they had encountered and how they commonly reacted to such behaviour. Their attitude towards help-seeking behaviour was also examined by means of statements.

The interview schedules were aimed at exploring the threshold model and help-seeking models, and questions were formulated using Hankinson's tool and literature relating to child behaviour. The interview schedules were bi-lingual and conducted mostly in Afrikaans to accommodate the participants' first language and data collected were translated into English.

#### **4.4.2 Data Collection Approach**

After a convenient location was identified for each participant, an in-depth face-to-face interview was done to observe the participants and to be alert and sensitive. The advantage of this approach is that it gives the participants some power to direct the interview, because according to Smith et al. (1995:9-26), the participant can be perceived as the expert and be given the opportunity to tell his/her story, cited in De Vos et al., 2005:296). Within qualitative research the contextual interest is the background against which to understanding events, actions and processes (Babbie and Mouton, 212:272). After the participants had signed the consent form, the semi-structured interview of on average 10–30 minutes per participant took place. The participants were thanked for their time. Incentives were not incorporated for the participants into the study.

#### **4.4.3 Use of Tape Recorder**

Permission was requested from the participants to record the interviews to prevent having to write the responses from disturbing the flow of gathering data. Smith et al. (1995:7) cited in De Vos et al. (2005:298) agree that a tape recorder allows for a better record than taking notes. The participants had the right to stop or pause the recording or not to record during the interview. The recording provided a better chance to be more attentive and assertive towards the participants.

#### **4.5 Data Analysis**

De Vos et al. (2005:333) define data analysis as the process of bringing order, structure and meaning to the mass of collected data. They also mention that creating categories is the heart of qualitative data

analysis. The researcher, therefore, does the final analysis of the data. The interviews were recorded on a Samsung A5 device and were transcribed into a word document on a computer. The transcribed data collected was first translated into English and verified by an independent person with English as first language. After the data was transcribed, read and re-read, the content was coded to develop units, themes, sub-themes, and categories, aided by the interview schedules that were used in all the interviews and relevant literature.

The primary patterns were then identified to establish the final categories that are discussed in line with the models and theories discussed in the previous chapter. The data was analysed according to the help-seek model in terms of the identified needs/problems of the participants in respect of child disruptive behaviour. After the disruptive behaviour was identified on the continuum of care, the analysis of their sources of help and to whom they turn in order to assist with a child's disruptive behaviour was done. Lastly, this model was used to determine whether the participants had positive or negative consequences in terms of their help seek behaviour.

The second theory used during data analysis was the threshold model to determine when and for which behavioural problems the participants reached a threshold. Figure 1 was used in this analysis to plot the behaviour identified before and after the threshold was reached. This model assisted primarily in identifying the behavioural problems that could be the focus of prevention and early intervention services.

The ecological model and systems theory were then used to analyse the sources of help that were identified by the participants and to establish whether formal or informal sources were used. This assisted with a better understanding of how the participants and these sources interacted, depended on and influenced each other, especially in problem perception. The data could be used to identify recommendations in terms of the needed or lack of service delivery.

#### **4.6 Limitations of this research**

De Vos et al., (2005:299) warns the researcher against several limitations. Some of the limitations of this study may be as follows:

- *Interviews involve personal interaction and cooperation of the participants is essential. The participants may be unwilling to share or their responses can be misinterpreted.*

The researcher made sure that the participants were understood and concepts that the participants used were clarified during the interview. The interviews were helpful in assisting to gather accurate and complete information. Monette, Sullivan, & DeLong (2011) also state other factors that make an interview an appealing qualitative research gathering technique (cited in Jacobson, 2013:33). The interviewer had the opportunity for clarification during the interview process, and the interviewer could use observable nonverbal communication if it were needed in the research (Jacobson, 2013:33).

- *The research findings are not generalisable to the broader population with such a small sample.*

This is not the aim of the researcher, but rather to explore and understand the topic within the context of the participants.

- *The researcher's biases can influence the research findings.*

The researcher was aware of her own biases and subjectivity. Jacobson (2013:33) also identifies that there were some forms of a working or previous relationship between her and some of the participants that could have altered the interview based on familiarity with her, the researcher was aware of this and made the participants comfortable, which led to openness during the interview.

- *Data collection is mostly influenced by the researcher's skills on interviewing, data collection and data analysing.*

The researcher is a qualified social worker. These skills avoided some of these hazards to ensure professional conduct.

- *A tape recorder can be obtrusive and may cause uncomfortable feelings in the participants and the researcher.*

Participants had the right not to use the tape recorder.

## 4.7 Data Verification

Marshall and Rossman (1995), cited in De Vos (2005:345), refer to the trustworthiness of the project, looking at its credibility, transferability, replicability and reflexivity. Lincoln and Cuba describe some alternative constructs (cited in De Vos et al., 2005:346) which will be discussed below:

- *Credibility* – Does it “ring true”? (Babbie & Mouton, 2012:277). It refers to whether the participants are accurately identified. Following the conceptual framework and literature review, various points of view was used on the topic with different participants including parent, teachers and social service professionals. To ensure referential adequacy a tape recorder was used to document the findings (Babbie & Mouton, 2012:277).
- *Transferability* refers to ‘the extent to which the findings can be applied in other contexts or with other participants’ (Babbie & Mouton, 2012:277). The aim was to generalise the findings from the sample to the targeted population. Purposive sampling was therefore used that allowed a wide range of specific information that could refer back to the concepts and theories stated in the literature review.
- *Dependability* attempts to account for changes (De Vos et al., 2005:346). The qualitative assumption is that “the social world is always being constructed” (De Vos et al., 2005:346-347). In other words, if the study were repeated with the same or similar participants and in the same or similar context, the findings should be the same or similar (Babbie & Mouton, 2012:278). A supervisor has examined the documentation. Babbie and Mouton (2012:278) also believes if credibility is proven, it is not necessary to prove dependability.
- *Confirmability*. Lincoln and Cuba ask whether the findings can be confirmed by another? (De Vos et al., 2005:347). Babbie and Mouton (2012:278), add that the research findings should be focussed on the inquiry and not on the biases of the researcher. The supervisor could also illuminate any biases that may have arisen. Confirmability is achieved by reviewing the raw data from the recordings; analysis notes; and data notes on themes, findings and conclusions.

## 4.8 Ethical Considerations

Ethical considerations were acknowledged and planned for, which are identified by different authors. These considerations are discussed by De Vos et al. (2005:58-67) as follows:

➤ *Avoidance of harm*

Participants can not only be harmed in a physical manner but also in an emotional manner. Participants were protected because personal information was explored and it was expected of the participants to recall certain events during the interview. Interview was conducted in the most sensitive way possible by being assertive towards the participants. The interviews were conducted in a private setting to protect the participants. Protocols were put in place in terms of children in need of care and protection according to section 150 of the Children's Act 38 of 2005.

➤ *Informed consent*

It is necessary to ensure that the participants are fully informed and take part in the research on a voluntary basis. A thorough explanation was given of the purpose and processes to obtain informed consent from the participants. Consent forms was provided to the participants to sign and the participants still had the right to withdraw at any point during the research.

➤ *Violation of privacy/anonymity/confidentiality*

The participants received aliases to protect their anonymity. They were reassured about the confidentiality of their disclosures and their anonymity with regard to the reporting of the findings. The participants were also informed not to disclose any information relevant to criminal behaviour. Protocols was explained in cases of children in need of care and protection. A confidentiality agreement was signed by the researcher to protect the information obtained from the participants.

➤ *Actions and competence of researchers*

The researcher is a qualified and registered social worker with relevant interviewing skills. These skills were used optimally to ensure that the participants were comfortable and that they were protected from harm.

➤ *Release and publication of findings*

During the research interviews, the participants was informed of the process of transcribing the interviews and using the information in the findings of the research report. The participants were given the opportunity to agree to this process and will have access to the transcriptions and research report on request.

#### **4.9 Protocols**

The research focuses on children's behaviour, a vulnerable group. The researcher is a qualified social worker and would therefore not dismiss any suspicion of a child in need of care and protection that could lead from this research. A protocol was set in place to ensure that legislation is followed in terms of children in need of care and protection in terms of the Children's Act 38 of 2005. Before the interview, participants were informed during data collection of this protocol.

If it was suspected that a child was a child in need of care and protection, the following protocol would be adhered to:

- As soon as there is a suspicion or confirmation of a child in need of care and protection, according to Section 150 of the Children's Act 38 of 2005, the interview will stop and the participant will be informed that the case will be referred.
- The suspicion of confirmation of a child in need of care and protection will then be reported to the area social worker for further investigation since children are a vulnerable group and the researcher wants to avoid exacerbating their problem behaviour.

#### **4.10 Timeframe**

The investigation of the research was conducted from 26 January 2015 until 31 December 2016. The research proposal was finalised by 30 June 2015, including the first three chapters on the introduction, literature review and methodology. An MOU was signed by the researcher and her supervisor by 30 March 2015. The researcher then developed the interview schedule and recruited participants by 31 October 2015. Data was collected through the data collection approaches and tools from 1 November 2015 until 31 August 2016. Data analysis was done from 1 September 2016 until

31 October 2016. The findings and recommendations chapter was then written and the first draft was submitted by January 2017 and the final dissertation by March 2017.

#### **4.11 Conclusions**

The way the research was conducted was illustrated in this chapter. The study used an exploratory qualitative research design to gain insight into child disruptive behaviour problems, problem perceptions and help-seeking behaviour in the Southern Cape Karoo District in the Western Cape. A purposive sampling technique was used to select the participants according to appropriation and availability. Parents and teachers were contacted to participate voluntarily in the research from schools in the area and social service professionals who participated consisted of social workers, social auxiliary workers and police officials.

Data was gathered by means of a semi-structured interview schedule administered during individual interviews. Data analysis was done according to relevant categories that were identified in relation to this study's literature review, models and theories. The limitations, data verification and ethical considerations were clearly outlined in this chapter to create a protocol for addressing the objectives of the study in line with legislation related to the protection of children.

## **CHAPTER FIVE: A PRESENTATION AND DISCUSSION OF THE FINDINGS**

### **5.1 Introduction**

This chapter presents the findings of the semi-structured interviews conducted with the 24 participants in the study. The chapter begins with a presentation of the demographic profile of the participants in Tables 1–4. This is followed by the framework for the analysis that was formulated using Tesch's (1990) approach as a systematic means of organising the data, as presented in Table 5.

The data was analysed and coded into categories within the themes that were developed from the research objectives and questions of this study, as found in Table 5. The three themes are: 1) child disruptive behaviour; 2) problem perception and 3) help-seeking behaviour. This is followed by a presentation and discussion of the findings of this study. In the presentation, each theme and category is introduced substantiated by quotations from the transcripts of the interviews with the participants, and then linked to the related research and literature.

### **5.2 Demographic Profile of the Participants**

The participants in this study lives in the Central Karoo District of the Western Cape. They consist of parents, teachers and social service professionals working with children. The schools in the area that participated were Acacia Primary School, Baartmansfontein Primary School, Buffelsriver Private Primary School and Matjiesfontein Primary School. The social service organisations that participated were the Department of Social Development, Child Welfare SA and the South African Police Service in Laingsburg.

The demographic profile of the participants is presented in Tables 1 and 2:

<b>Participant</b>	<b>Age</b>	<b>Race</b>	<b>Employment Status</b>	<b>Educational Experience</b>
R01	25	White	Teacher	Tertiary
R02	55	White	Teacher	Tertiary
R03	70	White	Teacher	Tertiary
R04	28	White	Teacher	Tertiary
R05	26	White	Teacher	Tertiary
R06	60	Coloured	Teacher	Tertiary
R07	45	Coloured	Teacher	Tertiary
R08	23	White	Teacher	Tertiary
R09	29	Coloured	Social Auxiliary Worker	Tertiary
R10	28	Coloured	Social Auxiliary Worker	Tertiary
R11	37	White	Police Official	Tertiary
R12	30	Coloured	Social Worker	Tertiary
R13	36	Coloured	Social Worker	Tertiary
R14	35	Coloured	Police Official	Grade 10-12
R15	62	White	Social Worker	Tertiary
R16	31	Coloured	Social Auxiliary Worker	Tertiary
R17	42	White	Customer Care	Tertiary
R18	31	Coloured	Farm Worker	Grade 8-9
R19	31	Coloured	Farm Worker	Grade 8-9
R20	38	White	Educational Assistant	Grade 10-12
R21	31	Coloured	Cleaner	Grade 8-9
R22	46	Coloured	Cleaner	Grade 4-7
R23	38	Coloured	Unemployed	Grade 4-7
R24	44	Coloured	Unemployed	Grade 1-3

The demographic profile in table 1 illustrates the participant's age, race, employment status and educational level. All the participants were female. The average age of the participants are 38 years, with the youngest being 23 years old and the oldest, 70 years old. The majority (58%) of the participants are coloured and 42% are white.

