STARTING PRESCHOOL: HOW DO CHILDREN WITH AND WITHOUT DOWN SYNDROME BECOME VALUED MEMBERS OF PEER GROUPS?

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ABSTRACT

The purpose of this study was to investigate the process of transition from home to early childhood centre or playgroup for three children with and three children without Down Syndrome (DS). This qualitative study explored the first month of attendance and focused on: i) how the children became valued members of a peer group (facilitative inclusion) and whether the processes differed for the children with DS, ii) how the typically developing children experienced the child with DS and iii) the extent to which the experiences of children with DS were dependent on the broader socio-cultural context. Results indicated that the typically developing children experienced inclusion into same status roles including the most advanced forms of these (parallel play and social play) virtually always when they interacted with peers. In contrast, peers often excluded the children with DS from any valid role or included them into inferior roles (e.g. baby or object). Peers were often unsure how to include the child with DS and used their existing schema to view her/him as a baby or they developed new categories for understanding the child such as 'mystery' or 'not like me.' Unequal relationships or avoidance of the child stemmed from such beliefs. The lack of facilitative inclusion had major implications for the children's social and cognitive development. Investigation into the processes underlying the outcomes in each setting indicated a number of barriers. While all staff were enthusiastic about the presence of the child with DS, there were discrepancies between their understandings, and practices, of inclusion and the intentions underlying the various inclusion policies in New Zealand. Recommendations for altering pedagogical practices in early childhood settings and policy to support facilitative inclusion conclude the study.

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This study aims to document how 3-year old children with and without Down Syndrome (DS) experience inclusion during their first transition from home to early childhood centre or playgroup. In terms of life-span development, playgroup or preschool entry often marks the first step into the more 'formal' education system, and signifies the beginning of increased independence from the family. Transitions such as starting preschool therefore provide an optimal opportunity to study the effects of contexts on inclusion in a naturalistic setting (Bronfenbrenner's "experiment of nature" 1979, p. 103). Such a transition provides an opportune time to investigate inclusion, as processes (such as practices and understandings about inclusion and disability) are more likely to become transparent and open to change whilst they are in the process of development as opposed to having been entrenched over time. Furthermore, studying children's transitions may provide strategies to intercept patterns of peer interaction that are established on entry to preschool/school, and remain remarkably stable irrespective of whether they are conducive to children's learning and development. For instance, Hamilton (2005) and Rietveld's (2002) studies of children with and without DS during their transitions to preschool and school respectively showed that for all but one child (Ian, in Rietveld's 2002 study), the children with DS were engaged in the same low levels of peer inclusion on pre/school entry as several months later. Further, case studies of the three boys with DS at preschool the month before they started school revealed that after nearly two year's attendance, they were engaged in a narrower range of roles and relationships than their typically developing peers (Rietveld, 2002). Essentially, their relationships were marked without personalised connections, but interactions with random peers. In addition, through each preschool's established processes the children were prevented from entering into more mature forms of social relations.

It would seem then that studying inclusion during children's transitions is particularly pertinent, so that ideally, facilitative processes are established from the outset. Transitions, however, pose new challenges for all children who need to acquire new roles, develop new relationships and learn new rules (Bronfenbrenner, 1979) in order to maximise the benefits from the new setting. Children may be especially vulnerable during this time and fail to reap the educational benefits of their early childhood participation, if they have difficulties making sense out of their new environment, adopting the roles required and feeling that they belong (Belsky & MacKinnon, 1994;

Levitt, 2005). This also raises challenges for parents, educators and associated professionals in their roles of creating optimal contexts in which the developing child can maximise her/his learning and development, and to provide an optimal level of support during the transition. The aim of a successful transition is for the child to be engaged in processes conducive to her/his development in relation to the new roles required and for the infrastructure to support that goal. As noted by Bronfenbrenner (1979), an optimal transition enables participation in more complex activities and relationships, which in the preschool context amongst other relationships involves membership of the peer culture,

> The developmental potential of a setting is enhanced to the extent that the physical and social environment found in the setting enables and motivates the developing person to engage in progressively more complex molar activities, patterns of reciprocal interaction, and primary dyadic relationships with others in that setting (p. 163).

Inclusion

Participation or experiencing inclusion as a valued and active member in one or more of the peer cultures and eventually developing a friend or friends is an important task in early childhood and affords numerous potential benefits (Richardson & Schwartz, 1998). Not only does the development of successful relationships facilitate the child's socialisation process and serve as a protective factor in development (Criss, Petit, Bates, Dodge & Lapp, 2002; Ladd, 1990) but such inclusion also provides the context for enhancing emotional (Stern, 2004), language, cognitive, and moral development (Piaget, 1952; Rogoff, 1990; Vygotsky, 1978). Furthermore, relationships with peers may provide access to other potentially rich learning contexts (e.g. visits to another's house or party). The closer the emotional bonds, the more likely peers are to respond sensitively and contingently, thus enhancing the likelihood of developmental outcomes (Bruner, 1995). The promotion of processes that support engagement in such developmentally enhancing experiences therefore is desirable. In contrast to this, ongoing exclusion is likely to diminish the quality of one's life (Hatch, 1987), hinder access to culturally-valued learning (Kollar, Anderson & Palincsar, 1994) and contribute to loneliness which heightens risk factors such as anxiety, poor self-esteem, depression and emotional and behavioural problems (Parker & Asher, 1987).

Inclusion as a valued and integral member of the peer culture, through eventually developing more personalised relationships with age-mates, involves a different role to that of being a child at home with a parent who is generally available to mediate her/his social experiences. At preschool/playgroup, the child becomes one of a larger group of children with fewer adults where, if she/he is authentically included, she/he gains access to the peer culture, which in turn provides access to a pool of potential friends. Facilitative relationships with peers provide enriched learning contexts conducive to academic and other learnings (Wenger, 1998). Peers (who are at a similar stage of development) are less likely to be able to mediate social exchanges than parents who have a greater understanding of the likely intent of their children's communication. Furthermore, as noted by Hatch (1987), "In relations with parents, teachers and other adults, children are assigned status which is subordinate by definition" (p. 176/7) whereas with peers, status needs to be earned and is negotiated anew during each face-to-face encounter. Entering preschool/playgroup marks the beginning of egalitarian as opposed to subordinate relationships and that requires learning what is required in co-operating, sharing and problem-solving as participating equals. Consequently, Lewis (2005) states, "The child must therefore become familiar with the properties that define peers (e.g. that they are spontaneously active and self-directed) and with the rules necessary to regulate interaction with them (e.g. that they do not respond to crying as mothers do)" (p. 15). Given the new learning required with the change in rules, roles and relationships, it seems likely that children may need a level of support to facilitate their inclusion in order to optimise the benefits of the preschool environment.

Down Syndrome and Inclusion into Peer Groups

It is probable that such learning will present additional challenges for children with DS and their peers due to the former's likely differences and delays in information-processing (Stratford, 1985) and the latter's ability to interpret and respond to those differences (von Tetzchner & Jensen, 1999). For all newcomers entering groups, a degree of anxiety is heightened in existing members until the latter ascertain what they need to do to reduce the anxiety and enable smooth interaction (Smith & Bond, 1999). That initial anxiety is exacerbated when aspects of the newcomer (e.g. speech, mannerisms, behaviour and appearance) suggest differences with which the majority

are unfamiliar (Stephan & Stephan, 1985). While not all differences have the same effect in interfering with inclusion, some differences, notably an identifiable intellectual impairment such as DS poses more of a threat than others such as ethnicity (Sinson, 1988).

Therefore, for the child with DS, social inclusion into a new setting such as the preschool may pose additional challenges, given that he/she may look, move and behave in different ways and be subject to societal stereotypes, expectations and prejudices (Goffman, 1963; Kliewer, 1998; Taylor & Bogdan, 1989). These factors are likely to confound the process of inclusion by impacting on peer interactions and hence the quality of relationships (Sinson & Wetherick, 1981; 1982; 1986). It is probable that the challenges associated with the inclusion of children with DS in the microsystems of their playgroups or early childhood centres are exacerbated in a wider social context where an intellectual impairment is viewed as odd, a static characteristic that does not shift in meaning (Biklen, 2000) and a personal deficit as opposed to an expected and societal issue (Taylor, Biklen & Knoll, 1987). An example of this in the preschool setting might mean that the curriculum has not been set up to cater for the developmental differences posed by DS, resulting in the child being unable to make meaning out of the activities and hence peers drawing on their existing schema may perceive the child as an infant, oddity or undesirable other. Unfortunately, once a child's status as oddity has been established it is likely that her/his reputation is likely to become a self-fulfilling prophecy as evidence to confirm this belief is sought and exclusion results (Johnson & Johnson, 1980). What seems to occur is that peers start viewing the newcomer's unfamiliar characteristics as static, all-encompassing, monopolistic and stereotyped. Unless some facilitation of different kinds of experiences with the newcomer (ones which help children understand the unfamiliar characteristics and see beyond them to other characteristics which they can relate to), the process of exclusion continues. The norms of the preschool with its emphasis on independent selection of peer groups and activities involving specific competencies implies that all children are intrinsically motivated to engage with their social and physical environment in a way that supports their learning. For children with DS who may not have the motivation and skills needed for gaining and maintaining entry into relationships with peers, this could highlight a mismatch between the understandings/abilities of the child with DS and her/his optimal

participation and learning in that social context. This raises a critical issue for educators – how do they respond to differences and commonalities at all levels of the preschool or playgroup system in order for children to experience facilitative inclusion? Given the educational purposes of settings such as early childhood centres of playgroups, such inclusion can be reasonably considered to be the ultimate goal of a successful transition.

