

**Parents, Preschools/Schools and Professionals: Impact of Relationships
on Children's Inclusion**

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In principle, educational policy supports the inclusion of children with impairments in regular early childhood and school settings (Education Act, 1989; Ministry of Education, 2002; New Zealand Disability Strategy, 2001) and effective home and/or early childhood/school links to support that process (Ministry of Education, 1996a; Ministry of Education, 2002).

“Effective partnerships between boards of trustees, school personnel, specialists and particularly parents, caregivers and families, whanau will provide a strong platform for meeting special education needs, and for readily resolving any issues as they arise” (Ministry of Education, 2002).

However, it is not clear what inclusion and effective partnerships consist of ‘at the chalk face’ and how they affect child processes and outcomes (i.e. the child’s experiences and those of her/his classmates). Parents and teachers have reported satisfaction with outcomes for their children in both regular and special educational contexts, while independent data have indicated or suggested the children’s participation in less than optimal educational contexts (Rietveld, 1991; Wilton & Pickering, 1998). A similar finding was found by Smith & Barrowclough (1996) in their study of assessing childcare settings. Parents were often much less critical than researchers in assessing good quality child-care programmes. This raises the issue of congruity between the policy and its implementation and the need to identify any processes, which may be interfering with optimal outcomes for the child, her/his classmates, the centre or school and the wider community.

The aim of this paper is to illustrate how four children with Down Syndrome (DS) experienced inclusion in their respective preschool and school settings during their transitions to school, and the kinds of parent, preschool, school and professional relationships, which influenced those experiences. The data, which form the basis of this paper are part of a larger Ph. D. study investigating the transition from preschool to

school for 4 boys with DS and 2 typically developing boys, their families, teachers, professionals and pertinent others.

The research questions were:

i) What are the experiences of children with DS in the inclusive or exclusive contexts of their respective preschools and schools and how do these experiences compare with those of typically developing children?

ii) What kinds of relationships amongst parents, preschool/school staff and professionals support favourable inclusive outcomes for children?

Background Literature

The theoretical models of disability informing the questions are outlined as follows:

Deficit Model/Personal Tragedy View/Medical Model

Disability (or difficulties in learning) is seen as an all-encompassing personal deficit and/or tragedy that dominates all aspects of the individual's life. The focus is on the individual's adjustment and typical responses to the individual's 'illness' (disability) are for the person to fix, remediate, assimilate or accept her/his deficits.

“People become individual objects to be ‘treated’, ‘changed’, improved’, made more ‘normal’.... The overall picture is that the human being is flexible and ‘alterable’ whilst society is fixed and unalterable.” (Mason & Rieser, 1992).

Traditional special education practices (e.g. segregated schooling, individualised instruction) are based on this paradigm.

Social Construction Model: This model does not deny the impact of any impairments, but views disability as a product of social factors (political, educational, economical) that create barriers and hinder full inclusion of those with impairments. From this perspective, the focus is on mainstream contexts, which tend to be non-inclusive (Ballard,

1995; Oliver, 1996), as they have evolved without taking the needs of people with impairments or other differences into account. Moore, Timperley, Macfarlane, Brown and Thompson (1998) summarise this perspective as:

“The primary problems facing people with disabilities are external rather than internal. The task of educators working with this paradigm is to alter, adapt and improve educational organisations and environments to meet the needs of all students” (p. 58).

METHOD

The research involved in-depth qualitative case-studies.

Participants

- Three children (boys) with DS (Ian, Mark and Jonathan) and two typically developing boys (Jacob and Neil), their families, teachers, professionals and pertinent others. Data from additional boy with DS (Richard) are included intermittently (a case study prior to main data collection).
- The contrast boys entered the same schools as Ian and Jonathan (DS)

Data Sources

- Running record observations were undertaken during their final week of preschool (8 hours), during the first 6 weeks of school (37-39 hours) and 3-4 months after school entry (5-6 hours)
- Interviews with parents and educators were undertaken throughout
- Other: field notes, permanent products, meeting observations

The data were analysed for themes and patterns, describing the kinds of inclusion and underlying processes. Comparisons were made between children with and without DS and among the different institutions

Data gathering was influenced by Bronfenbrenner’s (1979) bio-ecological model based on the premise that the child is at the centre of and is affected by and affects several

environmental systems, ranging from immediate settings such as the family, preschool or classroom to more remote contexts such as the quality of home-school relations, level of professional and practical support which are also influenced by broader cultural values and policies.