Most of the teachers and the professional participants (96%) had tertiary qualifications and were employed as teachers (33%), social workers (13%), social auxiliary workers (13%) and SAPS officials (8%). The parents had various educational qualifications. Only 13% of the parents had a tertiary qualification and a total of 13% had completed Grade 10-12. The majority (38%) of the parents had complete school up to Grade 8-9; 25% completed Grade 4-7 and 13% completed Grade 1-3. Most of the parents (75%) were employed with 25% being unemployed.

The participant's demographic profiles illustrate that they have a vast age range and different racial groups. They also have various relationship and employment statuses. The participants' educational experience levels range from Grade 1 up to tertiary level.

Participant	Children living in their home			Ages of children	Gender of children		Hours spent with children	
	Biological	Family	Other		M	F	Week-days	Week-end
R01	0	0	0				7	0
R02	0	0	0				7	0
R03	0	0	0				10	0
R04	0	0	0				7	0
R05	0	0	0				6	0
R06	1	1	1	17	1		24	24
R07	0	0	0				7	2
R08	0	0	0				8	4
R09	1	0	0	8	1		6	24
R10	1	0	0	3		1	4	7
R11	2	0	0	8; 12	1	1	18	24
R12	0	0	0				2	0
R13	0	0	0				3	0
R14	4	5	0	2; 2; 6; 9; 9; 12; 12; 13; 17	5	4	7	7

Participant	Children living in their home			Ages of children	Gender of children		Hours spent with children	
	Biological	Family	Other		M	F	Week-days	Week-end
R15	0	0	0	-	-	-	1	0
R16	1	0	0	4	1		24	24
R17	2	0	0	8; 12	1	1	8	24
R18	3	0	0	3; 8; 12	3		0	24
R19	2	0	0	2; 7		2	3	24
R20	1	0	0	10	1		24	12
R21	2	0	0	4; 11	2		3	24
R22	2	0	0	8; 14	2		3	24
R23	4	0	0	6;8;12;17	3	1	4	6
R24	4	2	3	4;9;10;12;15; 16;16;17;18	2	7	24	24

The participants had an average of one biological child living with them, ranging from 0-4 children per household. The participants also had 0-5 children from their families living with them and 0-3 other children – which were foster children in the family. The average number of children living in a household was two; with nine children in total as the highest number and zero the lowest per household. There was an average of one male child and one female child in the household. The participants spent an average of 9 hours per weekday and 12 hours on a weekend with children.

A variety of households with a variety of children living with them in terms of the amount, age and gender. The participants also spent various hours with the children in their households over week days and weekends. The time spent with the children also indicates that the participants would be able to identify child disruptive behaviour out of their own experiences in their households and in their communities. The participants can therefore contribute to achieving the objectives of this study.

### 5.3 Data Analysis

An analysis framework is presented in Table 5, using Tesch's (1990) approach as a systematic means of organising the data. The focus of the study was derived from the research questions and objectives that, in turn, led to the development of the themes. This approach assisted in the interpretation of data and the identification of relationships between categories, which led to the understanding of both the separate data and the whole interview.

The analysis focused on investigating commonalities and variations between answers to the same questions. Trends were identified and the most frequently mentioned ideas were included in the categories. However, some minority comments have been included because of their unique value and relevance to the study.

Table 3: The framework for analysis

Themes	Categories
Theme 1: Child Disruptive Behaviour	<ul style="list-style-type: none"> <li>• Description of disruptive behaviour</li> <li>• Reaction towards disruptive behaviour</li> <li>• Perceived competency in dealing with disruptive behaviour</li> </ul>
Theme 2: Problem Perception	<ul style="list-style-type: none"> <li>• Internalising behaviour</li> <li>• Externalising behaviour</li> </ul>
Theme 3: Help-seeking Behaviour	<ul style="list-style-type: none"> <li>• Attitude towards professional services</li> <li>• Threshold behaviour</li> </ul>

The findings are presented according to the themes and categories as identified in the framework of analysis. The participants are labelled as R01-R24 to maintain confidentiality and to differentiate between them.

### 5.4 Theme 1: Child Disruptive Behaviour

This theme is divided into three categories. The first is related to the types of disruptive behaviour that the participants have identified within their daily living or work environment. The second category will

discuss how the participants react towards disruptive behaviour and how they try to manage the behaviour and the last category refers to how the participants perceived their own competence in dealing with disruptive behaviour.

#### **5.4.1 Description of disruptive behaviour**

The participant's identified a variety of disruptive behaviours prevalent in primary school learners. The behaviour that was aggressive in nature included abusive behaviour, anger outbursts, assaults, bullying, fighting, being rebellious, swearing and throwing stones that are illustrated in the following quotes:

*R22: Then my phone rang. My sister said I must come because the police are there. Children from Eight Avenue attacked my child and he went to go fetch a knife. When the police arrived, my child did not want to come out of the house.*

*R11: They steal, they assault, they do not listen to their parents, they smoke and they drink. This is the norm from day to day. What was yesterday's... Yes. They stole something. Then there is disobedience to parents. They walk on the streets. They stay on the streets until late at night.*

*R09: It's drug abuse, school truancy, children who are difficult with their parents and children who are involved in crime. And then they are not even adults yet. They are all underage children.*

Other behaviours that were identified by the participants were arrogance, attention seeking or attention-deficit behaviour, destructive comments, disobedience, lack of respect, ill-mannered, lack of discipline, lack of values, not listening, tantrums and unacceptable sexual behaviour. Previous research indicated that educators in other schools (both primary and secondary) also reported the more serious misconduct, including constant absenteeism, vandalism, theft, smoking dagga, bullying, examination dishonesty, assault, exposure to pornography and gambling (Rossouw, 2003:424).

*R01: ...[E]specially after a weekend. They have strange behaviour. They will unnecessarily bully or hurt someone. Or do something to get attention. They are not interested in the children's attention. They want an adult's attention. Every situation is different. Some children are now more sexually oriented and then they will have such disorders, and some see where their parents fought and have aggressive behaviour like fighting and throwing stones. They will touch their private parts or a friend's or talk about*

*it. If they need to look for pictures, they will specifically look for those pictures and show them to the others.*

*R24: So maybe he (the child) is drinking or smoking. When you (the adult) tell him to go home it's late, he will tell you to go and tell your own children.*

*R12: The majority is truancy and then suicide. Also, children who are in relationships with adults.*

*R15: And then these illegitimate relationships at a very young age. They experiment with sex.*

The participants further referred to a lack of values and beliefs that could contribute towards their disruptive behaviour:

*R09: At work, I'd say a society whose entire beliefs, or not their beliefs, but who's values have changed to think that being a "skollie" is cool and that you do not have to finish school... the moral values are just not the same – at least not how I learned or was raised.*

While analysing the data found above, the original Figure 1 was used, that illustrated the services that are rendered on a continuum of care, starting with prevention, early intervention and reaching statutory services. This research has identified the behaviours perceived by parents and teachers on this continuum that can be identified for prevention and early intervention. The question is then: 'What types of behaviour are prevalent amongst young children that can be addressed in a more preventative manner?' If child disruptive behaviour is placed on a continuum of prevention and early intervention to statutory intervention, what types of disruptive behaviour would constitute a problem threshold when help is sought? This is now illustrated in Figure 4.

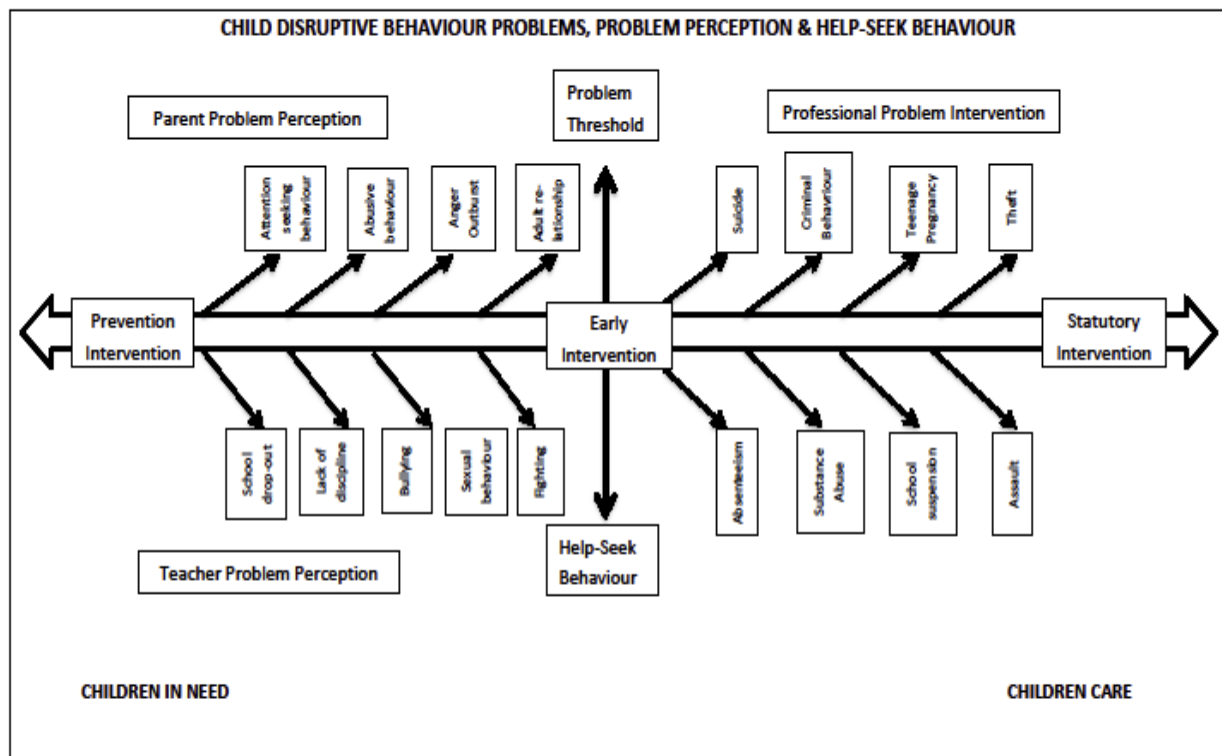


Figure 4: Illustration of child disruptive behaviour problems relevant to prevention and early intervention services.

The most serious behavioural problems that were identified by the participants were assault, bullying, criminal involvement, fighting, and relationships with adults, theft, truancy and school drop-outs, substance abuse, suicide, and sexual behaviour like touching their own private parts or those of others. Rossouw (2003:423) has categorised the nature of behavioural problems as the 'less serious' types of misconduct such as disobedience, tardiness, noisiness, homework not done and refusal to keep quiet while educators are talking. The more serious disruptive behaviour includes bullying, defined for the South African context by Naser et al. (in Booyens, 2003:35) as intentional, hurtful words or acts or other behaviour repeatedly visited upon a child or children by another child or children (Marais & Meier, 2010:44). From the purposes of this research, the more serious behavioural problems were identified by the participants as disruptive behaviour amongst primary school learners.

Further research by Bott (2004:9) found that several learners reported that they were frequently called names in the classroom and on the playground, and that they felt ashamed and humiliated by the experience of being called those names (Marais & Meier, 2010:44). Whilst learner discipline does constitute a problem in schools, Serame et al. (2003:2) found that it is the relatively minor forms of misbehaviour that dominate. This research, however, would find the more serious forms to be

prevalent amongst primary school learners. The researcher is, therefore, agreeing with Rossouw (2003:423) who states that misconduct has a noticeable influence on discipline in South African schools.

The research indicates that there are minor and serious forms of behavioural problems prevalent amongst primary school learners. If children are having these behaviours from day to day, it may become the norm or acceptable and therefore not perceived as serious or needing attention. These behaviours should, however, be addressed as soon as possible to prevent the escalation thereof and giving children the proper intervention.

#### **5.4.2 Reaction towards disruptive behaviour**

The behaviour that was identified by the participants is serious in nature. While focusing on how the participants react towards child disruptive behaviour, the common responses were to first talk to the child and explain the concept of right and wrong and what the consequences are of the disruptive behaviour. Some would then give the child a hiding. In a school setting, the teacher would also talk to the child, explain the negativity of the behaviour and punish the child, depending on the disciplinary method used in the classroom.

In cases where no resolution is found, the parents would be called and, if necessary, social services as well, depending on the severity of the behaviour. If parents are contacted by the social services agencies, they tend to be resistant and would justify the child's behaviour.

*R01: First, I talk to the child and ask what's wrong or did something happen, because usually something happened that caused or "triggered" the behavioural problems that occur. Then sometimes they will open up and other times they show a different emotion or they do not know how to handle or control their emotions. They will get angry or rebellious. If the behaviour does not improve after they have been punished or they don't feel any remorse, I will contact the parents to come to school. This way I can discuss the problem with the parents and if there is still no improvement I will contact social services or the police – depending also on what type of behaviour the child showed.*

*R05: I always try to stay strict and adhere to the routine and rules.*

*R09: ... warning and if I have warned several times I will give a hiding.*

Parents also mentioned that they would go and talk to the other parents that are involved but that these parents are then not open to a discussion. They would deny their child's involvement, criticise the parent for coming to them or attack them.