Down Syndrome-specific Characteristics

Underlying the child with DS's differences in appearance, behaviour and movement appear to be some syndrome-specific characteristics that warrant attention because of their likely impact on peer relationships. At the same time, some caution must be exercised in the use of behavioural phenotypes because i) the role of environments is not fully understood and ii) children with DS may show varying aetiology-specific behaviours (Fidler, 2005). Wise use of the DS profile has the potential to optimise pedagogical practices in inclusive settings that utilise the child's strengths and facilitate her/his development/learning in an effort to reduce or prevent potential barriers to learning. It remains unknown, however, to what extent contexts can ameliorate or buffer any of these specific differences. An outline of the specific-sensory and learning factors associated with DS and how these might impact on peer relationships and hence, inclusion follows:

(a) Response intensity to stimuli

Children with DS may be less responsive to stimuli and respond with less intensity to situations than typically developing children (Ciccheti and Ganniban, 1990; Ganniban, Wagner and Cicchetti, 1990) due to biological differences. For example, children with DS smiled (more slowly) at the same scenario a typically developing child laughed at. A lower arousal level is likely to pose issues for successful interactions between children with and without DS as peers may interpret luke-warm responses as a lack of interest in them or an activity. Both educators and peers may misinterpret a child's low-level response, or non-responding as non-compliance or an inability to perform when the quality of the stimulation may have been insufficient or lacking in sufficient clarity for the child to respond in the expected manner. The consequences of this for inclusion are that peers may view the child as 'naughty', incompetent or 'odd/other', which reduces their motivation for including the child.

(b) Attention/focus: isolated aspects or wholes?

Children with DS are less likely to take into account the whole of situations before responding. Laboratory studies of infants and young children with DS found that they tended not to scan as widely as typically developing children, often fixating on single or irrelevant aspects of tasks or situations (Ciccetti & Ganniban, 1990; Miranda & Fantz, 1973). Focusing on isolated aspects results in less and often crucial information not being processed. If children with DS have difficulty focusing on the critical aspect(s) of communication, then this places dyads of young children with and without DS at-risk for establishing 'joint attention', which forms the basis for more advanced forms of inclusion.

(c) Behavioural inhibition

Disengaging or delaying responding once already engaged in a task, is more difficult for children with DS than for typically developing peers. Researchers have sought to explain this phenomenon by suggesting a basic neurological inhibitory incapacity (Wagner, Ganiban & Cicchetti (1990), deficits in auditory memory, less well-developed schema for situations or events (Kopp, 1999), other unidentified reasons or a combination of the above. While the explanation is still unclear, the implications of difficulties with inhibiting responses for social interaction are immense. Social interaction requires joint attention to the same focus. If one member finds the behaviour of another aversive and gets no favourable response after messages to terminate aversive behaviour, then the probability of achieving joint attention let alone a successful equal status interaction may be compromised.

(d) Memory

A number of laboratory studies have consistently demonstrated that children with DS show poorer short-term auditory and visual memory than typically developing children and children with other forms of developmental delays. However, despite both their auditory and visual memory being weaker in comparison to other groups of children, their visual recall was found to be superior to their auditory recall (Marcell, 1988; Marcell & Armstrong, 1982; Marcell & Weeks, 1988). Typically developing children generally show better auditory than visual memory. Poor auditory memory is likely to have major implications for inclusion. Poor short-term memory is likely to

affect acquisition of meanings in conversations and hence social interaction. If others speak to the child in long sentences, the child has to store all the words in short-term memory until he/she has heard the whole sentence, before he/she can decode it for meaning. Retaining the words in short-term memory is a virtually impossible task for the child with DS, so it is hardly surprising if he/she opts out of the interaction or focuses on one aspect of the conversation even if it is an isolated and unimportant aspect. Where teachers and children emphasise key aspects and/or use visual cues (such as pictures or words) when conveying large amounts of information, the child with DS will not have to rely as heavily on his/her short-term auditory memory and can participate more actively in the learning process and relationships with others.

(e) Information Processing

Children with DS may take longer to process information and organise a response (Zelazo & Stack, 1997). Peers, who are unaccustomed to such a delay may move away thinking that the child is unresponsive. This may contribute to peers treating the child as an object, excluding the child or taking a superior role in interactions.

A useful aspect in communication is the ability to interpret successfully another's emotional expression. It would seem that children with DS have a specific deficit in accurately processing facial expressions (Wishart & Pitcairn, 2000), which does not appear to improve with age and would appear to have a biological basis. If indeed this is the case, this may be a risk-factor in the formation of mutually-satisfying peer interactions.

(f) Generalisation/incidental learning

Children with DS are less likely to generalise concepts, skills and information to new or slightly different materials, situations, tasks or places (Hogg, 1981; Stratford, 1985). This failure would appear to stem from an inability to ascertain the similarities between one's past skills or knowledge of the issue and the current requirements. Skills acquired in one situation or in the presence of particular people are also less likely to transfer to another.

Being able to make the appropriate connections between similarities in tasks, skills, people and situations is clearly conducive to successful communication with peers, so one can ascertain the most appropriate way to respond to the immediate interaction.

(g) Language development

Children with DS tend to have difficulty with articulation and speech production, thus affecting the clarity of what is said. Furthermore, to understand and respond to the spoken language of peers a conceptual understanding of the spoken message is required which may be problematic for the child with DS whose development is likely to be delayed and whose understandings at age 3 will chiefly involve concrete, visible objects/experiences as opposed to those that are not immediately visible.

The research on language indicates that receptive language and cognition are usually at a more mature level than expressive language. In fact, while expressive language continues to develop at a slow rate, it is usually the most delayed aspect of development of the child with DS (Cicchetti & Beeghly, 1990; Fowler, Doherty & Boynton, 1995; Rondal, 1988). Understanding of meanings can also be delayed as children with DS focus on sequences of auditory language (words and sounds) as opposed to their underlying conceptual or semantic aspects. This may mean that children with DS misinterpret what is communicated, which if this is a regular occurrence, may be dissatisfying for peers and contribute to their exclusion.

Historical Background to Inclusion

Despite the challenges associated with peer inclusion, a number of shifts have occurred within recent years to support the processes involved. With the changing attitudes, values and practices shifts have occurred in policies supporting the inclusion of people with impairments in all facets of life including participation in regular educational settings. For many years children with impairments, particularly those with intellectual impairments were viewed as ineducable (Milofsky, 1974) and a burden to families (Nirje, 1969). Institutionalisation for care and protection from the harshness of society and so that parents and families could get on with their lives was considered the appropriate course of action in New Zealand (Appendix to the Journals of the House of Representatives of New Zealand, 1956; Hunt, 2000). At the same time and also later as these institutions began to wind down (from the 1960s) due to

decreased funding and changes in thinking about disability (Hunt, 2000), young children with impairments tended to reside at home and/or attend separate preschools, such as those run by the New Zealand Society for the Intellectually Handicapped. For instance, Monigatti (1975/6) reports the results of a New Zealand survey undertaken in the early 1970s that only 16% of preschool children with intellectual impairments attended regular preschools such as kindergarten or playcentre, with the great majority attending the society's segregated preschool and special care facilities.

Further changes related to concerns about a key purpose of educational settings – the acquisition of advanced ways of thinking, functioning and being. Studies of children in inclusive and segregated early childhood settings showed no advantages in terms of intellectual and social development when they attended segregated settings (Hundert, Mahoney, Mundy & Vernon, 1998; Odom, Wolery, Lieber, Sandall, Hanson, Beckman, Schwartz, Horn, 1999).

While it was thought that children needed certain skills to participate in less restrictive settings and that the development of those skills optimally occurred in segregated settings, it is now recognised that a denial of access to the settings in which those skills, beliefs and attitudes are needed, actually restricts their development (Kunc, 1992). While segregation was based upon the presumption that teachers in segregated settings are better able to teach children with impairments than those in regular settings, research suggests that effective regular and special class teachers are more alike than different in what they do in the classroom (Gottlieb, Alter & Gottlieb, 1983). Inclusion is based on the assumption that children are more alike than different, hence they do not require vastly different teaching or a separate curriculum. Competent teachers can effectively teach all students, given a supportive context (Erwin & Guintini, 2000).

Distal effects expected from inclusion involve the regular educational setting supporting the family's vision that the child belongs in the community irrespective of ability. It is also expected that the child's peers, teachers, education support workers and significant others involved with the setting will learn to be more accepting, tolerant, less fearful and more comfortable with people who have impairments. That is, they will see beyond the disability, be less fearful of human differences and

interact with the person with relative ease in a respectful and valuing manner. Facilitative inclusion has the potential to reverse the negatively stereotyped views of people with impairments and enable them to be known on an individual basis as valued citizens with unique contributions to offer. This is necessary to enable the broader goal stated by Brown (1995) to occur, that is, "the regular education classroom of today is the integrated workplace of tomorrow" (p. 142).

Thus, inclusion can be justified on the basis of a number of grounds: moral, human right and developmental/educational. At the same time, while inclusion is essentially a moral issue dependent on the kind of society we envisage (Ballard, 1998; Biklen, 1985), it is insufficient to have children with impairments enrolled in regular sls and early childhood settings on the basis of their "rights" alone without taking into account the nature of their educational experiences. At this point, it is pertinent to consider the policies that attempt to support children's inclusion in early childhood settings and playgroups

Policy supporting Inclusion

In theory, two main policies aim to support the inclusion of children with impairments in regular early childhood centres. These are: i) *Te Whariki*, New Zealand's early childhood curriculum (Ministry of Education, 1996), and ii) the New Zealand Disability Strategy (2001). The Ministry of Education has no overall national policy concerning inclusion, as the term 'inclusion' is subsumed under 'Special Education', which involves a different underlying philosophy.