RESULTS

Analysis of the total range of peer interactions, indicated that some forms of inclusion hindered, while other forms enhanced access to more advanced forms of social and academic development.

General categories from preschool and classroom data were:

- **Exclusion**: 3 types – i) active exclusion, ii) passive exclusion/ignoring, iii) teasing
- **Ineffective or Illusory Inclusion**: 8 types – mostly consisted of:
 - i) Assigning child inferior roles, such as baby, pet, subordinate or object
 - ii) Including child to take risks for own purposes (e.g. to steal)
 - iii) Engagement in a narrow range of roles only (e.g. polite interchanges, occasional playmate)
- **Facilitative Inclusion**, which involved:
 - i) Participation in: equal status, reciprocal relationships **and**
 - ii) Engagement in the full range of roles pertinent for that setting (from politeness to friendships).

Experiencing facilitative inclusion was associated with the following outcomes:

- i) Meaningful gains in terms of culturally-valued skills, e.g. literacy, enhanced social skills
- ii) Classmates responding to diversity respectfully
- iii) Participation in a richer social context facilitative of ongoing development. E.g. after-school visits to friends, being selected for specific activities

Research Question 1

- i) What are the experiences of children with DS in the inclusive or exclusive contexts of their respective preschools and schools and how do these experiences compare with those of typically developing children?

At preschool, the children with DS experienced mostly illusory inclusion (interactions not involving any emotional connections with particular children) and/or exclusion, while the typically developing boys experienced facilitative inclusion. However, at school, inclusion or exclusion were not related to the presence or absence of DS, but dependent on the context. By the end of the first week at school, one boy with DS (Ian) was included in the full range of roles and one typically developing boy (Neil) in another school, who experienced inclusion at preschool was excluded from the full range of roles. These patterns remained static until the end of the term. The other children with DS remained excluded in both settings

An example of what illusory inclusion looked like for one child (Ian) at kindergarten ensues, followed by an example of what facilitative or authentic inclusion looked like after his entry to school. Direct and indirect practices impacting on these interactions follow.

Example of Illusory Inclusion (Kindergarten)

Context: Book corner – 3-4 children including Ian waiting for their parents to collect them

Ian and William are looking at the same book. Ian labels all the zoo animals correctly. William ignores Ian's vocalisations and makes up a story about the animals. Incorrectly labels the camel a kangaroo. Ian points out and says, "Monkey. Another child looks on. William says to the child, "I'm not reading you a story. I'm reading Ian a story." William's mother arrives. William hands the book to Ian and says to his mother, "I'm reading Ian a story." His mother asks, "Are you?" William and his mother depart.
[Observer comment: No farewell greeting to Ian]
After a similar incident on another day, the teacher rewards the typically developing child for reading to Ian, "That was very kind of you."

Interpretation of Inclusion

The peer (William) takes on the dominant role and sees himself engaging in a generous act as opposed to a mutually shared activity.

Ian is constructed as an object, who can be ‘discarded’ when time for the favour is over. There was no personal connection – no farewell greeting on departure, which was uncommon amongst the contrast children in similar contexts.

There was no reciprocity or shared meanings – essential for more advanced forms of inclusion for both participants

Teachers

All staff engaged in practices stemming from the deficit/personal tragedy model of disability. e.g: The teachers never expected reciprocity from Ian, so Ian’s classmates learnt to view Ian as an object of charity.

Example: The teacher asks James to push Ian in a trolley and says, “Thank you James. That was very kind of you (pushing Ian in trolley). Will you take him (Ian) round again?”

Ian engaged regularly in a number of anti-social behaviour. In order to help peers cope in these situations, the staff presented peers with a strategy. However, it was never effective, which left children in a no-win situation and so contributed to their avoidance of him.

The teachers taught the children to focus on the charity aspect of his impairment/his differences and make allowances for his frequent anti-social acts, which they did. e.g. A child stated on the day before Ian’s fifth birthday, “He’s only 3.”

Infra-structure supporting those Practices

The kindergarten staff resisted the alternative social construction model of disability and accompanying practices when suggested by the early intervention team. The head teacher had done a course on special needs, which involved practices indicative of the individualised deficit model.

The preschool-parent-early intervention relationship was co-operative, warm and friendly, but critical information concerning Ian's anti-social behaviour was withheld. Teacher stated, "We didn't tell her (Ian's mother) that he didn't have a good day. As a parent you can only hear so much of that and Susan (mother) was getting stressed, so we didn't tell her." This choice affected the quality of inclusion provided.

The Education Review Office report commended the kindergarten for the way it included children with impairments, which provided reinforcement for existing practices.