*R14: Some parents never ask what their child did. Some parents believe that their children will never do those things. If you go to them and tell them what their child did, they want to take you (as a parent) on because their children do not do things like that.*

*R24: You will perhaps go to them (parents) and tell them what happened. Some take it well and others feel you are mean. 'My child will not do that!' Now you only give your child a hiding and that parent do not punish his or her child.*

As a last resort, if the caregivers are not able to deal with the behaviour or has reached a point of hopelessness, they would consult social services themselves. The perception from social services, however, is that a parent comes to them when it is "too late".

*R10: Parents are laid back. The problem started a long time ago and now they can't handle it then they come to you. Then the child is already 15, 16, or 17 years old. Then the pattern has been there and the child is already out of school for more than a year.*

*R11: The parents? They do nothing. They expect the police, social workers and schools to deal with it.*

*R13: Parents anyway do not take responsibility for what their children do. They justify every action of the child. And the common thing is that they cannot give the child a hiding anymore because the child will report them. Parents take no responsibility or do anything to address the behaviour.*

The participants who felt they had no other way in dealing with disruptive behaviour would just react by giving the child a hiding.

*R19: I hit her with my hand.*

*R20: My way is giving a hiding or a punishment. They may not watch television or play on the laptop... Take the benefits away.*

R22: *I normally hit. I also talk a lot, but... For a lot of the Grade 1 mothers – it is a joke to them.*

The participant's reaction to child disruptive behaviour was compared with Boezaart's (2009:503) three categories and has found that corrective and the use of punishment measures are used most often whereby participants would try to correct the behaviour by means of explaining what the child did wrong and what the consequences are. The participants would also resort to a form of punishment based on the type of behaviour that is defined by Boezaart (2009:503) as 'a facet of discipline that involves actions taken in response to inappropriate behaviour to correct or modify behaviour and to restore harmonious relationships'. This involves 'a penalty of corrective measure for a person who is guilty of misconduct' (Boezaart, 2009:512).

In 2000, the Department of Education published a document *Alternatives to Corporal Punishment: A Practical Guide for Educators* (cited in Boezaart, 2009:512). This document gives guidelines in terms of the Code of Conduct and learner misbehaviour (Boezaart, 2009:512-513). Comparing this guideline to the participant's reaction, the following were found:

1) *Misconduct in the classroom*. For example, punctuality, bunking class, incomplete homework, not responding to instructions, dishonesty with minor consequences. The guideline is to use verbal warnings, demerits, time-out, additional work or detention. Type 1 behavioural problems were not identified as a problem from the participants, but Type 2 behaviours was mentioned a few times by the participants as disruptive behaviours that they had to deal with:

2) *Misconduct by breaking school rules*. For example, reoffending Level 1 conduct, not responding to discipline, **smoking, leaving school**, using **abusive language**, interrupting the teacher, **disrespect** towards another person, vandalism and dishonesty with serious consequences. The guideline here is to use higher authority to carry out disciplinary action, talks with the learners and parents or use of daily reports. The participant's reaction is in line with this guideline by talking to the child about the behaviour and involving the parents. No higher authority was however mentioned and teachers would resolve the issue themselves.

3) *Serious misconduct or serious violation of school codes*. For example, reoffending Level 2 conduct, **injury towards another person**, gambling, being severely disruptive in class, racist, sexist or **discriminatory behaviour**, **pornography**, bearing weapons, **theft** and cheating. The guideline for this behaviour is for the disciplinary committee of the school to act and give written warnings, impose

suspension or refer the learner to a counsellor. The participants would also talk to the child and involve the parent but only involve a social worker if the matter were not resolved. The use of the Department of Education's social worker was not mentioned.

4) *Very serious misconduct or very serious violation of school codes.* This level includes reoffending of Level 3 conducts, threatening another person with a weapon, intentional injury to another person, verbal threats, sexual abuse, selling drugs, **possessing drugs**, disrupting the entire school. The corrective guideline is to make use of a formal disciplinary hearing. The participants did not refer to any formal disciplinary action taken against a child for any behavioural problems.

The research comparison illustrates that measures and guidelines are in place for teachers to use in response to child disruptive behaviour, but that this seem to be ineffective since reporting is too late and matters escalate before social services are involved. The Department of Education also employs social workers within their regions, but this service was not mentioned by the teachers. Most of the parents' responses were to resort to corporal punishment.

#### **5.4.3 Perceived Competency in Dealing with Disruptive Behaviour Types**

Most of the participants (71%) perceived themselves as having the competence to deal with child disruptive behaviour. They mentioned having the qualification, experience or support from others when needed. Others (29%) mentioned that they were not competent because they did not have the qualification or experience to many of these problems or did not have the patience with children.

*R01: I would say yes. One is trained to deal with certain situations, not all situations, but most situations you have to deal with children. If you do not know how to handle situations, you can ask assistance.*

*R06: I believe I'm a competent teacher or I would not have been in service any more. Why do I say so...? Because I work with children and the child's soul. You must work in such a way that you do not break them. You must work in such a way that you uplift them to become upstanding citizens in their communities.*

*R08: I understand children very well and every child is approached and understood differently. Each child cannot be treated or disciplined the same.*

Morawska, Winter and Sanders (2009:223-224), Conrad et al. (1992) and Hess et al. (2004) found that parents with higher income levels and higher education levels demonstrated greater parenting skills. This research is consistent since most of the participants are employed and have a tertiary education as teachers or professionals. Most of the parents, however, only had secondary levels of education. The professionals also referred to the parents as incompetent and not being able to address their child's behaviour. The parents would then seek help only when it is 'too late'. It would thus be very important to focus on parental skills in addressing child disruptive behaviour and broadening their knowledge. This could, in turn, improve their competence.

#### **5.4.4 Summary of Theme 1: Child Disruptive Behaviour**

The motivation and aims were to identify the problems faced by parents, teachers and professionals, before help-seeking behaviour starts. In other words, to identify child disruptive behaviour problems of primary school learners who are still at a young age and still developing into the youth and adult stages of their lives. The researcher herself experienced that child disruptive behaviour problems were reported when it is too late for prevention and early intervention services. This, then, requires statutory intervention.

Parents, teachers and social service professionals were chosen to participate in the research to address this dilemma. Parents should especially be aware of their children's problem behaviour to seeking appropriate services (Hankinson, 2009:1). The researcher also perceives the distress of teachers and parents at this stage, since (according to Finn, Pannozzo, & Voelkl, 1995) disruptive behaviour takes away the attention of other learners in the classroom, impairs the classroom learning environment (Bru, 2009) and, according to McCarthy et al. (2009), increases the teacher burnout rate (cited Jacobson, 2013:5).

The participants identified a variety of disruptive behaviour that they experience in their own homes, schools or the community. These behaviours are mostly aggressive and serious in nature that should receive immediate attention. The participants also referred to the lack of values and morals as a contributing factor towards child disruptive behaviour. These behaviours are influence the school environment, as Rossouw (2003) also found in his research.

After the behavioural problems are identified or perceived by the participants, the researcher was interested in how the participants reacted towards these behavioural problems. Despite these

problems, recent research has shown a major paradigm shift towards preventative and positive, rather than punitive disciplinary methods (Oosthuizen, Wolhuter & du Toit, 2003:457). Jacobson (2013:6) further believes that 'there are many reasons why social workers should be interested in sources of disruptive behaviour in the classroom as well as an educator's perceptions of children's behaviour'. It is thus most important for social workers to collaborate with teachers to acknowledge mental health needs of children at schools with the purpose of understanding the source of a child's disruptive behaviour and to be able to assist the child in receiving appropriate mental health services (Jacobson, 2013:5-7).

With this paradigm shift in mind, the research found that the current response to disruptive behaviour that the participants identified was to talk, explain, and punish. The lack of reporting was also identified as an area of concern since these behaviours are commonly reported "too late" to the necessary social service professionals, which then results in statutory services rather than preventative services. The research also indicated that this could be because parents would deny their child's involvement in these behaviours or still resort to corporal punishment as a way of dealing with the immediate behaviour.

Another factor that should be considered was that most of the participants perceived themselves as competent in dealing with disruptive behaviour because of their qualifications or experience, whereas most parents did not have the qualifications and perceived themselves as incompetent. This would mean that they perceive their reaction towards the behaviour as working until later where they are confronted by more serious behaviour problems, and only then resort to professional services (voluntary or involuntary).

If these types of child disruptive behaviour persist without the early reporting and proper intervention the escalating of these behaviours may be inevitable. An example from previous researchers (Brewster & Railsback, 2001, Farrington, 1993, Olweus, 1997) found that those identified as bullies at school, are more likely to be convicted for a crime by early adulthood (cited in Protogerou & Flisher, 2012:122). Another concerning factor is that, apart from some of these serious forms of misconduct, some other forms of deviant behaviour could also be classified as criminal offences (Oosthuizen, Wolhuter & Du Toit, 2003:474). The findings therefore clearly illustrate that serious child disruptive behaviours are prevalent in children from a young age and early intervention is needed.

Social workers and professionals should be able to advocate for the parents and children with behavioural problems to be given the help they need. Schmid (2007:203) concludes that we can avoid the need for statutory intervention by focusing on prevention and early intervention, which is 'required to

strengthen families, enhance their coping skills and promote self-reliance'. In this way, we can address the needs of children and those outside the continuum of care, as Boezaart stated.

## 5.5 Theme 2: Problem Perception

This theme is divided into two categories: internalising behaviour and externalising behaviour. The participants were given vignettes that illustrated behaviour that a child may have. The participants were then asked to rate their reaction on a scale of 1–5 for how serious the behaviour is, how worried they are and how angry they felt because of this behaviour. The scale ranged from 1) Uncertain; 2) Not at all; 3) Neutral; 4) A little; to 5) Very much

The vignettes consisted of internalising and externalising behaviours for children aged 7 years. Three vignettes described internalising behaviours (less severe, moderately severe and most severe) and three described externalising behaviours (less severe, moderately severe and most severe). The vignettes are included in Appendix D.

After reading each vignette, participants were asked several questions based on the research done by Hankinson (2009), using the 5-point scale. Questions included: 1) If this was your child, how serious are his/her behaviours described in this vignette? 2) If you were this child's parent, how worried would you be about his/her behaviour? 3) If this was your child, how angry would this behaviour make you?

### 5.5.1 Internalising behaviour

The vignettes for the internalizing behaviour were divided into three groups. These groups will now be discussed according to their findings.

- **Less Severe/Internalising:**

The first vignette identified the following less severe internalising behaviour: shy; wanted to be left alone; self-consciousness; fear of failure; and perfectionistic behaviour. The participant's perception to the first vignette's behaviour was mostly finding it a little serious (50%), feeling very concerned (54%) and neutral (38%) regarding being angry about this behaviour.

- **Moderate Severe/Internalising:**

The moderate severe internalising behaviour that was identified was worrying, secretive behaviour, nervousness, crying, having nightmares, fearfulness and feeling unloved. In this vignette, the participant's perceived the behaviour as very serious (75%), very concerned (83%) and mostly not feeling angry at all (46%).

- **Most Severe/Internalising:**

The most severe internalising vignette described a child as being unhappy, sad, nervous, anxious, truant, feeling worthless and wanted to be left alone. This child was also crying a lot, being secretive and having suicidal thoughts. The most participants perceived this vignette as very serious (92%), very concerning (92%) and not feeling angry at all (38%).

Hankinson (2009:50) found that parents perceive internalising behaviour to be 'less worrisome, more likely to improve, and less unusual than externalising behaviour', while externalising problems are perceived as 'more serious because they were more overt, were associated with a higher burden on parents, and were more recognized by outside sources, including teachers' in the research of Abidin & Robinson, 2002; Arcia & Fernandez, 2003; Douma et al., 2006; Sayal, 2006; and Teagle 2002 (cited in Hankinson, 2009:50). In this research, the less severe internalising behaviour was perceived as a little serious and the reaction were being very concerned. In the more severe and most severe internalising behaviours, the participants did perceive the behaviour to be very serious and this left them feeling very concerned. This then shows that internalising behaviour can be worrisome, especially with such young children.

Hankinson (2009:4) also found parental perception of a problem to be truly the first step towards help-seeking, whether the problem is completely recognisable or present. This continues to play the most prominent role in initiating pathways towards help-seeking decisions (Hankinson, 2009:3). The participant's problem perception has assisted in their being able to identify the behavioural traits in the vignettes that were serious and that concerned them. If the participants are then able to identify behavioural problems early on, even internalising behaviour, help can be sought and the intervention can commence.