Whilst *Te Whariki* "is designed to be inclusive and appropriate for all children and anticipates that special needs will be met as children learn together" (p. 11), it is not known whether this is in fact the case. Cullen (1999) & Rietveld's (2002) examples of the experiences of children with and without impairments in New Zealand preschools would suggest that children do not necessarily experience facilitative inclusion. Disability theorists (Fulcher, 1990, 1995; Oliver, 1990, 1993) argue that no policy is able to guarantee (facilitative) inclusion as power is enacted at every level of the social, political and educational system and the content (e.g. the discourses) and processes occurring at each respective level will affect the quality of inclusion

children experience (Fulcher, 1990). So while early childhood policy is essentially supportive, its enactment in terms of processes is less clear and warrants further research.

While the national early childhood curriculum (*Te Whariki*) is based on a socio-cultural perspective, it is not known to what extent, educators are cognisant of how the shift from a developmental to a socio-cultural perspective affects pedagogical practices. Whether staff view inclusion as assimilating children into an existing culture or understand that inclusion is about developing a new culture that supports the learning of all children is also unknown. Some evidence suggests that the former may be occurring. This assimilationist approach is hinted at in a staff training video explaining the early childhood curriculum, *Te Whariki*. An early childhood worker stresses the importance of all the teachers working with the child with special needs in the Centre as opposed to only the child's education support worker (*Te Whariki*: Policy to Practice – Empowered to learn Video, 2001). On one level, this appears plausible given the negative inclusive outcomes for children with and without impairments when teacher-aides are 'velcroed' to children with special needs (Giangreco, Edelman, Luiselli, & MacFarland, 1997; Philips, 1997). However, critical information concerning the links between the Centre's philosophy of diversity and inclusion and pedagogical practices (e.g. underlying attitudes, values, knowledge and beliefs) are not addressed. It is not so much who does the interacting that is the critical issue, but how the interactions support a sound philosophy of inclusion and hence, learning (Rietveld, 2002). In the absence of this information on the video, it would appear that the Centre's view of inclusion involves the child with special needs assimilating into existing practices on no other basis other than the Centre's existing philosophy as the teacher explains,

> "She has a special needs teacher…but each of the staff have a real strong philosophy of interacting with each child that's in our environment….so we make sure….we work with her as well…."

The New Zealand Disability Strategy (2001), which forms the framework for developing New Zealand into an inclusive society, presents 15 objectives pertaining to full participation in all aspects of society by people with impairments. The first and third objectives are concerned specifically with education. These are i) "Encourage and educate for a non-disabling society" (Objective one, p. 14) and ii)

"Provide the best education for disabled people" which is followed by a statement pertaining to children having equal opportunities to learn and develop in their local, regular educational centres (Objective 3, p. 11). Objective one is concerned with the importance of transforming regular settings to reflect the values inherent in inclusion, which is expanding social and cognitive learning for all children. Since children learn through participation, this points to the importance of children with and without impairments experiencing increasingly mature relationships. What is clearly intended is that as children with impairments participate in increasingly mature ways, that simultaneously, typically developing children develop supportive and realistic attitudes and learn new and appropriate ways of relating and participating with their classmates with impairments, all of which contribute to reduced fears about human differences and advocating for those with impairments when appropriate. Unfortunately, objective three provides no guidelines to teachers aiming to implement inclusive programmes because there is no clear philosophy and concomitant goals for implementing pedagogical practices. For instance, the third "detailed action" under Objective three states, "Ensure that teachers and other educators understand the learning needs of disabled people". How those needs are determined is not specified, which might lead educators to specify policies and practices that actually hinder learning and inclusion which would conflict with the overall objective of providing facilitative inclusion and the 'best' education.

The New Zealand Disability Strategy also focuses on the meaning of inclusion, which involves full and active participation in relationships as noted:

> "New Zealand will be inclusive when people with impairments can say they live in 'A society that highly values our lives and continually enhances our full participation' (p. 1)."

Clearly, this aim is about the quality of relationships as only people can value one another's lives. In the preschool context as mentioned earlier, a key goal is for children to develop and maintain relationships not only with adults, but also with peers (*Te Whariki*, 1996, p. 64), although the nature of those relationships is not specified. The New Zealand Disability Strategy gives educators some form of direction in terms of the kinds of peer interactions and relationships that need to be aimed for, although of course, educators may interpret this statement as pertaining only to staff/adults and not peers. Thus, while the Government policy is intended to

support quality inclusion in all facets of New Zealand society including early childhood settings, research is needed concerning its actual interpretation, enactment and effect on young children's experiences.

While the Ministry of Education appears to be supportive of inclusive education as indicated in various objectives, strategies and guidelines (e.g. Ministry of Education's 'Including Everyone', 2000), educators receive mixed messages as statements pertaining to inclusion are categorised under the heading of 'special' education - a philosophy underpinned by discourses of pathologies that require "fixing", additional resources, range of educational settings and so on (Skrtic, 1991). This philosophy runs counter to discourses on inclusion where the focus is on creating non-disabling contexts from the outset (Barnes, 2003; Slee, 2002, 2006). Overall, the Ministry of Education provides "no leading, overriding, coordinating, or national policy about inclusion from which schools (and early childhood settings) and teachers can develop their inclusive programmes and practice" (Higgins, MacArthur & Rietveld, 2006, p. 30). In New Zealand, this lack of socio-cultural leadership in relation to inclusion would appear to be a core issue affecting the quality of inclusive education (Rietveld, 2002; 2005).

Theoretical Understandings of Disability

The change in policy from segregation to inclusion in regular settings has taken place over recent decades as a result of changing beliefs, political, social and economic contexts (Oliver, 1996). It is helpful to recognise the theories underlying exclusion and inclusion to understand not only the shift in policy, but also how educational systems/contexts have evolved without the expertise, understandings and practices to meaningfully include all learners.

Personal Tragedy/Deficit Model

The beliefs underlying segregation whether in institutions or special educational settings centred on the provision of smaller classes so that children with impairments would receive more individual attention, a curriculum tailored specifically to their needs with teachers who were specially trained (Ainscow & Tweddle, 1979) and a safe environment free from any stress and pressure (Appendices to the House of

Representatives, 1956). Assumptions underlying these claims were that: a) intelligence was a fixed characteristic that could be accurately measured and that legitimised the categorisation of children into classes of normal/not normal, b) participation in segregated educational settings was necessary because these children learnt differently and required special behavioural technology to remedy their deficits, c) children with impairments lacked the skills to benefit from participation in regular settings, d) greater learning outcomes and self-esteem would be enhanced when children with similar intellectual abilities learn together, and e) regular educational environments were stressful and inappropriate settings for children with impairments because of their reduced level of functioning and learning ability. Not only have some of these arguments been shown to be inaccurate (e.g. that intelligence can be accurately measured and determine future functioning (Ballard, 1980) and that children with intellectual impairments are unable to learn in regular educational settings (Rietveld, 2002), such arguments prioritised certain socially constructed attributes over others, such as thinking, behaving, moving and communicating in conventional ways. Regular preschools and schools evolved to cater for children who behaved, acted and appeared within their socially constructed range of norms, while special settings catered for those whose abilities fell outside the lower limits of these norms. Given this background, it is perhaps not surprising that current educators have limited expertise (Rietveld, 2002) and confidence (Wishart & Manning, 1996) in including children with impairments in facilitative ways.

Such beliefs about disability are based on judgements about what constitutes significant social deviance and reflect the personal tragedy view of deficit/medical model of disability (Ballard, 1995; Fulcher, 1989; Oliver, 1986). Through the removal of children who did not 'fit', special education enabled the wider system to remain intact by preventing "teachers from recognizing anomalies in their paradigms" (Skrtic, 1991, p.169). From this viewpoint, intellectual impairment is seen as the single-most important personal deficit, failure, illness and/or tragedy that dominates all aspects of an individual's being. No account is taken of the role of social factors and as noted by Llewellyn & Hogan (2000), "the overall picture is that the human being is flexible and 'alterable' while society is unalterable" (p.158). Exclusion is easily justified from the deficit perspective given that the individual is deemed "not like us" (deviant) on all accounts. Therefore, differential treatment is justified when

the more powerful majority feel uncomfortable with the violation of familiar norms. For instance, babbling and hand gestures by a 3-year old with DS is more comfortably interpreted as deviancy requiring speech and language therapy (remediation) than a legitimate form of communication that age-mates and/or educators can interpret and participate in, thus establishing a shared context for understandings.

Oliver (1986) and Fulcher (1989) argue that the personal tragedy view with its focus on the individual serves a particular ideological function. With its focus on remedying at the level of the individual, this view serves to depoliticise disability as it fails to consider the social, environmental, political, professional and cultural factors, which create barriers and reduce opportunities for equal participation and consequently, learning. Thus, despite most children with intellectual impairments, such as DS currently attending local early childhood centres, these contexts may serve as places of disempowerment if educators in these settings continue to adhere to the personal tragedy model of disability. The rules, routines, norms and social practices, infra-structure and so forth may negatively affect children's learning if these practices are based on an absence of diversity as a prevailing norm.

