

# Early Education



Volume 68 Autumn 2023

- *Reo Rua Pukapuka Pikitia: Strategies for developing Te Reo Rangatira*
- *Talanoa, vā and picturebook pedagogy to support Pacific identities in a kindergarten setting*
- *Using social stories as an intentional teaching strategy*
- *Children's mental health in the context of the COVID-19 pandemic*
- *Exploring the current climate of mathematics in early childhood education*
- *A data-informed look at sustained shared thinking*





Volume 68 Autumn 2023

---

Early Education' is a professional journal for people involved and interested in early childhood education. A partially peer-reviewed journal, it is published yearly by the Wilf Malcolm Institute of Educational Research, University of Waikato.

### Advisory Board

Carmen Dalli, Lia deVocht, Andrew Gibbons,  
Glynne Mackey, Sally Peters, Jenny Ritchie, Sue  
Stover.

### Editors

Prof Claire McLachlan,  
The University of Waikato

Dr Karyn Aspden,  
Massey University

Associate Professor Sally Peters,  
The University of Waikato

### Design and layout

Wilf Malcolm Institute of Educational Research  
The University of Waikato

### Our thanks to our reviewers

Susan Emmett, Marjolein Whyte, Alison Arrow  
and Jess Smith

### Our thanks for the photos

Thanks to Karyn for the cover photo.

This issue is the third issue of Early Education  
published by Wilf Malcolm Institute of  
Educational Research, The University of  
Waikato.

ISSN: 1172-9112

### Contributions

Contributions of articles and photos are  
welcome from the early childhood community.

*Early Education* welcomes:

- Innovative practice papers with a maximum of 3,500 words, plus an abstract or professional summary of 150 words and up to five keywords.
- Research informed papers with a maximum of 3,500 words, plus an abstract or professional summary of 150 words, and up to five keywords.
- Think pieces with a maximum of 1500 words.
- Commentaries on management matters with a maximum of 1500 words.
- Book or resource reviews with a maximum of 1000 words.

Contributions can be sent to the 2023 editors

Claire McLachlan:  
[cmclachlan@waikato.ac.nz](mailto:cmclachlan@waikato.ac.nz)

Karyn Aspden:  
[k.m.aspden@massey.ac.nz](mailto:k.m.aspden@massey.ac.nz)

# Contents

## Early Education Volume 68 Autumn 2023

---

### Editorial

Karyn Aspden and Claire McLachlan.....1

### Peer reviewed

Reo Rua Pukapuka Pikitia: Whānau drawing on their community cultural wealth to create strategies for developing Te Reo Rangatira

Jacqui Brouwer and Nicola Daly.....4

Talanoa, vā and picturebook pedagogy to support Pacific identities in a kindergarten setting

Angela Fuimaono, Nicola Daly and Janette Kelly-Ware.....12

Using social stories as an intentional teaching strategy

Vicki Gifkins and Tara McLaughlin.....20

The ambiguous presence of children's mental health in the context of the COVID-19 pandemic in early childhood curriculum

Barbara Scanlan and Galina Stebletsova.....29

### Editor reviewed

Exploring the current climate of mathematics in early childhood education

Karen Mackay and Linda Clarke.....35

A data-informed look at how sustained shared thinking can promote child learning and progress

Tara McLaughlin, Sue Cherrington, Lynda Hunt, Vicki Gifkins, Karyn Aspden, Claire McLachlan, Linton Kindergarten, and Makino Kindergarten.....45

### Opinion piece

Letter from ... Nordic ECE students in a global online discussion

Fannie Johansson, Anna Barabanova and Sara Hansson.....53

### Book review

Te aotururoa tataki: Inclusive early childhood education: Perspectives on inclusion, social justice, and equity from Aotearoa New Zealand (2nd Edition)

Tessa Putze.....56

**Contributors** .....59

# The ambiguous presence of children's mental health in the context of the COVID-19 pandemic in early childhood curriculum

---

**Barbara Scanlan and Galina Stebletsova**

## **Abstract**

*In the context of the continuing pandemic, it has become apparent that the new global circumstances put a strain on the holistic well-being of children and their families. The experience of social distancing, prolonged lockdowns, long periods of separation from extended family, as well as extra stress associated with the anticipated economic crisis, have negatively affected all aspects of families' well-being, particularly mental health. This position statement seeks to increase attention to children's mental health and calls for further discussion on mental health to be included in the current early childhood curriculum.*

## **What is known so far**

The COVID-19 pandemic, often referred to as "the biggest health crisis for generations"

(Cowie & Myers, 2021, p.62), is reported to have affected more than 200 countries in the world. In some countries, including New Zealand, citizens were placed under compulsory lockdowns meaning restriction of movement, isolation from normal social, cultural, and educational activities, shifting office work mode to working from home, and only being able to access essential supplies (Ministry of Social Development, 2020).