### 5.5.2 Externalising behaviour

- **Less Severe/Externalising:**

The first externalising vignette described less severe behaviours like arguing, being stubborn, demanding attention, playing with older kids and being impulsive. The first externalising vignette was, however, perceived by the participants as very serious (92%), very concerned (96%) and feeling a little angry (46%).

- **Moderate Severe/Externalising:**

The second moderate severe externalising behaviour vignette identified a child as having a hot temper, mood changes, being angry, teasing others, disobeying the rules, lying, cheating and showing a lack of guilt or remorse. The moderate severe vignette was perceived as very serious (75%), very concerning (67%) and feeling mostly very angry (38%).

- **Most Severe/Externalising:**

The last vignette identified the following behaviour: fighting, breaking rules, being disobedient, getting upset, screaming and swearing, destroying belongings, threatening to harm others, attacking others, feeling little guilt and suspected substance abuse. The last vignette was perceived by the participants as a consensus of very serious (100%), very concerning (96%) and mostly very angry (54%).

From the analysis of the externalising behaviour it is clear that these behaviours are perceived by the participants as very serious and very concerning. Externalising behaviour is described in previous research as more 'observable, objective, socially undesirable, and disturbing' (Christensen, Margolin, & Sullaway, 1992, cited in Hankinson, 2009:8). The difference between the internalising and externalising behaviour in this research is, however, that the externalising behaviour did cause the participants to feel angry.

Previous research has also found that the participants were more likely to react to externalising behaviour, which is more distressing to parents and teachers, and which leads to referrals and treatment more often than internalising behaviour (Cornelius et al., 2001; Hartung & Widiger, 1998, cited in Hankinson, 2009:8). If the externalising behaviour caused feelings of anger and concern, one could assume that the parents would seek help earlier, which will be discussed later.

### **5.5.3 Summary of Theme 2: Problem Perception**

Parents were chosen for this research as participants since they are identified as the 'gatekeepers' to professional services and should be aware of their children's problem behaviour to seek appropriate services (Hankinson, 2009:1). Teachers were also chosen as participants for this study since Jacobson (2013:7) believes that 'there is value in exploring educator's perceptions of the sources of disruptive behaviour, because educators are often the entry point for children who need additional support, as well as relying on their experiences to describe the child's behaviour for mental health evaluations'. In addition, other researchers (Hartung & Widiger, 1998; Poduska, 2000; Slade, 2004; Zwaanswijk et al., 2007, cited in Hankinson, 2009) agree that caretakers like teachers, school personnel, and other professionals play a major role in recognising children's problems and referring them for treatment.

The research found that the externalising behaviours led to the participants being angrier. The externalising behaviour was also found to be very serious in all three categories, compared to the internalising behaviour that varied between a little serious to very serious. The level of concern that the participants felt was very concerned in all the categories of the internalising and externalising behaviour. Internalising or externalising behaviour problems, therefore, can be identified by them to determine whether services are needed, based on the nature of the problem and their level of concern.

## **5.6 Theme 3: Help-Seeking Behaviour**

This theme is divided into two categories: the first refers to the participant's attitude towards social services and the second category discusses the behaviours for which the participant's reach a threshold and request professional assistance.

### **5.6.1 Attitude towards professional services**

The participant's attitude towards help-seeking behaviour in child disruptive behaviour situations was investigated by making various statements and asking them to agree or disagree. The participants were also asked to motivate their answer.

- ***There are certain problems that should not be discussed outside the school or family environment.***

The majority (92%) of the participants agreed with this statement for they wanted to keep matters private. Within the community families may sometimes keep situations private instead of seeking help, as previously noted by some of the participants that parents wait too long before seeking help.

*R15: Some people come on time and some stay away until the last resort. Then it is certainly too late to intervene and help.*

*R01: The more people know, the bigger it gets and the greater the problem then.*

*R09: Yes, of course. You know, people make up stories and spreading the news and at the end of the day your family has a bad reputation or the whole town knows about the family's problems.*

*R10: You see, in some cases, people do not want to know or want others to know what is going on in their household. It's almost like social services are seen when the car stops in front of your house and it means there is trouble. People will look at you like you have been marked. Or it's something negative because they are unable to handle their business.*

*R13: ... they should not know because they delight them in my child's problems or rejoice about it.*

*R14: It is better to speak out so that people know about your problem in the house ... but people do not speak out.*

The participants further indicated that matters should stay within the family and even children should not discuss these matters outside of the family.

*R19: It must be like that, just the family.*

*R21: I think so. There are certain things that remain inside the house. It should not go out.*

*R22: I agree with it. There are certain things that my children do not have to discuss with other people.*

- ***I would have a very good idea of what to do and who to talk to if I needed professional help for child disruptive behaviour.***

The majority (83%) again agreed with this statement because they felt that they knew who to talk to.

*R02: Our social services in town were at one time very inaccessible, but lately the situation has changed a lot, and they introduce them to us and offer their services. We are aware of what they can help with.*

*R06: If the child has serious problems I must first get the child's parents involved and then we will decide together whether to get social services or the police involved.*

The other 17% disagreed by stating that either the service is not accessible or that problems are reported to the wrong organisation.

*R09: Not always, because there are many who do not report or who come in too late. Then there are people from farms. Shame. It is also difficult for them to get here.*

*R13: Not really. They will go to the police first or the magistrate and then to us (DSD).*

Although most of the participants indicated that they knew who to talk to, the reporting of problems still seem to be a problem when participants indicated the reporting is too late. This could also be because of the previous statement where participants felt that matters should stay private.

- ***If a good friend asked my advice about child disruptive behaviour problems, I might recommend that they see a professional person.***

A total of 92% of the participants said that they would recommend professional help to their friends and only 8% said that they would not.

*R04: No. I try to help them with the methods I know and see if that doesn't work.*

Again, the participants are eager to refer their friends to get professional help, although the incidence of reporting of problems early on is low.

- ***If I were experiencing a child with behaviour problems at this moment, I would be confident that I could find relief in professional help.***

Most of the participants (71%) felt that they would obtain relief from professional help and stated that:

*R01: We have already had such a situation, and we can already see improvement after professional help were there to help.*

*R10: People think if I see the social worker today, my child will be better tomorrow. So, I think that they believe professionals can.*

The other 29% felt that professional help made no difference and made the following comments:

*R07: Sometimes you need to see what you can do yourself in the situation. If you are unable to and have tried numerous things, you can call for professional help, but you have to first try yourself. Sometimes children are afraid of the police, social workers and psychologists. Then they become more withdrawn than they would have been with you.*

*R08: No, because I have reported something and I was told that they would give me feedback and the story just petered out.*

*R11: It depends on from which organisation the help is needed and by word of mouth you know they say don't go to that person because people say she is not helping. That's why I say it depends on which person you go to.*

Most of the participants felt that they would find relief in professional services based on previous experiences, although the contradictory findings also indicate that people do not report early on to find help.

- **People should work out their own problems. Getting professional help should be a last resort.**

The majority (63%) felt that people should work out their own problems and professional help should be a last resort whilst 37% felt otherwise.

*R06: I think so. We must first sort it out amongst ourselves and then we can go further if it cannot be sorted out, but we're big enough here to sort out our stuff.*

*R07: You must surely see what you can do yourself about the problem.*

*R09: Yes, you were raised this way. You first pray over a matter in the house. Or you discuss it as a family but professional help is always necessary or always a good thing.*

The participants indicated that they would first try and solve a problem amongst themselves, which could be why they only use professional services as a last resort. The participants' skills in handling a problem can therefore be addressed or they can identify their own incompetence in certain situations and seek help earlier.

*R02: I think as a team a problem are solved much easier than individuals struggling and trying to solve a problem. If I need medical care I go to a medical doctor.*

*R03: A beginner teacher cannot solve their own problems. At the end, professional help is needed.*

*R08: No, because it is not the teacher's job to do a professional person's work. You do not know the steps to be followed and how this situation should be handled.*

*R13: I do not think so at all. They think professional help should stay there forever. We (DSD) must do everything.*

- ***Important people in my life would think less of me if they were to find out that I was getting help for my child's disruptive behaviour.***

Participants had an almost 50% divide, as 46% of the participants felt that important people would think less of them if they knew that they were receiving professional help for their child's behavioural problems while the other 54% felt that important people won't think less of them.

*R11: That's true. Everything is about image.*

*R10: Yes ... the stigma out there.*

*R15: Some are shy to come.*

*R13: More ashamed ... like when you stop they would be like 'the welfare is at my house'.*

It seems that people are ashamed while the others who disagree felt the following way:

*R04: I do what is best for my child, no matter who thinks what.*

*R07: I do not think so. I think they would be happy or thankful.*

The participants again referred to their being ashamed or stigmatised when they receive help from professionals. This can have an impact on their help-seeking behaviour.

- ***Child's disruptive behaviour is just another phase. It should work itself out given time.***

A total of 79% of the participants did not agree with this statement and did not believe that a child's disruptive behaviour was a phase that would resolve itself.

*R01: It starts as a small problem and it only gets bigger. The one problem builds on the other problem.*

*R02: It will definitely worsen if the problem is not addressed and resolved.*

*R03: ... [N]o longer in the days of today. I believe that in earlier years it would probably have been true but not with television and media.*

*R10: I think they (parents) leave it as a phase.*

*R14: You have to talk about your problem otherwise the problem would never be overcome.*

The participants are aware of a problem that can escalate if left as just a phase that would resolve itself.

- ***It would be relatively easy for me to find the time to see a professional for my child's disruptive behaviour.***

The participants were again divided with regards to this statement, with 54% agreeing that it would be easy for them to find the time in their day for professional help while the other 46% did not agree for many reasons.

*R01: It is an important aspect and it will help you in the future if the problem is solved as soon as possible. If you take the time now it would take less time in the future.*

*R03: I must do it. It is my duty. It will not help to overlook it because it won't go away.*

*R04: It takes a lot of time - if you have a class and must stop your lesson and now you still must help the child with his behavioural problem - so it will be easier and then you can do more in the classroom.*

*R07: The contact sessions with the children in class - you are working with them so you do not have to have special time with them to spend on behavioural problems. You could always just talk because you are with them anyway. There is after all a period for Life Skills when they learn about behaviour and development.*

The participants who disagree said the following:

*R10: It is supposed to be like that but they (parents) do not make time for it.*

*R11: I just think if you need an excuse it is easy because they are waiting until it escalates. It sometimes takes months before they reach professional help and then they have the excuses of working or not having the time or they did not think it was that serious - they expect a miracle.*

*R13: Yes, they (parents) should make it a priority, but they leave it till the last minute because they can't take it anymore – now the miracle worker should jump in and do the work. I would say there are times; they just don't consider it as important. They stop you in the street and say Miss, I will come, Miss, I want to come, but they will never come. I've had clients in Matjiesfontein – she is weeping and telling me she will come. I said but I am here now - talk now. Then they say, "Can I not rather come next week". I said but I'm here now so...*

*R06: My day is so full that I do not know. My day is very full. It's not always so easy. It may seem easy for other people but it is not so easy. You're on duty 24 hours.*

*R09: No. I do not think it is always easy because there are some people that leave their house early in the morning and only come back later tonight.*

*R23: It would be easy if I just get money to rent a car to get there. It's a little far...*

The participants indicated that their work, time or lack of funds is reasons for their not being able to seek professional help. If the services are not accessible to the parents who live far away, they will not be able to seek help since they would have to pay for a car to take them to a professional service. Parents who leave the house early to work and come back late was also acknowledged as a reason for not seeking professional help, since they needed the income and could not afford to lose a day's income.

- ***I would willingly disclose personal information to a professional person if I thought it might help me or my family members.***

In the last statement, 71% of the participants were willing to disclose personal information if it would help themselves or a family member who is struggling with a child's disruptive behaviour.

*R04: Because it's easier if it is helping the parents than it is also getting easier in the classroom for me and the other children.*

Parents may not be as eager to report problems early on, but it does seem that most are willing to disclose the necessary information to get the help they need for their child's behaviour.

Comparing the findings to the help-seek model, the researcher went back to the four stages of help-seeking: *problem recognition, decision to seek help, service selection, and service utilisation patterns*. Within these stages, Nadler suggests that help-seeking involves three distinct elements: the person who is looking for help (parent or teacher), the problem for which help is sought (a child's disruptive behaviour) and the individual from whom help is required (professional services) (cited in Cornally & McCarthy, 2011:282).

- **The need / problem:**

According to Cornally and McCarthy (2011:284), the perceived need is most applicable to the process of help-seeking behaviour because the person identifies the problem for which help is sought. The decision to act on the need or problem is then influenced by several factors.

The research indicated that 92% of the participants believed that matters should be kept private and that problems should not be discussed outside of the family. A total of 79% of the participants believed that disruptive behaviour is not just a phase that would resolve itself if given time, but the majority (63%) felt that people should sort out their own problems and that professional help should be a last resort. These findings therefore indicated that the need might be identifiable, but the chance of moving to the next level of selecting a source of help might be slim, given these findings.