Social Construction Model

People with impairments and many of their caregivers supported academic discourses that reject the focus on the 'deficient'/deviant individual but view disability more as a function of social, economic and political factors, which create barriers and impede equal participation (Campbell & Oliver, 1996). This is not to deny the existence and impact of biological conditions such as DS or the contributions various professions have to offer, but to note that the exclusion and stigmatisation experienced by people with intellectual impairments is not an inherent outcome of their biological impairment, but the consequences of social and political oppression. Instead of devaluing differences and viewing them as unusual, special or in need of 'fixing', the social construction model sees disability and differences as ordinary, something to be expected and valued and hence accommodated in all aspects of educational settings. From this perspective, disability or differences are not seen as all-encompassing static traits, but attributes (along with others such as religious beliefs, ethnicity, gender, preferred interests) that will vary in terms of dominance according to context. For instance, religious beliefs may preclude some children from participation in certain

rituals such as birthday celebrations irrespective of impairment. Not being able to speak may pose a barrier to inclusion in a preschool where spoken language is the dominant form of communication but may not be an obstacle in a setting where peers have learnt to feel comfortable with and respond appropriately to diverse forms of communication such as babbling and non-verbal signs. Thus, dis/ability like any other construct may shift in focus depending on the responsiveness of the context. The social model concerns inclusive and exclusive cultures, which are mediated through the curriculum and its delivery as well as the infra-structure and processes that comprise early childhood settings. Adoption of this model requires staff in early childhood centres to arrange the physical and social environment from the outset to take into account the variation in abilities, interests and attributes of all members in a way that enhances all children's learning of culturally-valued beliefs, skills and/or understandings.

Replacement of Personal Tragedy Model by Social Construction Perspective?
While the personal tragedy model has been criticised on a number of accounts for: a) obliterating the identities and personalities of people with impairments by classing them into a single category (Morris, 1997), b) its patriarchal approach (Corbett, 1993) and c) its emphasis on personal deficits and failing to take into account the role of external factors, it seems premature to reject this model in its entirety. It is clear that children with physical and psychological differences, such as those occurring for children with DS are easily recognisable and their differences do affect interactions with typically developing children (Sinson, 1988; Hamilton, 2005). Consequently some form of accommodation and interpretation is required to explain these differences.

At the same time, the social model is also incomplete, as it fails to explain all aspects of the disability experience (Llewellyn & Hogan, 2000). Not only is the individual's experience of his/her disability ignored, but the very real impact of the neurological consequences of biological impairments such as DS on functioning is minimised (Capone, 2004; Goodman & Linn, 2003) because "real barriers have to be constructed socially" (MacKay, 2000, p. 160). While research on preschool and school classrooms where practices reflected the deficit model of disability resulted in negative social and academic outcomes (MacArthur, Purdue & Ballard, 2003;

Rietveld, 2002; 2005), a potential limitation of the social model is that teachers tend to interpret this perspective as meaning that any focus on an individual must be an example of 'medical' or 'deficit' thinking (MacKay, 2000) and so aspects that impact on the learning situation for the individual are overlooked. Only focussing on the social context without considering how the individual experiences that social context is a misinterpretation of Vygotskian theory in that Vygotsky considers children as co-constructors of their social contexts, which indicates that attention must be paid to not only the context but how the individual processes that context. Total reliance on the social model of disability is also problematic when it is known that learning and development are supported when the learning context and how the learner perceives/experiences that context are closely aligned (Nuthall, 2001).

<u>Towards a more Holistic model of disability?</u>

Bronfenbrenner (1979) advises researchers who study children's development in naturalistic contexts such as early childhood settings therefore to note that "the properties of the person and the environment, the structure of the environmental settings, and the processes taking place within and between them must be viewed as interdependent and analysed in systems terms" (p. 41). Bronfenbrenner's emphasis on the transactional process of child characteristics constantly interacting with contextual features to form interactions and relationships that affect learning has much to offer this study. Disability research is beginning to acknowledge the interactive nature of individual with impairment and her/his environment (Dewsbury, Clarke, Randall, Rouncefield & Sommerville, 2004; Rietveld, 2002; 2005). This study, which examines how children with DS actually experience inclusion/exclusion in everyday settings such as their preschools or playgroups, will contribute to a more holistic model/perspective on disability. Such a model will of course, encompass the more enabling perspective offered by the social construction model.

Theoretical Framework for Considering Inclusion and Transition

Given that the existing models of disability do not fully encompass all aspects of the experiences of individuals with impairments and that this study seeks to obtain as holistic a view of the processes of inclusion and exclusion as possible, it is helpful to turn to theoretical models of learning and development to explain the process of

inclusion during transition. Successful inclusion (where the child is engaged in developmentally enhancing processes) is influenced by the simultaneous interaction of biological factors, direct and indirect contextual influences (Rietveld, 2002).

Ecological Systems Theory

Bronfenbrenner's (1979) ecological and later bioecological model (Bronfenbrenner & Ceci, 1994) provide a comprehensive framework for understanding the interplay among the various processes within and external to the child, which influence development. It shares in common with the social construction model of disability the importance of bi-directional, transactional relationships between the individual and her/his contexts and the impact of social factors and more distal systems on the immediate context. The bio-ecological systems model extends the social construction model by offering a more holistic perspective for viewing inclusion. It enables investigation into how child characteristics (including biological factors) and direct and indirect environmental influences connect and interact over time. A dynamic, transactional approach involving all pertinent systems is advantageous for this study, given that facilitative inclusion is not about isolated or "one-off" experiences, but about the development of certain kinds of relationships over others (ones that are developmentally enhancing) (Fisher, Roach & Frey, 2002; Rietveld, 2002). Within the ecological model, children are viewed as active participants rather than passive recipients of their experiences and development is driven by the child "whose basic impulses are directed toward survival, constructive action and psychological growth" (Bronfenbrenner, 1988, p. xi) which interact with features of the child's immediate and distal contexts.

Learning as a Social Process

Similar to the interactive ecological systems-approach evident in the ecological model, recent theoretical understandings view learning as a contextualised interactive process involving the child and her/his social/physical environment (Kraker, 2000; Nuthall & Alton-Lee, 1994; Speece & Keogh, 1996). This view promotes the idea that children's development and learning takes place through the internalisation of the external social world to the internal psychological world. This means that the quality of one's thinking is dependent upon the quality of one's social participation (inclusion) and that children construct their understandings of themselves, their

competencies, their world and the kind of connections they make with the curriculum according to how they are included. From this perspective, it is helpful to ascertain the kinds of roles the child and her/his peers engage in (how they experience inclusion) as this determines to a large extent their access to culturally-valued tools, skills and knowledge. For young children, direct interpersonal interactions (or being excluded from them) provide vital information concerning interpersonal expectations (Levitt, 2005). If a child's attempts (conventional or not) at inclusion with peers are regularly ignored, she/he learns that her/his inclusion or membership is not valued. Repeated experiences of this nature may lead to the child's avoidance of peers, thus contributing to participation in a less rich learning context that in turn, negatively affects learning and development.

The social process model of learning provides a useful way to interpret or understand interactions in early childhood settings that are pertinent to the present study. Take for example, the following observation from the current study's data set. When 3-year old Emma touches the frame of the rope ladder in an attempt to climb it, Daniel (peer) pulls it out of her hand and says to her with a stern expression, "NO!" When I (researcher) ask Daniel why Emma is not allowed to climb on it, he replies, "She can't do it". Another peer (Elisabeth) supports Daniel's comment by saying, "She's too little. She's only one (year old), I think". Through this experience, Emma receives the predominant message that she is incompetent and a lower status and undesirable member. Having the ladder taken out of her hands without consultation and being spoken about as opposed to interacted with directly places Emma in a devalued (baby) and passive role in relation to her peers who continue to use the equipment to actualise their goals. According to Vygotsky (1978), ongoing experiences of such a nature for Emma is likely to contribute to her learning that i) climbing and related skills (e.g. balance) are not viable goals for her, which may lead to her failing to learn culturally-useful skills facilitative of living in an inclusive society, ii) exercising agency results in punishment (having her equipment removed, thus thwarting her goal) which may contribute to reduced initiative and/or learned helplessness, and iii) she is an inferior, undesirable, incapable and odd member (by being spoken about as opposed to interacted with directly). Furthermore, since neuroscience research indicates that learning and feelings are inseparable (Neve, 1985), the experience for Emma of having her selected piece of equipment taken from

her within a context of negative affect would mitigate against the provision of an atmosphere of feeling liked, valued and secure and hence interfere with her learning.

The model also provides a framework for exploring joint attention or shared interaction that is essential for the kind of inclusion that enhances learning and development and so ideally needs to be promoted at transition. When learning and development are conceptualised as a function of the quality of interactions with more skilled participants, an essential requirement is that children with and without DS learn to interact with one another in respectful and increasingly more mature ways. For that to occur, both the child with DS and her/his peer(s) need to participate in social contexts that involve shared attention or a "meeting of minds" (Bruner, 1995, p. 6). This shared/joint attention provides the foundation from where each may experience scaffolding from the other within her/his respective zones of proximal development (the distance between what the child can do independently and what she/he can do with help). Furthermore, this intersubjectivity which involves both participants co-ordinating their attention and focussing on the same aspect of the object, activity or idea is pivotal for both the development of more mature relationships (inclusion) and the cognitive and other learning that occurs through participation within those relationships (Vygotsky, 1978). If peers (as well as adults) are to effect learning by scaffolding one another or in other words, if inclusion is to facilitate learning and development, both participants must achieve shared attention or intersubjectivity (Rogoff, 1990; Wertsch, 1979) concerning the same aspect(s) of the experience, as such "meeting of minds" (Bruner, 1995) provides the basis of all subsequent learning. Children cannot learn to include or recognise peers with DS as equal participants by including them as lower-status members as within this context, there is no reciprocity, "meeting of minds" or shared meanings as the lower member's authentic contribution is ignored whilst only the dominant member's is included. This may well be what Bogdan & Taylor (1999) refer to when they say, "being in the community is not the same as being part of the community" (p. 2). Derman-Sparks, Gutierrez, Brunson Phillips (1989) argue that as well as having negative learning effects for children with DS (or other impairments), when typically developing peers avoid and/or interact with the former in stereotypical ways, this also stifles their healthy self-concept and social development, thus highlighting how the curricula in

genuinely inclusive preschools (Slee, 2000[1]) need to be facilitative of the necessary processes for the benefit of all children.