Example of authentic or facilitative Inclusion (School)

By the second week of school, Ian experienced inclusion as an equal same-status participant and he engaged in the full range of roles typical for that setting. As is evident from the data, the nature of the peer interactions, teacher practices and indirect practices are markedly different from the preschool example.

Example of Inclusion (Towards end of Term)

Block corner (Developmental Time). Each of the 4 children present including Ian have made their own houses. Ian puts a car in Alex' house. Alex to Ian, "No. Not in my house – in your (emphasised) house." Ian takes the car out and puts it in his own house and says to Alex, "In there. See." Alex to Ian, "Yes. You need to make a roof...like this...like this Ian." He shows Ian. Ian adds blocks in the same way Alex is showing him. Alex – Ian, "See the roof, Ian." Ian repeats, "Roof." Alex – Ian, "The house is all complete. It's a good house." Ian – Alex, "Thank you." Ian adds some blocks to the house....Alex to Ian, "We need to make a new road now." Ian repeats, "Road."

Interpretation of Inclusion

Ian is included as a valued participant

Reciprocity evident: Ian is now a contributing member and shared meanings are evident. E.g. Ian shows Alex that he has moved the car to his own house.

Peer (Alex) deals with unconventional behaviour (Ian putting a car in his house without asking) – a potential site for exclusion. Alex explains and shows Ian in a respectful way.

Alex reinforces Ian's contribution, provides Ian with access to more advanced forms of understanding (how to build a roof) and involves him in a new aspect of the activity (joint creation of a road)

Alex emphasis critical words, something modelled by the teachers in view of children with DS having potential difficulties focusing on salient aspects.

Use of pronoun 'we' indicates Ian is now an integral member.

WHAT HAS CONTRIBUTED TO THE SHIFT IN EXPERIENCES?

The first major change is the shift in philosophy of disability, which permeated all systems affecting the child. Instead of focussing on the child's limitations, the teacher, principal and all pertinent others focused on creating a context that was inclusive of all the children in the class.

Teacher Practices

The classroom norms already catered for diversity. The teacher used Ian's enrolment to refine and expand the existing norms in a way that strengthened and altered the mainstream culture so that it became increasingly more inclusive of diversity.

The teacher and teacher-aide recognised and interrupted demeaning or illusory inclusion e.g. excessive hugging, picking up.

The staff scaffolded children to re-frame any problems interpreted within the deficit framework to one that focussed on the context. They helped children develop strategies whereby Ian could be included. E.g. when Ian's peers complained to the teacher about him putting too many cars on a co-operatively-built block structure, which subsequently

broke, she said, “If there’s a problem, tell Ian what it is. Tell Ian if there’s too many cars, it’ll break. Tell him where he can put the cars and blocks.”

She also openly interpreted the likely intent of any unconventional behaviour in a positive and valuing manner. E.g. When Ian moved some little chairs from the desks over to his mother and little sister during a pre-entry visit when the class were involved in a mat activity and a child called out to the teacher, “Look what Ian’s doing”, she responded calmly and positively by saying, “Yes, Ian’s Mum can now sit on a chair.”

The teacher and teacher-aide included activities, which highlighted Ian’s competencies and interests in a way that made the overall class culture more inclusive for a greater range of children. E.g. the introduction of ball activities and games during interval-break and lunchtime.

The staff also facilitated his inclusion within peer group norms, which at times differed from adult and classroom norms. E.g. during lunchtime eating, the teacher smiled and commented to Ian’s peer group, “Are you boys having fun?”, when they were engaged in a brief ritual which involved stamping their feet, standing up briefly and laughing after the duty teacher had walked by and was not looking.

Unlike in the kindergarten situation, there was always a focus on shared meanings and the development of relationships in which there was a balance of power as opposed to rewarding one child (the one with majority status) for interacting with other. E.g. “It’s nice seeing you play together. What beautiful cakes you 2 have made! Are they cooked?”

Research Question 2

Indirect Practices

What kinds of relationships amongst parents, preschool/school staff and professionals support this kind of favourable outcome and how do these relationships differ from the children who did not experience facilitative inclusion?

The following table illustrates some critical aspects of the links amongst the school, family and professionals, which differed from those for the other boys with DS who experienced exclusion or illusory inclusion. Limited time precludes discussion of all the factors, so I will focus on three factors: Model of disability (4), Professionals (6) and Historical links (9).