- **Source of help**

After the need or problem has been identified, the source of help is selected. Cauce et al. defines service selection as where or to whom individuals turn after identifying a problem and deciding to seek help (cited in Cornally & McCarthy, 2011:284).

The few participants who were willing to talk outside of their homes and not only resort to their own capabilities to resolve child disruptive behaviour could have moved to this stage of service selection. A total of 83% of the participants indicated that they were aware of where to get help and who to talk to if they needed professional help. Another 92% of the participants also indicated that they would refer a

family member or friend for professional help if that person were struggling with child disruptive behaviour.

The only barriers identified during this phase of help-seeking was that 46% of the participants reported that it would not be easy for them to find the time to seek professional help since they are working, leaving their homes early and returning only later in the day, or they do not have the financial means to reach professional services. The participants in rural areas have to pay for transport in order to go to the professionals. The participants (50%) also indicated that there is some form of stigma involved in getting help. They felt that people would think less of them if they knew they were receiving professional help for their child's behavioural problems.

- **Consequence**

Cornally & McCarthy 2011:285, argue that the most favourable outcome of help-seeking is 'problem resolution/management', which leads to personal satisfaction and obvious consequence of inaction is that the problem remains unresolved, leading to no change.

A total of 71% were willing to disclose personal information if they felt it would help with their child's behavioural problems and the majority (71%) of the participants felt confident that they would find relief in professional help that could lead to problem resolution.

### **5.6.2 Threshold Behaviour**

During the investigation, as to the participants' threshold, they indicated that they follow some steps or actions before a threshold is reached. They indicated that they would first do what they can and if there is no solution they would get help. This is in line with the previous section, where 63% indicated that social services should be a last resort. As a result, some professionals indicated that the problem is then usually reported "too late".

*R11: If it's too late. Once their children are in conflict with the law or when there is a case where they now realise they (parents) are liable or will be held responsible for the actions of the child. For example, the child has stolen money or the child assaulted another child - then suddenly they realise or there is already a case opened or if the child was suspended from school because he fought at school. They*

*usually come when it is too late, not too late but in context of when they realize the issue is public now. Furthermore, they cover for their children's sins.*

The participants identified some behaviour that they would not be able to manage themselves and would then seek help for. This included aggressive behaviour, assaulting others or the parent's self, giving attitude problems, swearing, behaviour disorders, truancy, criminal behaviour, loss of interest in life, suicide, relationship problems with the parents, sexual behaviour, substance abuse, theft, vandalism, or the child having the wrong friends.

*R03: If it disrupts my class because I now have a multi-grade class. There are children from Grade 3-7 in my class.*

*R06: I think it will be more when the child is aggressive and you do not know what to do with this child. You cannot just take the child to the welfare.*

*R08: If a child begins to act violently or has an attitude of not caring or he/she does not have a future. Basically, he sees life only as a dead end. And if a learner tells you he would rather die. And if they tell you they do not want to go home. Once they have to go home they start crying. Then you know there are bigger problems than you can solve.*

*R13: That's when the children become violent with their parents. Starting to physically assault the parents; take their money.*

*R23: If he uses drugs and he would not listen to me and he started hitting me.*

An example from Hankinson's research (2009:5) is that externalising problems, such as aggression and hyperactivity, are more distressing for parents and teachers and therefore they are more likely to recognise these problems and refer children more quickly for treatment. The behaviours identified by the participants were externalising behaviours that are consistent with the research of Hankinson. This would indicate that the participant's threshold was reached early on for externalising behaviour.

Hankinson (2009:4) has already mentioned that help-seeking decisions begin with problem perception. She adds that it is also important to study the lens by which society, including parents and teachers, views the problem (behaviour) to determine whether or not a parent perceives that a child's problem is

serious and decides to seek help (Hankinson, 2009:4). Another aspect that can impact on a parent or teacher's threshold is cultural values that interact with expected norms (Weisz et al., 1988, cited in Hankinson, 2009:6). As previously stated, it may be that certain forms of disruptive behaviour have become a norm and therefore not perceived as serious enough to seek help. This could then affect the threshold of the parent.

### **5.6.3 Summary of Theme 3: Help-Seeking Behaviour**

Rickwood et al. defines help-seeking as:

The behaviour of actively seeking help from other people... it is about communicating with other people to obtain help in terms of understanding, advice, information, treatment and general support in response to a problem or distressing experience' (cited in Cornally & McCarthy, 2011:281).

The findings indicate that the participants are not actively seeking help because most of the participants are identifying the need for their child's disruptive behaviour, but believes in their own capabilities to resolve the behaviour. The participants also referred to the privacy of the family and not speaking outside the family and also to the stigma involved if others would find out that they were receiving assistance with their child's behaviour.

On the positive side, the participants did indicate that they are aware of the services that are available to assist and that they would, in fact, refer a friend or family member for professional assistance if needed. The reality, however, is that the participants live in rural areas or farms that are not as close to the required services. This is hampering the fully effectiveness of the help-seeking model and assisting in problem resolution.

The participants referred to problems that they would not be able to manage and to reaching their problem threshold. These behaviours are also serious in nature and would then confirm the professional's complaint that problems are reported 'too late'. This further highlights the importance of prevention and early intervention services for child disruptive behaviour to assist parents in managing their child's behaviour.

## 5.7 Conclusion

This chapter presented an in-depth analysis of the data in response to the four main research objectives that were exploring the nature of child disruptive behavioural problems, exploring parents and teachers' problem perception of child disruptive behaviour, exploring the problem threshold of parents and teachers toward child disruptive behaviour, and exploring the help-seeking behaviour of parents and teachers.

The findings of this study agree with aspects of the research studies of Rossouw (2013) that were conducted on primary and secondary learners with behaviour problems in public schools. Furthermore, new findings were brought to light regarding the effectiveness of the help-seek model, the seriousness of child disruptive behaviours of primary school learners and the need for prevention and early interventions services assisting parents in the management of behavioural problems.

The findings indicated that the participants could identify a range of disruptive behavioural problems that are prevalent in children, including abusive behaviour, bullying, inappropriate sexual behaviour, fighting, school drop-outs, ect. The participants' threshold levels also indicated that due to the serious nature of these behavioural problems, the rendering of targeted services on a preventative and early intervention level on the continuum of care are crucial. The concern is however the lack of early reporting and the participants reaction to still resort to punitive measures in addressing child disruptive behaviour. This also confirms the concern of these behavioural problems escalating into further violent behaviour and criminal involvement now, or later in the child's life.

The participants were also able to identify and react towards internalising and externalising behaviour which showed that externalising led to a more emotional response. The participants perceived the externalising behaviour as much more serious; their level of concern was higher; and the behaviour led to them being angrier. Their punitive reaction could then be a result of their emotional response towards the behaviour of the child.

Another concerning finding illustrated that the participants are not actively seeking help, possibly because of the believe in their own capabilities or the value they place on their privacy as a family. The participants referred to privacy and stigma which may hamper their help-seeking behaviour, as well as the accessibility of services. The participants were located in rural districts which meant that they had the financial burden of traveling towards the necessary services.

The next chapter will present the final conclusions and recommendations made to various persons and sectors.

## CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

### 6.1 Introduction

A qualitative study was conducted in the Central Karoo District of the Western Cape to explore child disruptive behaviour, problem perception and help-seeking behaviour. The research findings will be summarised in relation to the four objectives of the study: 1) to explore the nature of child disruptive behaviour problems; 2) to explore parents' and teachers' problem perception of child disruptive behaviour; 3) to explore the problem threshold of parent and teachers toward child disruptive behaviour; and 4) to explore help-seeking behaviour of parent and teachers.

The research objectives were achieved through conducting a comprehensive literature review and in-depth semi-structured interviews with 24 parents, teachers and social service professionals. After extensive analysis of the data, conclusions have been reached and recommendations formulated that will be presented here.

### 6.2 Conclusions

Conclusions will be put forward in this section in accordance with the four main objectives that were formulated into the three main themes that were formed by the study.

#### 6.2.1 Theme 1: Child Disruptive Behaviour

The following conclusions regarding child disruptive behaviour are made:

- The research identified the following types of disruptive behaviour: abusive behaviour, anger outbursts, assault, bullying, fighting, rebellious behaviour, swearing, arrogance, attention seeking, destructive comments, disobedience, lack of respect, ill-mannered, lack of discipline, lack of values, not listening, tantrums, unacceptable sexual behaviour, theft, criminal involvement, substance abuse, truancy and school drop-outs.

These behaviour types are serious in nature and are prevalent in primary school learners which are at a young age and still developing into the adult stages of their lives. If these types of child disruptive behaviour persist without the proper reporting and service rendering, the escalation

of these behaviours may be inevitable. In conclusion, the findings clearly illustrated that serious child disruptive behaviours are prevalent in children from a young age and early intervention is needed.

- Another finding was that it seems that child disruptive behaviours have become such a common phenomenon that it might become the norm and acceptable. If a child would display these behaviour traits, the parents would deny their child's involvement – not believing that their child would act in this manner. In addressing this behaviour problems, the parents perceived themselves as competent in managing child disruptive behaviour by accepting the serious behaviour types that were identified as normal and making excuses for the child's behaviour. This could contribute to the late reporting of behavioural problems, which then leads to the necessity of statutory services. This shows that the behaviour problems, at its crucial stage are not addressed as early as possible and highlights the need for early intervention from social services.
- It was found that child disruptive behaviour does impair classroom learning. The researcher perceived the distress that child disruptive behaviour causes to teachers which could lead to a higher rate of teacher burnout. A possible contributing factor that was identified was the lack of morals and values in children who show disruptive behaviour. As already mentioned, the parents deny their child's behaviour problems or they find it acceptable, which leads to the teaching of morals and values and the management of behavioural problems becoming the teachers' responsibility. This impacts on the classroom environment and takes away the right of other learners to receive education since parents focus shifts towards behaviour management.
- Social services and professional services are used as a last resort to problem resolution. The competence in managing child disruptive behaviour played a significant role here. Despite feeling competent or not, the concern was that punitive measures are still used to address child disruptive behaviours, even corporal punishment. This indicates that parents choose an immediate reaction towards the behaviour, which they perceive as working. Later on, the parents are confronted by more serious behaviour problems and only then resort to professional services (voluntary or involuntary).

### **6.2.2 Theme 2: Problem Perception**

The conclusion made in terms of problem perception of child disruptive behaviour is that:

- Parents and teachers, who spent the most time with children, could perceive child disruptive behaviours. As already indicated by the types of behaviours that were identified, they are the entry point towards a child's needs and would be the first person that could refer for service delivery.
- Externalising and internalising behaviours are perceived as very concerning on all three levels from less severe, moderately severe and most severe behaviour. This could indicate that because the behaviour are prevalent in children at such a young age, an emotional reaction of concern is prevalent.
- Internalising behaviours were perceived as a little serious to very serious in the three levels. The internalising behaviours are not as easy to perceive in children and would justify the level of seriousness rising from less severe to most severe behaviour.
- Externalising behaviour was perceived as very serious at all three levels. Externalising behaviour is easily identifiable and can be seen by parents. This would then trigger a response to the behavioural types. These behaviours also triggered an emotional response, leaving the participants feeling angry.

### **6.2.3 Theme 3: Help-Seeking Behaviour**

The conclusions made about help-seeking behaviour were compared to the help-seek model. The majority of findings in terms of the participant's attitude towards help-seeking and professional services were that:

- Problems should not be discussed outside the school or family. The participants added a lot of value to their privacy as a family and would prefer managing their own problems. They also referred to stigma, which could contribute towards them not talking outside the family. Secondly, they indicated that important people would think less of them if they knew that they

received professional help for their child's disruptive behaviour. Another factor was that they felt that people should work out their own problems and that professional help should be a last resort. These findings would explain why they would rather manage their child's behaviour themselves, deny their behaviour or make excuses – since this could lead to them being labelled.

- In terms of the behaviour itself, the participants identified child disruptive behaviour not just as a phase that would resolve itself given time and they indicated that they were aware of who to talk to or go to if they need professional help for child disruptive behaviour. They also indicated that they would recommend professional help for their family or friends that struggle with child disruptive behaviour. This shows the trust that the parents do have in professional assistance although, they themselves, do not necessarily get assistance from the start but only later when the behaviour are serious in nature.
- In terms of the professional help itself, the participants indicated confidence in experiencing relief from professional help. The factors that however influence their help-seeking behaviour, was that they find it difficult to find the time to see a professional person for their child's behaviour due to their work schedule, financial means and distances (rural sector). Once they reach their problem threshold and could receive professional assistance, they would willingly disclose personal information to a professional person to help themselves or family members with child disruptive behaviour problems.
- In conclusion, the findings clearly indicated that the participants are not actively seeking help.