Establishing intersubjectivity or shared attention between children with and without DS or other intellectual impairment may pose additional challenges. According to von Tetzchner & Jensen (1999) these challenges should not be blamed on either the person with or without the impairment, but viewed as a function of the relationship because, "…for the disabled partner, the possibility for expression is reduced, and for the speaking partner the possibility to receive what the disabled partner intends to communicate is negatively influenced" (p. 454). These challenges contribute to an uneven balance of power. Since children with DS are generally less skilled communication partners (Harry, Day & Quist, 1998; von Tetzchner & Jensen, 1999) as well as members of a devalued minority group (Pueschel, 1992), this inevitably places a greater responsibility on peers for addressing the imbalance of power. For typically developing children, learning how to include their peers with DS in respectful and supportive ways would require staff who are informed about the philosophy underlying inclusion, the translation of this philosophy into practice (the presence of a responsive social context) and how learning takes place.

Inclusion in Early Childhood Settings: A Critique of the Research

With the shift in policies and underlying paradigms, it is worth ascertaining what the research literature can offer in terms of the inclusion of children with and without DS and/or other intellectual impairments during or after their transitions to early childhood settings.

Quality of Interactions

Early studies in the U.K. of children with DS during their transition to preschools or playgroups (Sinson, 1998; Sinson & Wetherick, 1981; 1982; 1986) suggest that typically developing children "eventually give up any effort to sustain mutual gaze" with their peers with DS (Sinson & Wetherick, 1986, p. 119) because of their lack of

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[1] Slee argues that inclusive education is not a synonym for assimilation. Moreover, it requires new knowledge and analytic tools to consider the articulation of identity and difference in new forms of schooling.

response. A major consequence of the failure to establish any meaningful connections is that children with and without DS remain isolated from each other, thus thwarting the process of facilitative inclusion. It is not known whether these experiences are necessarily inevitable or a reflection of the social context at the time. In New Zealand, a number of contextual changes have occurred in early childhood settings over the last decade. These include shifts in thinking about disability commensurate with policies aimed at inclusion in all facets of society (New Zealand Disability Strategy. 2001), curriculum changes (Ministry of Education, 1996), improved staff qualifications (Education Review Office, 2003), and locally, improvements in early intervention services (Foster-Cohen, 2005) all of which have the potential to alter children's experiences of inclusion in playgroups and preschools from those described in these earlier studies.

While there has been a growing literature on the inclusion or social interaction between young children with and without intellectual impairments in early childhood settings (e.g. Hamilton, 2005; Hauser-Cram, Bronson & Upshar, 1993; Guralnick 1999; Odom, 2000), few provide the detailed richness concerning the social processes between children with and without DS as those undertaken by Sinson and her colleagues in the 1980s. For instance, in a large study investigating the ecology of inclusion, Kontos, Moore & Giorgetti (1998) observed 40 children (mean age 4.3 years) with mild and moderate impairments and 2 matched pairs in each preschool during free-play. The findings pertinent to this study indicated that children with and without impairments "engaged in peer interactions at some level the majority (77%) of the time" (p. 43). Another quantitative study (Okagaki, Diamond, Kontos & Hestenes, 1998) also concluded that "there was no difference between the two programs (university and community-based preschools) in the amount of contact typically developing children had with classmates with disabilities" (p. 67). While on the surface, such data appear encouraging in that children with impairments are included amongst and not isolated from their peers, the type of data gathered (quantitative) is problematic as it does not permit the kind of analysis necessary to ascertain whether or not the peer interactions were facilitative of or interfered with developmental outcomes. Such studies make an implicit assumption that the greater number of peer interactions the "better" without considering the nature of the interactions and how they are maintained or altered by the wider social preschool

context. High levels of social inclusion are not necessarily facilitative of development if the interactions are demeaning, invasive, involve benevolent acts of unwanted helping or involve other forms of unequal status (Rietveld, 2002). As noted by van der Klift & Kunc, (1994), "True inclusion is dependent on the development of meaningful and reciprocal relationships between children" (p. 392).

Focussing only on the child with DS (or impairments) without investigating the quality of interactions of their typically developing peers and the social context in which the latter might learn how to interact appropriately with those who have impairments is also a criticism that can be levelled at many studies of preschool inclusion (e.g. Cross, Traub, Hutter-Pishgahi & Shelton, 2004; Hamilton, 2005; Kontos, Moore & Giorgetti, 1998; Okagaki, Diamond, Kontos & Hestenes, 1998). Given that a child's social development affects and is affected by other social systems (Bronfenbrenner, 1979), it makes little sense to focus on the outcome for only one component of a system – the child with DS yet, Hamilton's (2005) study of ten 4-year olds with DS in regular preschools defined interaction as "any spontaneous, imitated or prompted verbal or non-verbal expression by the child that is directed at a peer or peers" (p. 126). By definition, this places the onus of responsibility for successful inclusion on the child with DS who, apart from being a member of a minority group which is likely to negatively influence interactions, is likely to be less skilled at initiating and maintaining interactions. Omitting to investigate the interactive nature of inclusion makes little sense from an ecological approach and also from a philosophical point of view, since inclusion by definition means involvement or membership with others.

Other studies that focus on the quality of the socio-cultural context of the 'inclusive' preschool are still limited. While Kontos et al. and Okagaki et al's studies investigated the quality of the early childhood centres in terms of their developmental appropriateness, there was no indication how responsive the centres were to the values underlying inclusion (Peck, 1991; Slee, 2002). Similarly, this criticism is applicable to most other studies and literature reviews concerning preschool inclusion (e.g. Cross et al., 2004; Hamilton, 2005; Odom, 2000; Wolfberg, Zerchar, Lieber, Capell, Matias, Hanson, & Odom, 1999). It is unknown to what extent the preschool cultures in any of the studies (pedagogy, curriculum, organization and ethos) were

responsive to the varying children's diversities (impairment or other) or whether the children with impairments were assimilated into existing cultures. This is an important issue, given that assimilation into existing cultures that were designed for children without impairments is not what is intended by inclusion but the creation of a new culture that incorporates and represents the actual diversity present (Slee, 2002).

Emerging research studies suggest that preschools and junior school classrooms that have changed (and continue to change) their cultures to encompass the diversity present in their populations show enhanced outcomes for children with and without impairments (Erwin & Guintini, 2000; Kliewer, Fitzgerald, Meyer-Mork, Hartman, English-Sand & Raschke, 2004; Rietveld, 2002). Erwin and Guintini's (2000) ethnographic study describing the inclusion of a 3-year-old boy (Timmy) with multiple impairments in a childcare centre catering for 15 children between one and three years is one which illustrates not only the favourable outcomes for Timmy and his peers, but also the deliberate processes engaged in to achieve those outcomes. Underlying these outcomes was a critical factor - the entire staff's understanding and implementation of an enabling philosophy of disability, which resulted in Timmy experiencing the same kind of inclusion as his peers. While Timmy did not initiate the same range of interactions, his peers willingly engaged him in the same diverse range of interactions as with each other. These experiences were being internalised by Timmy and his initiation of some of these interactions is likely to have contributed to maintaining his inclusion.

Kliewer et al's (2004) study focussed mostly on the promotion of literacy for children with intellectual impairments in regular preschools. Teachers saw their role as facilitating all children's competencies towards the use of increasingly more complex graphic semiotic systems to "meaningfully participate in, generate, and sustain narratives (p. 387), with both adults and peers. As teachers supported children's diverse narrative forms including those that pertained exclusively to the peer culture (toilet talk, ganging up of cliques and so on), children with disabilities became increasingly included in these discourses.

Wolfberg et al's study (1999) investigated the inclusion of 10 children, of whom eight had developmental delays. An interesting theme to emerge from this study was that

all the children expressed a desire to be included in the peer culture. In many instances, this was expressed unconventionally, such as in the case of 4-year old Angelica (child with DS) who demonstrated her interest in a nonverbal, indirect and relatively non-assertive way as she approached peers outside "by watching, following, and occasionally imitating their actions" (p. 75). Given that peers in her preschool rarely initiated contact or responded to Angelica's initiations, it would appear that the typically developing children had not yet learnt how to interact and feel comfortable in the presence of children with impairments – a critical outcome of inclusive education, suggesting deficits in the preschool culture. Only two of the ten children with intellectual impairments experienced inclusion in terms of membership of the peer culture. This suggests that exclusion is not an inevitable outcome for children with intellectual impairments who participate in regular preschool settings. While no data are provided on the quality of the preschool cultures, it does suggest qualitative differences in settings that provide optimism for the development of inclusive preschool programmes.

Quality of Inclusion – How Measured?