Prolonged domestic confinement may have long-lasting psychological effects. During the high peak of the COVID-19 pandemic, numerous reviews and studies identified several factors related to the high risk of psychological distress, feeling isolated, inadequate supplies of basic necessities and inadequate or sometimes controversial information (D'Onise et al., 2021; Ministry of Social Development, 2020). Other studies reported loneliness, anxiety, boredom, anger, denial, depression, insomnia, harmful

substance use, despair, self-harm, and, at times, suicidal tendencies among isolated individuals (Li et al., 2020; Wang et al., 2020). While these factors are related to adults, they directly affect the mental health of the whole family, and these effects can be long-lasting. In children, potential negative mental health effects may represent a high risk for the development of social competence, social awareness and emotional regulation, level of resilience, and overall coping mechanisms. Jiao et al. (2020) add that for children, the pandemic and lockdown have a greater impact on emotional and social development than for adults. According to this study, younger children are more likely to manifest symptoms of clinginess and the fear of family members being infected than older children. Findings reveal that during lockdown periods, children felt unattended, uncertain, fearful, and isolated, experiencing disturbed sleep, nightmares, poor appetite, agitation, and separation anxiety. Emerging research also adds that both the virus itself and the fear of it continues to produce a negative impact on children's mental health, causing disruptions to their normal routines related to attending early childhood settings and school, being able to see their extended family and friends, and having emotional security (Bussieres et al., 2021). It has been revealed that children with neurodiversity have been experiencing a stronger negative impact on mental health, particularly children with Attention Deficit Hyperactivity (ADHD) and Autism Spectrum Disorder (ASD), as well as children with emerging mental health problems (Currie et al., 2022).

In light of COVID-19 having a significant negative impact on financial security, it is important to note that mental health issues may disproportionately affect the lives of children and families, particularly from economically disadvantaged backgrounds. Mental health in this case is to be understood in relation to wider social and economic conditions that put an extra strain on children and families affected by poverty (Cowie & Myers, 2021). Parental anxiety and depression serve as a factor that contributes to the magnitude of the general

impact on mental health. This is supported by Adegbeye et al. (2021) who note that family financial stress has a significant correlation with parental mental health, which, in turn, has an impact on child mental health. Poverty, according to Adegbeye et al. (2021, p. 6), may lead to a number of adversities, "including malnutrition but also inconsistent caregiving, neglect or maltreatment, all of which can lead to high levels of sustained and uncontrollable stress".

The pioneering studies of the effects of prolonged social isolation using the now famous 'bubble' system (a term used to describe a cluster of people outside of one's household people spent time with during COVID-19 restrictions) on mental health in Aotearoa, Gasteiger et al. (2021) indicate that the New Zealand population had higher levels of depression and anxiety compared to population norms, which reportedly were higher in both genders. Alarmingly, those aged between 25-64 seemed to be most negatively affected. Another New Zealand study by Officer et al. (2022) agrees that lockdowns are strongly associated with exacerbated mental distress, emphasising the lack of support services available during lockdowns, as well as overall low engagement with accessing phone and video-conferencing services. For whānau Māori (families and caregivers identifying as Māori), where home is traditionally a safe and secure environment, limited contact with those outside of their 'bubble' negatively affected mental well-being, while the digital exclusion of some communities only aggravated the feeling of loneliness, distress, and inability to maintain cultural interconnectedness.

Latest research by Southern Cross (2022) reveals that the current cost of living crisis, being one of the global consequences of the pandemic and overall global instability, continues to affect New Zealand society. The deteriorating mental and emotional well-being of two-thirds of New Zealanders rose 16 percent in the last two years, with the majority of participating families worrying about their children's ability to cope with the pressures of life in the future, rising eight percent (Southern

Cross, 2022). Tangata whenua (People of the land, Indigenous people of New Zealand) are particularly affected by those challenges, as Kaupapa Māori health models strongly link to social engagement with whānau and relationships and connections with the wider community (Ministry of Health, 2020). At least 20% of Māori reported that the COVID-19 pandemic had a detrimental impact on their mental health and well-being, including anxiety, stress, and depression. Understanding the scale of influence of COVID-related issues on the mental health of children is paramount for the development of tailored policies and curriculum that, through a holistic lens, reflects the need to support the mental health of the youngest generation.