### **6.3 Recommendations**

Recommendations are presented to parents, teachers and social service professionals within the Department of Education (DoE), the Department of Social Development (DSD), the Non-Government Organisation Sector (NGO's) and the South African Police Service (SAPS). Finally, a recommendation will be made for further research.

### **6.3.1 Recommendations to Parents**

- Parents and caregivers should be aware of any behavioural changes in your child and immediately report to the nearest social service office. Also make use of other professionals in the area to assist with reporting, including the police services, teachers at school meetings and the mobile clinic services. If the behaviour is serious in nature, the social service professional can attend to the problem immediately.
- Parents and caregivers should attend available parental workshops in your area. This could assist with the distances that need to be travelled and improve on parental skills, competence and management of disruptive behaviour.

### **6.3.2 Recommendations to Teachers and the Department of Education**

- Teachers should be aware of any behavioural changes in learners and report any behavioural changes in a child to the nearest social service office or departmental social worker as early as possible.
- Teachers should make use of parent-teacher conferences to individually address behavioural problems of learners. This platform can also be used to discuss the possible referral or needs of the parents in terms of the child's behaviour to assist in the accessibility of services to parents.
- Teachers should also make use of parent meetings to invite social services to do awareness on child disruptive behaviour and assist parents with parental skills and the management of child disruptive behaviour.
- The Department of Education should include teachers in training on the early signs of child disruptive behaviour in terms of the identification, management and protocol to follow if the behaviour is prevalent. This should be a prerequisite training to all newly appointed teachers.

- The school principals can arrange for the use of satellite/mobile offices of social services on a monthly basis to assist in the reporting and management of child disruptive behaviour. This would assist in the achievement of accessible services to teachers and parents.
- The Department of Education should employ more social workers within the Department, especially in the rural areas. These professionals can tremendously decrease the need for statutory services if child disruptive behaviour is addressed on a preventative and early intervention level. This would also contribute to the decline in distress and burnout of teachers.
- Teachers and social workers should collaborate to acknowledge the mental health needs of children at schools with the purpose of understanding the source of a child's disruptive behaviour and to be able to assist the child in receiving appropriate mental health services (Jacobson, 2013:5-7).

### **6.3.3 Recommendations to Social Service Professionals within DSD, NGO's and SAPS**

- Social workers and social auxiliary workers should implement awareness and prevention programmes in schools, clinics, the community and group setting in order to assist parents in the early identification, early reporting and management of child disruptive behaviour. These services should especially be rendered in the rural sectors on a quarterly basis to be able to identify the needs of parents and children as early as possible and prevent the need for statutory services.
- Social workers should be aware of and advocate for community morals and values to prevent the acceptance of the norm of child disruptive behaviour. This can be done by means of community meetings and structures that are already in place in the areas, including Stakeholder engagements, Imbizo's, and Thusong Mobile Days.
- The Department of Social Development should re-assess and focus on the accessibility of social services within the rural areas. The Department can implement satellite or mobile service on farm areas monthly.

- The Department of Social Development need to investigate the need to employ more social workers in rural areas to reach the vast distances efficiently within the next financial year to make recommendations and budget planning.

#### **6.3.4 Recommendation for further research**

- Investigate the level of stigma related to the utilisation of social services and how this can be prevented in order to address the lack of early reporting and the needs of families more effectively.
- Investigate the effectiveness and content of current parental programmes implemented by social workers in order to address parental competence in managing child disruptive behaviour and what the needs are for future programme implementation.
- Investigate the need for social workers compared to the ratio of social workers currently employed in rural areas – considering the vast distances needing to be travelled in order to provide effective and efficient services that speaks to the needs of children and parents.

#### **6.4 Conclusion**

In this chapter, the conclusions were presented in accordance with the four main objectives of this study that explored child disruptive behaviour, help-seeking behaviour and problem perception. Thereafter, recommendations were made to parents, teachers, and social service professionals working with children, as were suggestions for further research.

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**APPENDIX A:****Parent Interview Schedule / Ouer Onderhoud Skedule****TITLE: Child Disruptive behaviour Problems, Problem Perception, and Help-Seek Behaviour****Interview Guide / Onderhoud Handleiding****1. WELCOME AND INTRODUCTION / VERWELKOMING EN BEKENDSTELLING**

The researcher will begin with a brief welcome and introduction of herself, the purpose of the interview and what will happen during the interview. The researcher will discuss confidentiality and anonymity and get the participant's permission to use the tape recorder.

Die navorser begin met 'n kort verwelkoming en bekendstelling van haarself, die doel en struktuur van die onderhoud. Die navorser sal dan konfidensialiteit en anonimiteit bespreek waarna die navorser die participant se toestemming kry om 'n bandopname te maak.

**2. PERSONAL DETAILS OF THE PARTICIPANT**

Code / Kode: ..... Name / Naam: .....

**3. DEMOGRAPHIC DETAILS OF THE PARTICIPANT**3.1 Gender / Geslag:  M  F

3.2 Age / Ouderdom: ..... yrs / jr

3.3 Race / Ras:  B  W  C  I  Other: .....**3.4 This form is completed by a / Die vorm is voltooi deur 'n:** Mother / Moeder Father / Vader Stepmother / Stiefmoeder Stepfather / Stiefvader Foster mother / Pleegmoeder Foster Father / Pleegvader Adoptive mother / Anneem moeder Adoptive Father / Anneem vader Gaurdian / Voog Other / Ander: .....**3.5 What is your marital status? / Wat is jou huwelikstatus?** Married / Getroud Single / Enkel Living together / Saamleefverhouding Widowed / Weduwee Divorced, remarried, in a relationship / Geskei, weer getroud, in 'n verhouding Divorced, not remarried, not in a relationship / Geskei, nie weer getroud, nie in 'n verhouding

**3.6 How many children are presently living in your home? / Hoeveel kinders bly huidiglik in jou huis?**

Biological / Biologies       Family / Familie       Other / Ander

**3.7 List the ages and gender of the children presently living in your home? / Lys die ouderdom en geslag van die kinders wat huidiglik in jou huis bly?**

Biological / Biologies:

Child / Kind 1: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 2: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 3: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 4: Age / Ouderdom ..... Gender / Geslag .....

Family / Familie:

Child / Kind 1: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 2: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 3: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 4: Age / Ouderdom ..... Gender / Geslag .....

Other / Ander (Foster; Adoptive; Board; ect):

Child / Kind 1: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 2: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 3: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 4: Age / Ouderdom ..... Gender / Geslag .....

**3.8 What is your employment status? / Wat is jou werkstatus?**

Employed / Werksaam: .....  Unemployed / Werkloos

Student / Student       Retired / Afgetree       Other / Ander

**3.9 What is your spouse / life partner's employment status? / Wat is jou eggenoot / lewensmaat se werkstatus?**

Employed / Werksaam: .....  Unemployed / Werkloos

Student / Student       Retired / Afgetree       Other / Ander

**3.10 What is your educational experience? / Wat is opvoedkundige ervaring?**

- Grade / Graad 1-3       Grade / Graad 4-7       Grade / Graad 6-9
- Grade / Graad 10-12       Tertiary / Tersiêr

**3.11 What is your spouse / life partner's educational experience? / Wat is jou eggenoot / lewensmaat se opvoedkundige ervaring?**

- Grade / Graad 1-3       Grade / Graad 4-7       Grade / Graad 6-9
- Grade / Graad 10-12       Tertiary / Tersiêr

**3.12 During an average week day, how much time do you spend with your children during the day? / Hoeveel tyd van 'n gemiddelde weksdag spandeer jy saam met jou kinders?**

..... Hours / Ure

**3.13 During an average weekend day, how much time do you spend with your children? / Hoeveel tyd van 'n gemiddelde naweek dag spandeer jy saam met jou kinders?**

..... Hours / Ure

**4. CHILD DISRUPTIVE BEHAVIOUR PROBLEMS /  
KINDER-ONTWRIGTENDE GEDRAGSPROBLEME**

**4.1 What would you describe as common child disruptive behaviour problems? / Wat sou jy beskryf as algemene ontwrigtende gedragsprobleme by kinders?**

.....

.....

.....

**4.2 By listening to the Vignettes, imagine your child (6-13 years old) is showing this behaviour. / Luister na die stories en verbeel jou dat jou kind (6-13 jaar oud) hierdie gedrag toon?**

**4.2.1 How serious is his/her behaviour to you on a scale of 1-5? / Hoe ernstig is sy/haar gedrag vir jou op 'n skaal van 1-5?**

- 1 – Uncertain / Onseker
- 2 – Not at all serious / Glad nie ernstig
- 3 – Neutral / Neutraal
- 4 – A little serious / 'n Bietjie ernstig
- 5 – Very serious / Baie ernstig

**4.2.2 How worried are you about his/her behaviour on scale of 1-5? / Hoe bekommerd is jy oor sy/haar gedrag op 'n skaal van 1-5?**

- 1 – Uncertain / Onseker
- 2 – Not at all worried / Glad nie bekommerd
- 3 – Neutral / Neutraal
- 4 – A little worried / 'n Bietjie bekommerd
- 5 – Very worried / Baie bekommerd

**4.2.3 How angry are you about his/her behaviour on scale of 1-5? / Hoe kwaad is jy oor sy/haar gedrag op 'n skaal van 1-5?**

- 1 – Uncertain / Onseker
- 2 – Not at all angry / Glad nie kwaad
- 3 – Neutral / Neutraal
- 4 – A little angry / 'n Bietjie kwaad
- 5 – Very angry / Baie kwaad

Vignettes	Serious / Ernstigheid	Worried / Bekommerd	Angry / Kwaad
1	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
2	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
6	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

**4.3 How do you commonly react or deal with the disruptive behaviour problems you described earlier? / Hoe reageer of hanteer jy normaalweg die tipe gedragsprobleme wat jy beskryf het?**

.....

.....

.....

**4.4 Do you think you are a competent mother (having the necessary skills and knowledge) in the following areas? (YES / NO, Motivate) / Dink jy dat jy 'n bevoegde moeder is (het die nodige kennis en vaardighede) in die volgende areas? (JA / NEE, Motiveer)**

.....

.....

.....

## 5. HELP-SEEK BEHAVIOUR / HULP-SOEK GEDRAG

5.1 What is your attitude towards social service professionals? Please motivate your view on the following statements? / **Wat sou jy beskryf as algemene ontwrigtende gedragsprobleme by kinders?**

5.1.1 There are certain problems which should not be discussed outside of one's immediate family. / **Daar is sekere probleme wat nie buite die onmiddelike familie bespreek moet word nie.**

.....

.....

5.1.2 I would have a very good idea of what to do and who to talk to if I needed professional help for child disruptive behaviour. / **Ek het 'n goeie idee van wat om te doen en met wie om te praat indien ek profesionele hulp benodig vir my kind se gedragsprobleme.**

.....

.....

5.1.3 If a good friend asked my advice about child disruptive behaviour problems, I might recommend that they see a professional person. / **Indien my vriende my raad vra oor kinder gedragsprobleme, sal ek moontlik aanbeveel dat hul 'n profesionele persoon sien.**

.....

.....

5.1.5 If I were experiencing a child with behaviour problems at this moment, I would be confident that I could find relief in professional help. / **Indien my kind nou gedragsprobleme toon sal ek oortuig wees dat ek verligting sal ervaar vanaf profesionele hulp.**

.....

.....

5.1.6 People should work out their own problems. Getting professional help should be a last resort. / **Mense moet hul eie probleme oplos. Profesionele hulp moet 'n laaste uitweg wees.**

.....

.....

5.1.7 Important people in my life would think less of me if they were to find out that I was getting help for my child's disruptive behaviour. / **Betekenisvolle mense in my lewe sal minder van my dink indien hulle uitvind dat ek profesionele hulp kry vir my kind se gedragsprobleme.**

.....

.....

5.1.8 Child's disruptive behaviour is just another phase. It should work itself out given time. / Gedragsprobleme is net nog 'n fase en sal dit self oplos as ek dit net tyd gee.

.....

.....

5.1.9 It would be relatively easy for me to find the time to see a professional for my child's disruptive behaviour. / Dit sal vir my maklik wees om tyd te maak om hulp te kry vir my kind se gedragsprobleme.

.....

.....

5.1.10 I would willingly disclose personal information to a professional person if I thought it might help me or my family members. / Ek sal gewilliglik inligting deel met 'n professionele persoon indien ek glo dit sal my of my familielede help.

.....

.....

**5.2 When do you seek help for child disruptive behaviour? / Wanneer soek jy hulp vir jou kind se gedragsprobleme?**

.....

.....

## **11. CONCLUSION / GEVOLGTREKKING**

The researcher will inform the participant that we have come to the end of the interview. The researcher will give the participant the opportunity to ask questions they may have about the interview. The researcher will ask them about their interview experience. The researcher will thank them for their time and cooperation.