Data in the previously-mentioned studies focused essentially on children's experiences of inclusion in their early childhood settings. Other studies and reviews utilise a 'top-down' approach by researchers determining some 'key' variables considered to represent successful inclusion (Cross et al., 2004; Odom, 2000). For instance, Cross et al's study focused on 7 children with intellectual impairments including one with DS, all of whom were considered to be successfully included on the basis of the following 4 criteria: i) progress on each child's individualised programme, ii) progress in personal development and knowledge and skills anticipated for all children, iii) welcomed by staff and peers, and iv) parental satisfaction. The study sought to investigate the pedagogical practices at both immediate and distal levels that contributed to those 'successful' experiences of inclusion. While the criteria appear plausible, viewing inclusion as a discrete set of experiences without reference to the philosophy or values underlying inclusion (Slee, 2002) and the consequent learning required for children with and without impairments (Rietveld, 2005) may provide a false understanding of 'success'. It is possible for children to experience 'success' on each of Cross et al's four criteria without any inclusion into facilitative learning processes at preschool. This situation can occur

because: i) learning towards individual goals or other can occur in other contexts besides the classroom or preschool (Wenger, 1998), ii) teachers may genuinely support the child's enrolment, but lack the pedagogical expertise to facilitate an inclusive classroom and iii) parents may not always know what facilitative inclusion consists of. Furthermore, relying on interview data to establish key information such as the quality of children's relationships is a further limitation of Cross et al's study, as it is not clear what kinds of relationships the children actually engaged in when the authors report,

> "Basically, the typical children in the classrooms were helpful to the child with special needs. Parents and providers expressed the belief that the children were learning compassion and acceptance of differences at an early age" (p. 175).

The present study intends to overcome limitations of pre-selecting categories and use of interview data on its own, by including open-ended observational data of children in their naturalistic settings.

General Conclusions and Research Questions

Inclusion of children into regular early childhood settings may or may not lead to favourable outcomes for children, families, teachers, parents/caregivers and the wider preschool/playgroup community depending on the nature of their educational experiences. This focussed review of studies highlights that in most cases outcomes are mostly unfavourable. Furthermore, it demonstrates that children with remarkably similar characteristics can experience such different outcomes from participation in different settings (reflecting different philosophical perspectives) suggests that barriers do not lie solely within the child, but within contexts. Disability theorists such as Oliver (1996) and Fulcher (1990) have provided the theoretical explanation for why contexts are so critical in the lives of people with impairments. Much of the concern stems from ongoing practices and infrastructures reflecting the values, assumptions and beliefs underlying exclusionary paradigms that have been transferred without critical examination into regular educational settings. Inclusive education is not about the assimilation of children with impairments (or other identifiable impairments) into regular settings, but about reconstructing educational systems at all levels which reflect the philosophy and values underlying this paradigm (Skrtic, 1991;

Slee, 2001). This involves education systems changing the ways they conceptualise and respond to student differences.

The transition to an early childhood setting is for many children their first peer group experience in an 'educational' setting outside the home. Investigating children's inclusion during this transition seems particularly pertinent, given that children with DS or other intellectual impairments may spend up to two years in early childhood centres experiencing low levels of inclusion or exclusion from any of the peer cultures (Hamilton, 2005; Rietveld, 2002; Wolfberg et al., 1999). Such disabling experiences for children may be able to be mitigated through greater understandings of the processes on entry and the development of more enabling processes from the outset.

Processes such as inclusion and the transition to an early childhood centre or playgroup can be usefully understood within theoretical models, which focus on the child's functioning within her/his immediate contexts and consider the broader social, political, and structural factors impacting on that functioning. Models based on socio-cultural theories (see Bronfenbrenner and Vygotsky) are helpful in understanding whether the processes occurring during inclusion and transition are facilitative and supportive of development, which includes being treated as an equal, valued, active participant in the full range of culturally-valued roles in a centre or playgroup.

When learning/development is conceptualised as a function of the quality of interactions with more skilled learners, it becomes evident that i) the child's inclusion with more expert learners is essential for optimal culturally-valued learning outcomes to occur and ii) given the broader goal of an inclusive society, (of which an inclusive school is a component), classmates need to be included into processes involving the valuing of diversity and the establishment of an inclusive learning community. Children cannot learn to include effectively by avoiding contact. For children to experience inclusion into meaningful culturally-valid learning encounters within their zones of proximal development at the 'chalk-face', a setting's infrastructure needs to be developed to support these kinds of inclusive experiences.

Whilst various policies support the inclusion of children with impairments in early childhood settings (e.g. New Zealand Disability Strategy, 2001, Ministry of

Education, 1996), there are few guidelines informing practitioners about the sorts of experiences that reflect authentic/facilitative inclusion. A key aim of this study is to ascertain whether these macro policies are having any impact on the experiences of children with DS and their peers at the microsystem level.

While some studies of inclusion in early childhood settings have contributed to our understandings of factors impeding and enhancing favourable processes and outcomes, there are also shortcomings. These include: A greater focus on the quantity rather than the quality of interactions with peers and a focus on children with impairments without acknowledgement of the broader context. Furthermore, the 'inclusive' policies of the early childhood centres are not explored in any depth and in some studies only adult perspectives are sought. Because of the shortcomings in the existing literature, the aim of this study with its focus on DS is to determine the nature of inclusion during children's first transitions from home to early childhood setting. I have attempted to overcome some of the limitations of the previous studies on inclusion during transition to preschool or throughout the preschool period by: 1) providing a holistic perspective on both immediate and distal factors influencing inclusion during transition, and 2) investigating the nature (rather than quantity) of the interactions at the micro-level.

More specifically, I aim to address the following research questions:
i) What is the process of becoming or not becoming an included valued member of a peer group (facilitative inclusion) for children with DS? How does it differ for children without DS?

ii) What are the experiences of children (DS and typically developing) who experience facilitative inclusion (participation in the full range of roles for the setting) compared to those of children who experience illusory inclusion or exclusion?

iii) How do the typically developing children experience the child with DS?

iv) To what extent is becoming a valued member dependent on the wider context (e.g. what teachers do/do not do, the philosophy of the institution)?

METHODOLOGY

In order to investigate the process of transition from home to preschool or playgroup for three children with DS and three typically developing children, it was necessary to investigate not only the direct experiences of those concerned, but also the meanings they ascribed to those experiences. Gaining a holistic perspective necessitated the use of an ethnographic design and qualitative methodology (Bogdan & Biklen, 1998; Glaser & Strauss, 1967; Hammersley & Atkinson, 1995). This allowed for the gathering of rich, descriptive and contextual data concerning these children's first experiences of inclusion. Since little research on this issue had been previously undertaken, it was essential to use methods that did not pre-define categories or select certain variables for investigation prior to data collection. Qualitative methods are known to be particularly suited for exploratory and descriptive studies which involve large amounts of 'unstructured data' pertaining to a small number of cases (Bogdan & Biklen, 1998; Glaser & Strauss, 1967; Hammersley & Atkinson, 1995). Methodologically, this study shared elements in common with those of Nuthall's (1999; 2001) research pertaining to teaching and learning in primary school classrooms. The most pertinent similarities involve: i) a focus on tracing the learning for a small number of case study children rather than making generalisations about large numbers of students and ii) gathering open-ended data from which to refine categories and themes relating to the research questions instead of using pre-defined categories.

Case Study Method

The case study method is well suited to this inquiry and qualitative research, given the complexities and specificity of real-life behaviour in context as well as the broad, exploratory nature of the investigation (Wolcott, 1975; Yin, 1994). Case studies have broken new ground in multiple fields, for instance, linguistics, cognitive development, disability and so forth. A case study involves the thorough examination of a particular setting, subject or event and therefore multiple case studies (such as in this investigation) enable detailed comparisons to be made. The aim of the case study is the gathering of in-depth description with considerable attention to detail and context, with a view to developing a theory that could be tested or at least applied at a level of general principles. Case study research works inductively with theory being

grounded in the emerging evidence. Given that there is minimal empirical evidence, certainly of a holistic nature on the inclusion of children with impairments into local early childhood settings, the case study with its emphasis on "individuals rather than aggregated data" allows "the complexity of the experiences of individuals" to become transparent (Alton-Lee, 1998). Yin (1994) views the case study as particularly appropriate when the researcher is concerned with underlying processes of the phenomenon under investigation rather than just the phenomenon, and when multiple data sources are used. Since the value of much educational research is of questionable value to practitioners (Nuthall, 1989), teachers and educational professionals may find the case study, with its focus on contextual detail to have greater relevance.

In exploratory studies such as this, ecological validity is better addressed through the use of a small number of case studies that provide accurate, detailed and complete information than through a larger sample where the information about individuals may be fragmented, incomplete and superficial. Where it is important to obtain a complete picture of all the contextual and individual factors that might be involved, only the detailed study of individuals makes this possible. A further strength of using case studies is that they allow interactions between significant features of the focal issue to emerge (Merriam, 1998).

Permission was received from the University of Canterbury's Ethics Committee to undertake this study (see Appendix A).

Characteristics of Participants and Settings

Selection of Children with DS

The director of an early intervention programme was contacted for potential access to the next three children with DS who were due to start preschool or playgroup over a specified 4-month period. A senior staff member of that early intervention programme was assigned the task of contacting possible families to ascertain their availability and interest. The next three families who met the above criteria expressed a willingness to participate. I contacted the mother of each child by phone to discuss the issue more fully. Subsequently each family was sent a formal information sheet

explaining the study along with a letter inviting participation and a consent form (see Appendix B). Parents returned the (signed) consent forms to the researcher at the preschool or playgroup. The names of the children with DS (pseudonyms to ensure anonymity) were Adam, Emma and David. The children continued to attend the early intervention programme for one half day per week. This resource provided their parents with access to specialist professionals in order for them to optimise their children's development within their family and community settings.