### **Wellbeing and mental health in the early childhood curriculum**

The notion of wellbeing is woven throughout the principles of the ECE curriculum, with a focus on culture, strong relationships between home, the centre and the wider community, acknowledgment of children's rights and a holistic approach to education. Furthermore, there is a focus on embracing and acknowledging children's identity, including their home culture and language, which is also an important factor for the well-being of tamariki Māori and Pasifika children. Te Whāriki (Ministry of Education [MoE], 2017) also highlights the importance of wellbeing in the curriculum and not only advocates that the well-being and safety of all tamariki are guaranteed, but also encourages kaiako (teachers) to role model healthy habits, including diet, exercise, emotional and spiritual wellbeing.

The strand of Wellbeing/Mana Atua in the curriculum (MoE, 2017, p. 26) discusses the value of tamariki having "consistency and continuity, especially at times of transition". No doubt this would have been a challenge throughout the uncertainties of living with COVID-19, as well as the challenges associated with it. Children and their families transitioned in and out of lockdowns and had to navigate

the changing expectations and rules when attending ECE settings. The closure of ECE settings and being isolated from friends for extended periods of time, having to 'make do' with being confined at home, has detrimental effects on children's well-being and mental health too (Imran, Zeshan & Pervaiz, 2020). The curriculum also sets goals for children's health to be promoted, their emotional well-being to be nurtured and, finally, to be kept safe from harm. Further examining that which kaiako should be able to observe in tamariki, there are indicators for both emotional well-being as well as learning that would link to mental health. Interestingly, the term mental health, which could be understood as the ability to process information and make good choices (Center on the Developing Child, Harvard University, n.d.), does not feature in the document. In their discussion, Imran, Zeshan and Pervaiz (2020) agree that many children might only experience mild physical symptoms related to COVID-19 but consider that the steps taken to keep tamariki safe are likely to have negative impacts on their mental health and well-being. The authors explain that tamariki are lacking the ability to fully understand the complexity of COVID-19, nor can they express their concerns and fears adequately. Unless adults carefully manage exposure to social media and news, tamariki are also bombarded with information they cannot yet process effectively, leading to challenges for children's mental health (Imran, Zeshan & Pervais, 2020).

As a response to children needing support to develop social and emotional competence even prior to the pandemic, the Ministry of Education (2019, p.7) has published He Māpuna te Tamaiti which offers "effective practices that enhance children's social and emotional competence and engagement and learning". As the title suggests, each child is unique and comes as part of a family, whom kaiako collaborate with to ensure the well-being of all tamariki can be supported. Social and emotional competence goes beyond being able to express feelings and emotions in a socially acceptable manner but it has to start with tamariki being able to identify their own

feelings and emotions, before they can learn to express them or as a next step, regulate them. How feelings and emotions are expressed is not only a matter of age or development but is also strongly influenced by the family, and the home culture, as well as other influences, such as verbal language skills, or different needs and gifts that tamariki have. Therefore, as suggested by the Ministry of Education (2019), partnering with families and whānau (immediate and extended family) is essential. Kaiako need to reflect on their own ways of expressing emotions and ensure that their practices align with those of the families as well as the multicultural society they live and work in.