Factors at Mesosystem and Exosystem levels (more distal levels) Conducive to Successful and Unsuccessful Inclusion in the Classroom

	Issue	Successful Outcomes	Unsuccessful Outcomes
1	Existing infra-structure	Accommodating of differences	Not accommodating
2	Vision of successful outcomes by all	Yes	No
3	Knowledge to achieve outcome	Yes	No
4	Model of disability	Social construction	Individual deficit/mixed
5	Principal	Supports all in implementing shared philosophy	Supports mostly teacher: focus on external resources
6	Professionals	Inclusive philosophy required	Any philosophy
7	Parents	Authentic partnership with sound knowledge base	Devalued or authentic but limited knowledge base
8	Meetings	Focus: parent's concerns	Parent's concerns dismissed or goodwill, but no knowledge of processes
9	Historical approach	None	On-site special units
10	Teacher-aide selection	Trained teacher with inclusive philosophy	Special education
11	Teacher-aide role	Team teaching	Attached to child
12	Teacher support	Parents and school staff with shared vision	Friendly relationships, but lack of knowledge or conflict

Model of Disability

Effective partnerships amongst parents, preschools and schools and professionals requires an enabling model of disability - one backed by a discourse of social justice and supported by a sound body of research. **Linking together regularly with sincere intentions, friendly relationships and reporting satisfying outcomes for the child may in reality NOT be benefiting the child.** Both Mark and Richard's families engaged in such links, but the knowledge-base on which decisions were made was ill-informed and inadequate. Decisions in these schools stemmed from the personal tragedy/deficit model of disability – a model not supported by these data and an increasing body of research (Erwin & Guintini, 2000; Kliewer, 1998; Philips, 1997).

Professionals

Professionals need understanding of the social model and its practices to be effective. More professional involvement does not necessarily equate with optimal outcomes. Ian's school ascertained the theoretical perspectives and intentions of the professionals before their involvement. Those engaging in practices derived from the deficit model were declined involvement. However, one wonders what outcomes could have ensued for Ian, his family, the school and the wider community if the available professionals had the appropriate knowledge and expertise to support his ongoing inclusion.

Historical Links

Existing historical links with special education facilities equated with unsatisfactory outcomes. Mark and Jonathan's schools had units on-site. While staff were not resistant to inclusion in principle (although it is doubtful whether they understood its underlying philosophy), the predominant message children received was that if children displayed too many differences, then they belonged in the unit.

Relevance of Data to Policy

1) Ian's case study highlights how benefits of inclusion can accrue, without considerable costs. However, they require a different mind-set and practices from the traditional paradigm underlying special education and all pertinent players from micro to macro

levels need to recognise, understand and implement practices from the more enabling model.

2) Current Special Education 2000 policy, which is based on two contradictory models of disability, can lead to schools implementing practices, which are not inclusive. In view of the present study's findings, implementing practices from the deficit/medical model and social construction model simultaneously is likely to hinder effective educational outcomes. When practices are implemented from the deficit model, they do not alter the school's overall culture and thus serve to separate the child from the rest of the school. Yet, the Special Education 2000 policy promotes several deficit-based practices such as, requiring individuals to be labelled for their incompetence as opposed to their competence (in order to receive any funding), allowing special schools to be fund-holders for children enrolled in regular schools with "the final responsibility for deciding the exact amount of resourcing required" (Ministry of Education, 1998), and supporting the retention of segregated settings despite the objective, "to achieve a world class inclusive education system" (Ministry of Education, 1996b, p. 2). Perhaps a review of the policy in the light of a more consistent enabling theoretical perspective would be of value? If the policy is confused, the process of implementation can be de-railed for the child. Children and families can easily be rendered powerless when schools implement illusory inclusion or exclusion, and this can be deemed as acceptable by the policy, as schools are a larger and more powerful institution than the family.

3) The data raise issues about accountability in the present system. What measures are there in place to ensure children experience facilitative inclusion? Is there any accountability to ensure that what occurs at each level is congruent? E.g. Are the links conducive to ensuring children experience facilitative inclusion? Is the policy providing clear guidelines as to what is/what is not facilitative or authentic inclusion?

4) The current focus on parental choice enables the status quo to be maintained as essential knowledge (about inclusion) is deprofessionalised and attention is deflected away from sound or best pedagogical practices. This research shows that schools, parents and

professionals did not always know what constituted facilitative inclusion. Parental choice, in the absence of pedagogically sound criteria may result in children being engaged in unnecessarily restrictive processes, thereby reducing potential learning outcomes for all concerned, as not all choices and links with educators and professionals lead to meaningful outcomes.

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