Selection of Contrast (Typical) Children

A typically developing contrast child for each child with DS was included in the study to gain some understanding of how a child functioned in each context when the issue of impairment was not an issue. Although the purpose of the information was not to make strict comparisons, these data were considered important not only in view of the scarcity of information concerning children's entries to preschool groups but also as a source of information to draw on in relation to some of the more pertinent processes and findings concerning the children with DS. The contrast children who for the purposes of this study were named, John, Rosa and Noah were similar to the children with DS in aspects of socio-economic status, ethnicity, number of siblings and amount of preschool experience (John and Rosa only). Noah was enrolled at preschool for four full-days a week whereas David attended one morning a week. Since there was no other new boy attending the same hours as David, Noah was included in the study. John was the same age as Adam although Rosa and Noah were younger than the children with DS at their preschools by 3 and 6 months respectively. In absence of other suitable children starting preschool who were closer in age to the children with DS, these children were selected. Observations commenced on the typically developing child at each early childhood setting once all running record data on the child with DS were complete. Observing the typically developing child immediately after the child with DS in each setting was important to minimise there being significant changes in the context experienced by the two children, which could influence the data. By observing the children so closely together, a number of key factors remained closely similar such as the peers and staff present, the type of programme and activities.

The first child (John) and his family were selected with the help of Adam's mother who was on the playgroup committee and knew the various families attending. She contacted John's mother concerning my request during one of the playgroup sessions and after expressing interest, I discussed the issue with her further, then forwarded the more formal information sheet and letter inviting participation and consent form (see Appendix C). The contrast children at Emma and David's preschools (Rosa and Noah) were selected after consultation with their head teachers who subsequently approached the parents concerned. After expressing interest, these families were provided with the same information sheet detailing the study, a letter inviting their participation and consent form as John's family (Appendix C). The parents returned the signed consent forms to the head-teachers who then forwarded them to me.

Children with DS and their Contexts

Adam: Adam was the youngest of four children and started attending playgroup at 2 years, 11 months. One of his siblings also attended the playgroup. Adam could initiate and terminate verbal interactions with peers using one and two-word utterances or by using non-verbal means such as watching an activity, smiling, expressing supportive comments and gestures and gradually participating in the activity. Amongst his strengths was his vast array of physical skills and his social personality. He could easily run, climb steps, slide down the slide, throw, catch and bat balls and so forth and he often greeted others by smiling and showing interest in their activities.

Adam's Playgroup: Adam's playgroup was a parent co-operative with a specific philosophy of education. At least one parent or substitute (e.g. grandmother) remained with his/her child/ren at the playgroup while it operated. The playgroup catered for children from birth to 12 years and operated for 2 and one-half hours in a preschool centre once a week. The group had multiple functions. Not only did it cater for the children in a free-play programme similar to that found in New Zealand preschools with additional activities to challenge older children (e.g. calligraphy, table-tennis, making plaster of paris statues), the group also provided opportunities for parents to learn, share resources and support one another. The number of children

and parents attending the playgroup varied from week to week with approximately 20-40 children with accompanying parents or caregivers attending any one session.

Emma: Emma was the youngest child in her family and was 3 years, 3 months at the commencement of the study. She had a school-age sibling and several older siblings who were grown-up and no longer living at home. During observations, Emma was observed participating most actively and often in art-related activities, such as drawing, painting and collage and those involving tactile experiences, such as water, sand, dough and sawdust. She could walk confidently and was beginning to develop other physical skills such as running and climbing.

Emma's Preschool: Emma attended a privately-owned child-care centre that catered for children from 0-5 years. It was divided into two sections, the nursery for children aged under 2 years and the preschool for children aged from 2- 5 years. Emma attended the preschool section for one day a week, although both preschool staff and her parents were keen to increase her time at preschool, but this was dependent on being able to secure the necessary funding. The preschool ran a free-choice programme where for most of the day, the children were free to interact with one another, the wide range of indoor and outdoor equipment, their teachers and other adults (parents, student teachers). There was a brief "mat-session" at the beginning of the day followed by a 20-minute group time where children were divided into smaller groups depending on their age to undertake a specific activity (e.g. cutting and pasting, clay, or to play a group game). Other specified routines for all children included hand-washing before morning tea and lunch and another mat-time before lunch at midday. The preschool provided more qualified staff (1:6/7) than was required by the Ministry of Education (1:9) in order to provide optimal learning experiences for the children. An Education Support Worker associated with Emma's early intervention programme provided extra support for Emma and the staff at the Centre one half day a week at a time the researcher was not present. Approximately 24 children attended the preschool at any one time.

David

David was the elder of two children in his family and he was two weeks away from his third birthday when he started attending preschool for one half-day a week. David

did not interact a great deal with his preschool environment and remained on the periphery a lot of the time. He showed a strong interest in activities involving balls (e.g. throwing them in and out of a parachute), an activity he was reported to enjoy at home also. He also showed an interest in what children were doing and sometimes followed them as they moved to activities and initiated babbling to them.

David's Preschool

David attended a privately-owned child-care centre for one half day per week. It was divided into 3 sections; i) a unit for babies, ii) a section for 2-3 year olds and iii) a section for the 3 and one-half to 4 year olds. David attended the unit for 2-3 year olds, which was usually staffed by two trained-teachers and around 18-20 children attended at any one time. Although formal documents stated that the programme was based on Te Whariki and the Reggio Emilia philosophy, observations indicated that the first hour of the indoor programme involved mostly teacher-directed group activities such as story-reading, music and finger-plays with few options for self-initiated play. This was followed by morning tea after which all the children were required to play outside. The outdoor area offered the children opportunities to self-initiate their own play activities and partners until it was time to return inside for lunch. Unlike Adam's playgroup and Emma's preschool that offered an abundance of tactile, creative and open-ended activities such as water-play, clay, carpentry, painting, collage, finger-painting both inside and out, the activities at David's preschool, tended to require a certain level of competence for successful participation (e.g. Duplo, construction sets, trikes, metal climbing frames, ride-in cars).

Typically Developing Children

John

John who attended the same playgroup as Adam was 3.0 years at the commencement of the study. He was the third child in his family and his three siblings who ranged in age from eighteen months to 11 years also attended the playgroup. John took an active part in most of the playgroup's activities and he demonstrated considerable perseverance at activities that were probably aimed at challenging the older children, but that he was determined to master (e.g. table-tennis, painting plaster of paris

statues). He was able to initiate and sustain verbal and non-verbal interactions with his peers.

Rosa

Rosa attended the same preschool as Emma for 2 half-days per week. She was 3.0 years and had an older sister who was at primary school. Like Emma, Rosa devoted considerable time to creative pursuits such as painting and collage. She related well to her peers and when not engaged in art activities, peers sought her out as a playmate.

Noah

Noah who was enrolled at David's preschool had attended another preschool in another district before attending this centre. He was aged 2.5 years at the commencement of observations. Noah had a strong interest in trucks and earth moving machinery often selecting puzzles and books with this theme. He was reluctant to go outdoors, often hiding and expressing his dislike when requested to go. However, once outside, he usually involved himself in sand play or a climbing activity, often engaging in parallel play and the beginnings of co-operative play.

A summary analysis of details concerning the characteristics of the three children with and without DS is shown in Table 1.

Table 1.   Summary of Children with DS and Typically Developing Children

Name	Gender	Birth order	No. of Children in Family	Age at preschool/ playgroup entry
a) Down Syndrome				
Adam	Male	4	4	2.11
Emma	Female	4	4	3.3
David	Male	1	2	2.11
b) Typical Children				
John	Male	3	4	3.0
Rosa	Female	2	2	3.0
Noah	Male	1	2	2.5

<u>The Researcher</u>

My background involved experience as a kindergarten teacher with postgraduate qualifications in Education followed by working for 10 years as an itinerant preschool teacher with an early intervention programme with a strong commitment to inclusion and optimising learning opportunities for all children within family and community contexts. Prior to and subsequent to completing my PhD on the inclusion of children with DS during their transition from preschool to school, I had published and presented papers on inclusion from the perspective that while impairments may limit functioning, disability is largely a socio-political construct that originates from being treated in a particular way in one's social contexts. This socio-cultural perspective seemed to resonate with the parents of the children in this study who wanted their children to be treated as equal, respected citizens whose educational (and other) needs should be considered from the outset as opposed to as an afterthought. For instance, Emma's mother reported,

> "The places where she goes (preschool, school) need to be educated for her. They need to fit in with her, not the other way round".

Awareness of my background was made explicit in the initial covering letter to all families and early childhood settings (Appendix F). At no stage did I get the impression that such background information interfered with any of the data reported by any of the participants, although of course, it is never possible to fully know one's impact on the data. The conversations (interviews) that ensured would suggest that none of the participants positioned the researcher as expert as all appeared to speak freely suggesting a level of power-sharing was achieved/approximated.

<u>Playgroup/Preschools</u>

After the parents of the children with DS approached the president of the management committee (Playgroup) or Head Teachers (Preschools) informally about the study, letters with consent forms (see Appendix D) for all the staff and detailed information sheets (see Appendix E) were sent to each centre outlining the study and inviting participation in the research. The personnel in each of the settings agreed to participate.

In addition I interviewed 4-5 children in each of the centres about their experiences of and perceptions of the child with DS. These children were selected in consultation with the teachers or in the case of the playgroup with the parents of the children concerned. Selection was based on their likely willingness to participate and that they had interacted with the focal child. Before interviewing in the preschools, the head teachers contacted each child's parents and gave them an information sheet about the study provided by the researcher with accompanying consent form (see Appendix G). All contacted parents agreed to let their child be interviewed by signing the consent forms.

The children were approached towards the end of the observation period (after they were familiar with my presence) at a time that they were not engrossed in an activity. I explained that I was learning about what children do when they come to playgroup or preschool and that on this occasion, I was learning about _____ (name of the child with DS). I showed them a photo of the child engaged in solitary play, asked if they knew her/him and if so, would they like to tell me some things about her/him (for interview schedule, see Appendix H). They were also told that they did not have to take part and that they could stop talking to me when they wanted. I showed them how the tape-recorder worked and how they could take charge of it by stopping and starting the on/off button at any time. They could also listen to themselves when they were finished. The location of interviews varied from child to child. Most were undertaken outside on a bench, sandpit ledge or book mat. In Emma's preschool, one child was interviewed by the head teacher, as the child concerned was no longer attending the same session as Emma, but on another day. In view of this child having a sibling with an impairment, the teacher (and researcher) thought his understandings might be particularly illuminating.