Die navorser stel die participant in kennis dat dit die einde van die onderhoud is. Die navorser sal die participant die geleentheid gee om vrae te vra oor die onderhoud. Die navorser sal die participant vra oor sy/haar ervaring van die onderhoud en bedank vir hul deelname, tyd en samewerking.

## APPENDIX B:

### Educator Interview Schedule / **Onderwyser Onderhoud Skedule**

**TITLE: Child Disruptive behaviour Problems, Problem Perception, and Help-Seek Behaviour**

### Interview Guide / **Onderhoud Handleiding**

#### 1. **WELCOME AND INTRODUCTION / VERWELKOMING EN BEKENDSTELLING**

The researcher will begin with a brief welcome and introduction of herself, the purpose of the interview and what will happen during the interview. The researcher will discuss confidentiality and anonymity and get the participant's permission to use the tape recorder.

Die navorser begin met 'n kort verwelkoming en bekendstelling van haarself, die doel en struktuur van die onderhoud. Die navorser sal dan konfidensialiteit en anonimiteit bespreek waarna die navorser die participant se toestemming kry om 'n bandopname te maak.

#### 2. **PERSONAL DETAILS OF THE PARTICIPANT**

Code / **Kode:** ..... Name / **Naam:** .....

#### 3. **DEMOGRAPHIC DETAILS OF THE PARTICIPANT**

3.1 Gender / **Geslag:**  M  F

3.2 Age / **Ouderdom:** ..... yrs / jr

3.3 Race / **Ras:**  B  W  C  I  Other: .....

#### 3.4 What is your marital status? / **Wat is jou huwelikstatus?**

Married / **Getroud**

Single / **Enkel**

Living together / **Saamleefverhouding**

Widowed / **Weduwee**

Divorced, remarried, in a relationship / **Geskei, weer getroud, in 'n verhouding**

Divorced, not remarried, not in a relationship / **Geskei, nie weer getroud, nie in 'n verhouding**

#### 3.5 How many children are presently living in your home? / **Hoeveel kinders bly huidiglik in jou huis?**

Biological / **Biologies**

Family / **Familie**

Other / **Ander**

#### 3.6 If any, list the ages and gender of the children presently living in your home? / **Indien enige, lys die ouderdom en geslag van die kinders wat huidiglik in jou huis bly?**

Biological / Biologies:

Child / **Kind 1:** Age / **Ouderdom** ..... Gender / **Geslag** .....

Child / **Kind 2:** Age / **Ouderdom** ..... Gender / **Geslag** .....

Child / **Kind 3:** Age / **Ouderdom** ..... Gender / **Geslag** .....

Child / Kind 4: Age / Ouderdom ..... Gender / Geslag .....

Family / Familie:

Child / Kind 1: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 2: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 3: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 4: Age / Ouderdom ..... Gender / Geslag .....

Other / Ander:

Child / Kind 1: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 2: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 3: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 4: Age / Ouderdom ..... Gender / Geslag .....

**3.7 What is your spouse / life partner's employment status? / Wat is jou eggenoot / lewensmaat se werkstatus?**

Employed / Werksaam: .....  Unemployed / Werkloos

Student / Student       Retired / Afgetree       Other / Ander

**3.8 What is your educational experience? / Wat is opvoedkundige ervaring?**

Grade / Graad 1-3       Grade / Graad 4-7       Grade / Graad 6-9

Grade / Graad 10-12       Tertiary / Tersiêr

**3.9 What is your spouse / life partner's educational experience? / Wat is jou eggenoot / lewensmaat se opvoedkundige ervaring?**

Grade / Graad 1-3       Grade / Graad 4-7       Grade / Graad 6-9

Grade / Graad 10-12       Tertiary / Tersiêr

**3.10 During an average week day, how much time do you spend with children during the day? / Hoeveel tyd van 'n gemiddelde weksdag spandeer jy saam met kinders?**

..... Hours / Ure

**3.13 During an average weekend day, how much time do you spend with children? / Hoeveel tyd van 'n gemiddelde naweek dag spandeer jy saam met kinders?**

..... Hours / Ure

**4. CHILD DISRUPTIVE BEHAVIOUR PROBLEMS /  
KINDER-ONTWRIGTENDE GEDRAGSPROBLEME**

**4.1** What would you describe as common child disruptive behaviour problems? / **Wat sou jy beskryf as algemene ontwrigtende gedragsprobleme by kinders?**

.....

.....

.....

**4.2** By listening to the Vignettes, imagine your child (7 years old) is showing this type of behaviour. / **Luister na die stories en verbeel jou dat jou kind (7 jaar oud) hierdie gedrag toon?**

**4.2.1** How serious is his/her behaviour to you on a scale of 1-5? / **Hoe ernstig is sy/haar gedrag vir jou op 'n skaal van 1-5?**

- 1 – Uncertain / *Onseker*
- 2 – Not at all serious / *Glad nie ernstig*
- 3 – Neutral / *Neutraal*
- 4 – A little serious / *'n Bietjie ernstig*
- 5 – Very serious / *Baie ernstig*

**4.2.2** How worried are you about his/her behaviour on scale of 1-5? / **Hoe bekommerd is jy oor sy/haar gedrag op 'n skaal van 1-5?**

- 1 – Uncertain / *Onseker*
- 2 – Not at all worried / *Glad nie bekommerd*
- 3 – Neutral / *Neutraal*
- 4 – A little worried / *'n Bietjie bekommerd*
- 5 – Very worried / *Baie bekommerd*

**4.2.3** How angry are you about his/her behaviour on scale of 1-5? / **Hoe kwaad is jy oor sy/haar gedrag op 'n skaal van 1-5?**

- 1 – Uncertain / *Onseker*
- 2 – Not at all angry / *Glad nie kwaad*
- 3 – Neutral / *Neutraal*
- 4 – A little angry / *'n Bietjie kwaad*
- 5 – Very angry / *Baie kwaad*

Vignettes	Serious / <i>Ernstig</i>	Worried / <i>Bekommerd</i>	Angry / <i>Kwaad</i>
1	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
2	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Vignettes	Serious / Ernstig	Worried / Bekommerd	Angry / Kwaad
5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
6	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

**4.3 How do you commonly react or deal with the disruptive behaviour problems you described earlier? / Hoe reageer of hanteer jy normaalweg die tipe gedragsprobleme wat jy vroeër beskryf het?**

.....

.....

.....

**4.4 Do you think you are a competent teacher (having the necessary skills and knowledge) in child behaviour problems? (YES / NO, Motivate) / Dink jy dat jy 'n bevoegde onderwyseres is (het die nodige kennis en vaardighede) in kinder-gedragsprobleme? (JA / NEE, Motiveer)**

.....

.....

.....

## **5. HELP-SEEK BEHAVIOUR / HULP-SOEK GEDRAG**

**5.1 What is your attitude towards social service professionals? Please motivate your view (Agree/Disagree) on the following statements? / Wat is jou opinie/houding teenoor professionele maatskaplike dienste? Motiveer asseblief jou opinie/houding (Stem saam/Stem nie saam) in die volgende voorbeelde:**

**5.1.1 There are certain problems which should not be discussed outside of school. / Daar is sekere probleme wat nie buite die skool bespreek moet word nie.**

.....

.....

**5.1.2 I would have a very good idea of what to do and who to talk to if I needed professional help for child disruptive behaviour. / Ek het 'n goeie idee van wat om te doen en met wie om te praat indien ek professionele hulp benodig vir 'n kind se gedragsprobleme.**

.....

.....

**5.1.3 If a colleague asked my advice about child disruptive behaviour problems, I might recommend that they see a professional person. / Indien 'n kollega my raad vra oor kinder gedragsprobleme, sal ek moontlik aanbeveel dat hul 'n professionele persoon sien.**

.....

5.1.5 If I were experiencing a child with behaviour problems at this moment in my class, I would be confident that I could find relief in professional help. / Indien 'n kind in my klas nou gedragsprobleme toon sal ek oortuig wees dat ek verligting sal ervaar vanaf professionele hulp.

.....

.....

5.1.6 Teachers should work out their own problems. Getting professional help should be a last resort. / Onderwysers moet hul eie probleme oplos. Professionele hulp moet 'n laaste uitweg wees.

.....

.....

5.1.7 The school staff and parents would think less of me if they were to find out that I was getting help for children's disruptive behaviour in my class. / Die skool personeel en ouers sal minder van my dink indien hulle uitvind dat ek professionele hulp kry vir kinders se gedragsprobleme in my klas.

.....

.....

5.1.8 Child's disruptive behaviour is just another phase. It should work itself out given time. / Gedragsprobleme is net nog 'n fase en sal dit self oplos as ek dit net tyd gee.

.....

.....

5.1.9 It would be relatively easy for me to find the time to see a professional for the child disruptive behaviour in my class. / Dit sal vir my maklik wees om tyd te maak om hulp te kry vir die kinders se gedragsprobleme in my klas.

.....

.....

5.1.10 I would willingly assist a professional person if I thought it might help me or a family with child disruptive behaviour. / Ek sal gewilliglik 'n professionele persoon help indien ek glo dat dit my of 'n familie sal help met 'n kind met gedragsprobleme.

.....

.....

**5.2 When do you seek help for child disruptive behaviour? / Wanneer soek jy hulp vir jou kind se gedragsprobleme?**

.....

.....

## 6. CONCLUSION / GEVOLGTREKKING

The researcher will inform the participants that we have come to the end of the interview. The researcher will give the participants the opportunity to ask questions they may have about the interview. The researcher will ask them about their interview experience. The researcher will thank them for their time and cooperation.

Die navorser stel die participant in kennis dat dit die einde van die onderhoud is. Die navorser sal die participant die geleentheid gee om vrae te vra oor die onderhoud. Die navorser sal die participant vra oor sy/haar ervaring van die onderhoud en bedank vir hul deelname, tyd en samewerking.

## APPENDIX C:

Social Service Professional Interview Schedule / **Profesionele Persoon Onderhoud Skedule**

TITLE: Child Disruptive behaviour Problems, Problem Perception, and Help-Seek Behaviour

Interview Guide / **Onderhoud Handleiding**1. **WELCOME AND INTRODUCTION / VERWELKOMING EN BEKENDSTELLING**

The researcher will begin with a brief welcome and introduction of herself, the purpose of the interview and what will happen during the interview. The researcher will discuss confidentiality and anonymity and get the participant's permission to use the tape recorder.

Die navorser begin met 'n kort verwelkoming en bekendstelling van haarself, die doel en struktuur van die onderhoud. Die navorser sal dan konfidensialiteit en anonimiteit bespreek waarna die navorser die participant se toestemming kry om 'n bandopname te maak.

2. **PERSONAL DETAILS OF THE PARTICIPANT**Code / **Kode**: ..... Name / **Naam**: .....3. **DEMOGRAPHIC DETAILS OF THE PARTICIPANT**3.1 Gender / **Geslag**:  M  F3.2 Age / **Ouderdom**: ..... yrs / jr3.3 Race / **Ras**:  B  W  C  I  Other: .....3.4 What is your marital status? / **Wat is jou huwelikstatus?** Married / **Getroud** Single / **Enkel** Living together / **Saamleefverhouding** Widowed / **Weduwee** Divorced, remarried, in a relationship / **Geskei, weer getroud, in 'n verhouding** Divorced, not remarried, not in a relationship / **Geskei, nie weer getroud, nie in 'n verhouding**3.5 How many children are presently living in your home? / **Hoeveel kinders bly huidiglik in jou huis?** Biological / **Biologies** Family / **Familie** Other / **Ander**3.6 If any, list the ages and gender of the children presently living in your home? / **Indien enige, lys die ouderdom en geslag van die kinders wat huidiglik in jou huis bly?**Biological / Biologies:Child / **Kind** 1: Age / **Ouderdom** ..... Gender / **Geslag** .....Child / **Kind** 2: Age / **Ouderdom** ..... Gender / **Geslag** .....

Child / Kind 3: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 4: Age / Ouderdom ..... Gender / Geslag .....

Family / Familie:

Child / Kind 1: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 2: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 3: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 4: Age / Ouderdom ..... Gender / Geslag .....

Other / Ander:

Child / Kind 1: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 2: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 3: Age / Ouderdom ..... Gender / Geslag .....

Child / Kind 4: Age / Ouderdom ..... Gender / Geslag .....