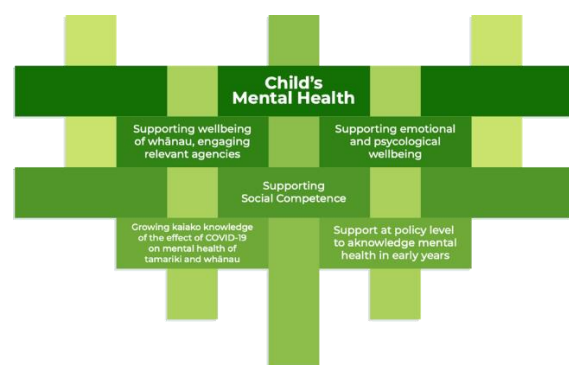
A study by Miles et al. (2022) suggests that focusing on and practicing prosocial behaviour can have positive effects on the emotional well-being and mental health of people. However, while children have the opportunity to do good for others in their ECE settings, there might be fewer opportunities and less focus on pro-social behaviour during prolonged lockdown at home. Therefore, children might have experienced a decrease in their mental health and emotional well-being over the past two years. The need for a supportive environment that leads to emotional and social competence in children is highlighted in He Māpuna te Tamaiti (MoE, 2019, p. 21) and yet, the removal of “barriers to participation, engagement and learning” are exactly what has occurred with COVID-19 since the beginning of 2020. In environments, both at home and in ECE settings, where the focus might have slipped to simply ‘making do’, surviving and overcoming challenges associated with a pandemic, supporting children's mental health and acceptable expression of emotions would have taken a back seat.

In the context of this discussion, there are important implications for ECE kaiako, as guided by the principles, strands and goals of Te Whāriki in their daily quality practice. The aspect of mental health and its relation to the vital support systems for tamariki should become an integral part of the curriculum, reflecting the much-needed focus and supporting kaiako in addressing children’s

mental health early, and in the most effective manner. Although Taha Hinengaro/Mental Health is briefly mentioned in the curriculum in relation to Te Whare Tapa Wha model of hauora (a health model based on the concept of a meeting house, referring to the four walls as reflecting the four areas of health being body, mind, family and spiritual dimension), there is currently no relation to the long-lasting effects of the pandemic on the mental health of tamariki and their families. The following diagram (Figure 1) reflects the possible addition to the existing strand of Wellbeing/Mana Atua and emphasises mental health as one of the key indicators of hauora (holistic health and well-being) for all tamariki.

The proposed addition emphasises desirable kaiako practices that have not yet been considered in any of the existing ECE guiding documents. We envisage a stronger focus on children’s mental health in light of the continuing pandemic, as well as stronger support systems for families and whānau that will prevent the potential negative impact on mental health and long-lasting consequences associated with it. Mental health is not exclusive to adults but needs to be nourished and supported in young children, too. Young children have a need for routines and predictability, which were interrupted by the COVID-19 pandemic and necessary lockdowns. Research suggests that the “adverse effects will be pervasive and lasting” (Glynn, et al., 2021, n.p.), which highlights the need for a stronger focus on children’s mental health.

**Table 1. Child’s Mental Health**



## Conclusion

While both Te Whāriki (MoE, 2017) and He Māpuna te Tamaiti (MoE, 2019) promote well-being and social and emotional competence, there seems to be very little discussion on children's mental health. Yet, as has been highlighted over the course of the pandemic, the information and events children are exposed to need to be processed well. Therefore, it is paramount for kaiako to work in partnership with families and whānau to ensure that children have the opportunity to discuss events, such as the pandemic as part of the daily curriculum, as well as to be able to offer support if early signs of mental health being affected have been identified. The existing focus on recognition and expression of feelings is not enough in times when children, just as adults, have to navigate the information they are provided with, in an everchanging post-COVID landscape. Therefore, fundamental changes are needed at policy level to address mental health and provide children and families with adequate resources and support.

## References

- Adegboye, D., Williams, F., Collinshaw, S., Shelton, K., Langley, K., Hobson, C., Burley, D., & Van Goozen, S. (2021). Understanding why the COVID-19 pandemic-related lockdown increases mental health difficulties in vulnerable young children. *Journal of Child Psychology and Psychiatry Advances*, 1–8, <https://doi.org/10.1111/jcv2.12005>
- E., Malboeuf-Hurtubise, C., Meilleur, A., Mastine, T., Heraut, E., Chadi, N., Montreuil, M., Genreux, M., Camden, C., & PRISME-COVID Team. (2021). Consequences of the COVID-19 pandemic on children's mental health: A meta-analysis. *Frontiers in Psychiatry*, 12, 1–10.
- Center on the Developing Child at Harvard University. (n.d.). Early childhood mental health. [https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-](https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/05/InBrief-Early-Childhood-Mental-Health-1.pdf)
- content/uploads/2015/05/InBrief-Early-Childhood-Mental-Health-1.pdf
- Cowie, H., & Myers, C. (2021). The impact of the COVID-19 pandemic on the mental health and well-being of children and young people. *Children and Society*, 35, 62–74.
- Currie, G., Finlay, B., Seth, A., Roth, C., Elsabbagh, M., Hudon, A., Hunt, M., Jodoin, S., Lach, L., Lencucha, R., Nicholas, D.B., Shakako, K. & Zwicker, J. (2022). Mental health challenges during COVID-19: Perspectives from parents with children with neurodevelopmental disabilities. *International Journal of Qualitative Studies on Health and Well-being*, 17(1). <https://doi.org/10.1080/17482631.2022.2136090>
- D'Onise, K., Meena, S., Venugopal, K., Currie, M., Kiripatrick, E., Hurley, J., Nolan, R., Brayley, J., Atherton, B., & Spurrier, N. (2021). Holistic approach supporting mental wellbeing of people in enforced quarantine in South Australia during the COVID-19 pandemic. *Australian and New Zealand Journal of Public Health*, 45(4), 325–329.
- Gasteiger, N., Vedhara, K., Massey, A., Jia, R., Ayling, K., Chalder, T., Coupland, C., & Broadbent, E. (2021). Depression, anxiety and stress during the COVID-19 pandemic: results from a New Zealand cohort study on mental wellbeing. *BMJ Open*, 1–16.
- Glynn, L.M., Poggi Davis, E., Luby, J. L., Baram, T. Z., & Sandman, C. A. (2021). A predictable home environment may protect child mental health during the COVID-19 pandemic. *Neurobiology of Stress* 14, 1–7.
- Imran, N., Zeshan, M., & Pervaiz, Z. (2020). Mental health considerations for children & adolescents in COVID-19 Pandemic. *Pakistan Journal of Medical Sciences*, 36 (COVID19-S4), S67–S72. <https://doi.org/10.12669/pjms.36.COVID19-S4.2759>
- Jiao, W.Y., Wang, L.N., Liu, J., Fang, S.F., Jiao, F, Y., Pettoello-Mantovani, M., & Somekh, E. (2020). Behavioural and emotional



- disorders in children during the COVID-19 epidemic. *Journal of Paediatrics*. June, 221–266.  
<https://doi.org/10.1016/j.peds.2020.03.013>.
- Li, W., Yang, Y., Liu, Z.H., Shao, Y.J., Zhang, Q., & Zhang, L. (2020). Progression of mental health services during the COVID-19 outbreak in China. *International Bio Science Journal*, 16, 1732–1738,  
<https://doi.org/10.7150/ijbs.45120>
- Miles, A., Andiappan, M., Upenieks, L., & Orfanidis, C. (2022). Using prosocial behavior to safeguard mental health and foster emotional well-being during the COVID-19 pandemic: A registered report of a randomized trial. *PLoS ONE*, 17(7): e0272152.  
<https://doi.org/10.1371/journal.pone.0272152>
- Ministry of Education. (2017). Te Whāriki He whāriki mātauranga mō ngā mokopuna o Aotearoa, Early childhood curriculum.  
<https://www.education.govt.nz/early-childhood/teaching-and-learning/te-whariki/>
- Ministry of Education. (2019). He Māpuna te Tamaiti Supporting Social and Emotional Competence in Early Learning.  
<https://tewhariki.tki.org.nz/en/teaching-strategies-and-resources/wellbeing/he-mapuna-te-tamaiti/>
- Ministry of Social Development. (2020). Rapid Evidence Review The immediate and medium term social and psycho-social impacts of COVID-19 in New Zealand.  
<https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/statistics/covid-19/social-impacts-of-covid-19.pdf>
- Officer, T.R., Imlach, F., McKinlay, E., Kennedy, J., Pledger, M., Russel, L., Churchward, M., Cumming, J., & McBride-Henry, K. (2022). COVID-19 pandemic lockdown and wellbeing; Experiences from Aotearoa New Zealand in 2020. *International Journal of Environmental Research and Public Health*, 19, 1–23.
- Southern Cross (2022). Southern Cross Healthy Futures Report 2022.  
[/media/landing-pages/healthy-futures/SouthernCrossHealthyFuturesReport.pdf](https://www.southerncross.co.nz/-/media/landing-pages/healthy-futures/SouthernCrossHealthyFuturesReport.pdf)
- Wang, C., Pan, R., Wan, Z., Tan, Y., Xu, L., Ho, C. S. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 Coronavirus disease epidemic among the general population in China. *International Journal of Environment and Public Health* 17, 1–14.