**3.7 What is your spouse / life partner's employment status? / Wat is jou eggenoot / lewensmaat se werkstatus?**

Employed / **Werkzaam:** .....  Unemployed / **Werkloos**

Student / **Student**       Retired / **Afgetree**       Other / **Ander**

**3.8 What is your educational experience? / Wat is opvoedkundige ervaring?**

Grade / **Graad** 1-3       Grade / **Graad** 4-7       Grade / **Graad** 6-9

Grade / **Graad** 10-12       Tertiary / **Tersiêr**

**3.9 What is your spouse / life partner's educational experience? / Wat is jou eggenoot / lewensmaat se opvoedkundige ervaring?**

Grade / **Graad** 1-3       Grade / **Graad** 4-7       Grade / **Graad** 6-9

Grade / **Graad** 10-12       Tertiary / **Tersiêr**

**3.10 During an average week day, how much time do you spend with children during the day? / Hoeveel tyd van 'n gemiddelde weekdag spandeer jy saam met kinders?**

..... Hours / **Ure**

**3.13 During an average weekend day, how much time do you spend with children during the day? / Hoeveel tyd van 'n gemiddelde naweek dag spandeer jy saam met kinders?**

..... Hours / Ure

**4. CHILD DISRUPTIVE BEHAVIOUR PROBLEMS /  
KINDER-ONTWRIGTENDE GEDRAGSPROBLEME**

**4.1 What would you describe as common child disruptive behaviour problems? / Wat sou jy beskryf as algemene ontwrigtende gedragsprobleme by kinders?**

.....

.....

.....

**4.2 By listening to the Vignettes imagine your client's (a mother) child (6-13 years old) is showing this behaviour. / Luister na die stories en verbeel jou dat jou klient ('n moeder) se kind (7 jaar oud) hierdie gedrag toon?**

**4.2.1 How serious is his/her behaviour to the mother on a scale of 1-5? / Hoe ernstig is die gedrag vir die moeder op 'n skaal van 1-5?**

- 1 – Uncertain / Onseker
- 2 – Not at all serious / Glad nie ernstig
- 3 – Neutral / Neutraal
- 4 – A little serious / 'n Bietjie ernstig
- 5 – Very serious / Baie ernstig

**4.2.2 How worried is the mother about the behaviour on scale of 1-5? / Hoe bekommerd is die moeder oor die gedrag op 'n skaal van 1-5?**

- 1 – Uncertain / Onseker
- 2 – Not at all worried / Glad nie bekommerd
- 3 – Neutral / Neutraal
- 4 – A little worried / 'n Bietjie bekommerd
- 5 – Very worried / Baie bekommerd

**4.2.3 How angry is the mother about his/her behaviour on scale of 1-5? / Hoe kwaad is die moeder oor oor sy/haar gedrag op 'n skaal van 1-5?**

- 1 – Uncertain / Onseker
- 2 – Not at all angry / Glad nie kwaad
- 3 – Neutral / Neutraal
- 4 – A little angry / 'n Bietjie kwaad
- 5 – Very angry / Baie kwaad

Vignettes	Serious / Ernstig	Worried / Bekommerd	Angry / Kwaad
1	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
2	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
6	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

**4.3** How does your client (a mother) commonly react or deal with the disruptive behaviour problems you listed above? / **Hoe reageer jou klient ('n moeder) of hanteer hul normaalweg die tipe gedragsprobleme wat jy identifiseer het?**

.....

.....

.....

**4.4** Do you think you are a competent professional (having the necessary skills and knowledge) in child behaviour problems? (YES / NO, Motivate) / **Dink jy dat jy 'n bevoegde persoon is (het die nodige kennis en vaardighede) in kinder gedragsprobleme? (JA / NEE, Motiveer)**

.....

.....

.....

## **5. HELP-SEEK BEHAVIOUR / HULP-SOEK GEDRAG**

**5.1** What is your client's (mother's) attitude towards social service professionals? Please motivate your view (Agree/Disagree) on the following statements. / **Wat is jou klient (moeder) se houding teenoor profesionele dienste? Beskryf haar opinie/houding rondom die volgende.**

5.1.1 There are certain problems which should not be discussed outside of one's immediate family. / **Daar is sekere probleme wat nie buite die onmiddelijke familie bespreek moet word nie.**

.....

.....

5.1.2 Clients have a very good idea of what to do and who to talk to if they needed professional help for child disruptive behaviour. / **Kliente het 'n goeie idee van wat om te doen en met wie om te praat indien hul profesionele hulp benodig vir 'n kind se gedragsprobleme.**

.....

5.1.3 If a friend asked my advice about child disruptive behaviour problems, I might recommend that they see a professional person. / Indien 'n vriend my raad vra oor kinder gedragsprobleme, sal ek moontlik aanbeveel dat hul 'n professionele persoon sien.

.....

5.1.5 If clients experience a child with behaviour problems at this moment, they are confident that they will find relief in professional help. / Indien kliente 'n kind het wat nou gedragsprobleme toon sal oortuig wees dat hul verligting sal ervaar vanaf professionele hulp.

.....

.....

5.1.6 People should work out their own problems. Getting professional help should be a last resort. / Mense moet hul eie probleme oplos. Professionele hulp moet 'n laaste uitweg wees.

.....

.....

5.1.7 Clients think that important people in their lives would think less of them if they were to find out that they were getting help for their child's disruptive behaviour. / Kliente glo dat betekenisvolle mense in hul lewe, minder van hul dink indien hulle uitvind dat hul professionele hulp kry vir hul kind se gedragsprobleme.

.....

.....

5.1.8 Child's disruptive behaviour is just another phase. It should work itself out given time. / Gedragsprobleme is net nog 'n fase en sal dit self oplos as hul dit net tyd gee.

.....

.....

5.1.9 Clients find it relatively easy to find the time to see a professional for their child's disruptive behaviour. / Dit is vir kliente maklik om die tyd het maak om hulp te kry vir hul kind se gedragsprobleme.

.....

.....

5.1.10 Clients would willingly disclose personal information to a professional person if they thought it might help them or their family members. / Kliente sal gewilliglik inligting deel met 'n professionele persoon indien hul glo dit sal hul eie of hul familieledede help.

.....

.....

**5.2 When do people seek help for child disruptive behaviour? / Wanneer soek mense hulp vir hul kind se gedragsprobleme?**

.....

.....

**6. CONCLUSION / GEVOLGTREKKING**

The researcher will inform the participants that we have come to the end of the interview. The researcher will give the participants the opportunity to ask questions they may have about the interview. The researcher will ask them about their interview experience. The researcher will thank them for their time and cooperation.

Die navorser stel die participant in kennis dat dit die einde van die onderhoud is. Die navorser sal die participant die geleentheid gee om vrae te vra oor die onderhoud. Die navorser sal die participant vra oor sy/haar ervaring van die onderhoud en bedank vir hul deelname, tyd en samewerking.

## APPENDIX D:

### VIGNETTES

#### 1. Less Severe/Internalizing:

Imagine that your 7 year old son/daughter has been rather shy. He/She hasn't liked to play with other kids and would rather just be left alone. Recently, your child has been more self-conscious about what he/she says and does, especially in front of other peers. For instance, he/she doesn't want to wear certain clothes to school and doesn't want to try new things for fear of failure. He/She also tends to be perfectionistic and has been getting upset when he/she messes up.

Verbeel jou dat jou 7 jarige seun/dogter baie skaam is. Hy/sy hou nie baie daarvan om met ander kinders te speel nie en wil eerder op sy/haar eie wees. Die afgelope tyd is hy/sy meer selfbewus oor wat hy/sy sê en doen, veral voor vriende. Bv. Hy/Sy wil net sekere klere dra en wil nie nuwe dinge probeer nie as gevolg van 'n vrees vir mislukking. Hy/Sy neig ook om meer perfeksionisties te wees en raak ontsteld as hy/sy 'n fout maak.

#### 2. Less Severe/Externalizing:

Imagine that your 7 year old son/daughter is arguing with you more. He/She has been stubborn and refusing to follow some of your rules at home. Recently, your child has been demanding more and more of your attention and gets upset when he/she doesn't get it. He/She would rather hang out with the older kids in your neighbourhood and has been showing off when he/she is around them. Your child has been more impulsive and often doesn't think through his/her actions before doing them.

Verbeel jou dat jou 7 jarige seun/dogter meer met jou stry. Hy/Sy is hardkoppig en weier om huisreels na te kom. Die afgelope tyd verg jou kind meer van jou aandag en raak ontsteld as hy/sy dit nie kry nie. Hy/Sy verkies om by ouer kinders in die gemeenskap te kuier en spog tussen hulle. Jou kind is meer impulsief en dink nie aan die gevolge van sy/haar gedrag nie.

#### 3. Moderate Severe/Internalizing:

Imagine that your 7 year old son/daughter has been worrying a lot. Recently, he/she has become much more secretive with you and you notice he/she is nervous and tense about a lot of things, especially school. In addition, he/she is crying more easily. He/She is having nightmares and is fearful of things happening to you or your family. The other day, he/she said that he/she felt unloved after you got upset with him/her.

Verbeel jou dat jou 7 jarige seun/dogter meer bekommerd is. Die afgelope tyd is hy/sy baie meer geheimsinnig met jou en jy het agter gekom hy/sy is senuweeagtig en gespanne oor 'n klomp dinge, veral skool. Jou kind huil makliker en kry nagmerries. Hy/Sy het 'n vrees ontwikkel dat iets met jou of die familie gaan gebeur en 'n paar dae terug het jou kind vir jou gesê hy dink nie jy is lief vir hom nie nadat jy ontsteld geword het oor iets wat hy/sy gedoen het.

#### 4. Moderate Severe/Externalizing:

Imagine that your 7 year old son/daughter has a hot temper. His/her mood has been changing frequently throughout the day, one minute he/she is really angry and the next he/she is fine. Also, your child has been teasing others, like his/her siblings and peers. Recently, he/she has been disobeying

teachers and other adults in school and has been caught lying and cheating. Your child seems to lack guilt and doesn't really care much about the consequences of his/her actions.

Verbeel jou dat jou 7 jarige seun/dogter 'n kort humeur het. Sy/haar gemoed verander gereeld deur die loop van die dag. Die een oomlik is hy/sy baie kwaad en die volgende oomlik is als weer reg. Jou kind terg ook vriende en sibbe. Onlangs was hy/sy ongehoorsaam aan die onderwysers en ander volwassenes by die skool en is gevang dat hy/sy jok en oneerlik is. Jou kind toon nie enige skuldgevoelens nie en dit blyk ook nie of hy/sy baie omgee vir die gevolge van sy/haar gedrag nie.

#### **5. Most Severe/Internalizing:**

Imagine that your 7 year old son/daughter has been very unhappy and sad. He/She has been more nervous and anxious about going to school and participating in extracurricular activities. The teachers have reported to you that your child has missed some days of school as well as classes. He/She has reported feeling worthless and would prefer to be left alone. Your child does not want to give you an explanation of where he/she was when he/she was not attending class or school. He/She is crying a lot more and has been very secretive about what is bothering him/her. Recently, he/she has said that he/she wishes he/she would die.

Verbeel jou dat jou 7 jarige seun/dogter baie ongelukkig en hartseer is. Hy/sy is meer senuweeagtig en angstig om skool by te woon en om deel te neem aan buitemuurse aktiwiteite. Die onderwysers het aan jou rapporteer dat hy/sy 'n paar dae se skool mis en klasse mis. Hy/sy noem dat hy/sy waardeloos voel en sal verkies om op sy eie te wees. Hy/Sy wil nie vir jou sê waar hy/sy tydens die tye was wat hy/sy nie in die klas of skool was nie. Hy/sy huil baie en het meer geheimsinnig geword oor wat hom/haar pla. Onlangs het hy/sy gesê hy/sy wens om eerder te sterf.

#### **6. Most severe/Externalizing:**

Imagine that your 7 year old son/daughter has been getting into fights. He/she has been breaking a lot of rules and has been disobedient both at home and school. Recently, when he/she gets upset, he/she gets very loud, screams, swears, and will often destroy his/her own and others' belongings. He/she has been mean to peers and siblings and has threatened to harm them. The other day he/she attacked another peer and showed little guilt for it. The teacher suspects substance abuse, based on what the other learners have reported.

Verbeel jou dat jou 7 jarige seun/dogter die afgelope tyd betrokke was in bakleiery. Hy/sy breek a paar reëls en was ongehoorsaam by die huis en skool. Onlangs raak hy/sy baie ontsteld en skree, vloek en sal ook soms sy/haar eie besittings of die van ander breek. Hy/sy is ombeskof met vriende en sibbe en het gedreig om hulle seer te maak. 'n Paar dae terug het hy/sy 'n vriend aangeval en het min skuldgevoelens daarvoor getoon. Die onderwysers vermoed dat jou kind middels misbruik nadat ander leerders dit aan hulle kom aanmeld het.

**APPENDIX E:**

University of Cape Town  
Faculty of Humanities

**PLAGIARISM DECLARATION**

**Name:** Sophia Stadler  
**Student Number:** STDSOP001  
**Course:** Masters by Dissertation in Social Work  
**Supervisor:** Dr Leon Holtzhausen  
**Topic:** Child disruptive behaviour problems, problem perception and help-  
seek  
behaviour  
**Due Date:** January 2017

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