Since any of the children attending the playgroup or preschools could potentially interact with the focal children, all parents were informed that the study was taking place through an information sheet (Appendix E), which provided a cut-off slip, which they could return to me if they did **not** want their child/ren observed. Only one slip was returned and it later transpired that this was an error as the parent thought that she was signing to allow participation. The child concerned hardly interacted

with the child with DS, so the omission of the data had a negligible effect on the data as a whole.

Data Collection Procedures

Description of Data Sources

The data consisted of three main types: a) running record observations, b) semi-structured interviews and c) field notes/other e.g. records of IEP meetings provided by parents, Education Review Office reports of the preschools, notes about the content of telephone or other informal conversations with participants. A more detailed description of the data sources follows:

(i) Running Record observations

Running records were used to gain as much information as possible about what each child did, the language used, the teacher or other adult's behaviour, the materials available and those used, the type of activity engaged in, the setting, involvement with peers and peers' reactions to the behaviour the child engaged in. Running records recording sheets, which were divided into thirty-second intervals were used to record the data. An example of one and a half minutes of continuous running record data divided into three 30-second intervals is presented in Table 2.

Table 2. Example of Continuous Running Record Observation Divided into Three 30-second intervals

_____

10.10a.m
Emma walks down two steps to the mat/music area. Two boys are playing with the wooden train tracks and trains. They are next to the family corner. As Emma approaches, Boy 1 says, "No" in a firm tone to Emma. Boy 2 (also in a firm tone) says to Emma, "We don't want babies near here".

Emma picks up a small carriage that lies on the periphery of the track they are playing with and where they are playing. Boy 2 says to Emma, (firmly) whilst staring at her, "Leave that [carriage], you silly dummy". Boy 1 says to Boy 2, "She's (Emma) a silly dummy". Boy 1 – Boy 2, "She's (Emma) a baby, eh?" No reply from Boy 2 who is busy trying to connect 2 track pieces together.

Emma gets up and leaves to go to the nearby family corner where she plays by herself.
_____

There were times when interruptions or breaks occurred during the running record observations (for example, when a teacher offered me her perspective on an event, or when the child could not be adequately seen). Such breaks were noted and observations recommenced as soon as was practicable. Omissions in the recording of verbatim language also occurred during situations where speech was inaudible, indistinct, too fast to record and in situations, where getting any closer would have affected the participants' spontaneous activity. These omissions were noted and as much detail as possible about the context was substituted.

(ii) Interviews

Semi-structured interviews were used to gain teachers, parents and peers' descriptions and interpretations of their experiences concerning the child with DS's entry to playgroup/preschool and their attitudes and beliefs about the process. The content areas covered by the interview guide for each adult participant are presented in Appendices J (parents) and K (teachers).

Data on children's understandings were considered a critical feature of this study, given that "only when children's perspectives are understood, can an education system be truly inclusive" (Clough & Nutbrown, p. 101). Nuthall (2001) also argues for research "that focuses on the realities of student experience and the learning that results from that experience" (p.24). In essence, children's views have the potential to provide insights into their learning and experiences of inclusion/exclusion that are not always apparent to adults and that may elucidate enabling/disabling processes.

(iii) Field Notes

Field notes were descriptions of and my reactions to events that were less detailed, systematic and continuous than the running record observations. As much detail as possible was noted about the incident, who was involved, my reaction, what was said and the context. The following is an example of a regular event that occurred in David and Noah's preschool.

After morning tea, all the children are required to play outside. I notice that some children, and Noah in particular are reluctant to go outdoors. Noah frequently runs to

the far end of the preschool and hides or immerses himself in an activity such as with a book or puzzle. Children regularly, including David and Noah, hover by the door and try to re-enter the building. Staff responses to this behaviour include: "No, this way (physically prompts child away from the door). We're going to stay outside for a wee while, while the beds are getting made", "No, not just now. You need to stay outside" "You can't today [go inside] as we have no teachers inside".

Observer's Comments: It is winter-time and I suspect that the children found it hard to keep warm and active for the 60-90 minutes they are required to be outside. There are no 'soft' spaces and activities are limited in that after having had a swing, slide, trike ride, climb and play in the sand, it seemed hard for some of these 2-3 year olds to occupy their time. Apart from the sand, there are no open-ended activities outside and the equipment is not responsive to many of the younger children, but especially David, who is not at a stage of skill development where he can engage with the equipment E.g. using a ride-in car requires standing on one leg and lifting the other leg over the frame to enter it. The fine-motor stationary activities on mats outside the front door also require a certain level of skill (e.g. blocks that interlock together) that David has not yet attained. I wonder why the staff do not focus on the learning potential of the activities offered for all the children, not just the more competent ones. Te Whariki (the curriculum) is about empowering children to make choices that will enhance their learning, but in this context, choices are heavily restricted by the physical and social environment, which hinder David (and probably others) from entering into viable learning situations. The implication of not being allowed inside and not being able to participate in many of the activities outside is that he spends considerable time unengaged walking around the track or in self-stimulating behaviour (e.g. flicking a piece of string). How can peers view David as a competent and desirable member of their peer group (inclusion) when the curriculum fails to provide for his competencies? And how can David's favourable learning dispositions be enhanced when there is no match of the learning environment with his developmental level? Noah expresses his distaste of having to go outside each day by hiding inside or crying, but once outside, he engages with the physical and social environment, which suggest that the implications of this procedure (all staying outdoors for a prescribed time accompanied by a minimally responsive outdoor environment) are greater for children with impairments.

(iv) Permanent Records

(a) Individual Education Plan (Emma only)

This consisted of specific goals for Emma involving the five strands of Te Whariki (Well-being, belonging, contribution, communication and exploration).

(b) Education Review Office Reports (Emma and David's Preschools)

These were comprehensive, generic reviews of centres that focused specifically on i) the quality of education provided such as the learning environment and how the quality of interactions might impact on children's learning, ii) areas of national

interest, e.g. how government policies are implemented, iii) compliance with legal requirements and iv) additional review priorities.

(c) Other

Philosophy statements of the centres available electronically or in the news media e.g. a job vacancy for staff at one centre was included in this category.

Amount, Type and Timing of Data Collected

Children were observed for 2-3 hours during their first days of entry to preschool or playgroup. The amount of time each child was observed varied due to my commitments with other children in the study, parents' needs to collect and/or drop off their children early/late, my unavailability to observe due to other parents wishing to discuss the research, changed circumstances (e.g. an Education Support Worker commencing work with the child on the day the child attended and that was the only day he attended) and absences due to ill health. Total running record data obtained for each child consisted of the following: Adam (6 hours, 35 minutes), John (2 hours, 40 minutes), Emma (12 hours, 25 mins.), Rosa (4 hours, 40 minutes), David (9 hours) and Noah (6 hours). The children were observed in the order listed above.

Mothers of the children with DS were interviewed in their homes at a convenient time during the middle-end of the observation period. Teachers were interviewed at the end of the observation period.

Data were gathered during the winter over a four-month period within a specific year, starting at the beginning of May and terminating at the end of August. The study took place within the first five years of the twenty first century.

Data Analysis

The data were analysed inductively. The first task involved transcribing all interviews and typing up all observations and field notes on the computer as soon after they were collated as practicable. Some tentative data analysis occurred throughout the data collection period. My comments, insights and reflections on the observations were recorded in an ongoing manner and emerging ideas and decisions

were shared with the participants and colleagues. Whilst Glaser & Strauss' (1967) method of data analysis was generally utilised for this study, it was decided not to progressively narrow the focus as data collection proceeded. In an exploratory study that had to be completed within a restricted time-frame and whose central purpose was attempting to identify how the various processes work and inter-relate, it was essential to gather as much relevant information as possible on all the pertinent variables as it is not possible to identify the critical ones and their relationships until data gathering are complete. Therefore, progressively narrowing the focus as data collection proceeded would and incoming data were gathered (constant comparative method, Bogdan & Biklen, 1998) would also have reduced the potential usefulness of the case study method by excluding some categories of behaviour that occurred infrequently towards the end of the time a particular child and her/his contexts were being observed. Most of the methods traditionally used for analysing data in qualitative research were not suitable for this study.

More formal data analysis occurred after data collection had ceased. The data were constantly revisited for themes and patterns pertinent to the research questions. Central themes included ascertaining inclusion for 3-year old newcomers, ascertaining the focal children's experiences of inclusion and identifying the sources of those differing experiences. Category generation was facilitated by familiarisation with relevant literature, a strategy advocated by Gilham (2000).

> "The two processes (getting to know the literature and getting to know your case should go along simultaneously, so that your reading and what you are turning up in your case interact: they feed into each other…what you find in the literature will sensitise your perceptions" (p. 38).

As well as the literature and data feeding one another, the case studies also informed one another as the data sensitised the researcher to particular activities, experiences and aspects of the social and non-social environment.

Data were checked against emerging categories and sub-categories illustrating the central themes to ascertain whether they fitted that particular category, required an additional category or a modification of that category. Throughout the analysis, categories and sub-categories were regularly collapsed, modified, or added to, so that

those remaining most adequately represented the data as a whole. Colleagues with expertise in child development and/or qualitative methods were consulted throughout this process. Involving multiple perspectives reduced the possibility of error or biases that could occur if only the researcher's viewpoint was used. Data triangulation, to ensure rigor and credibility (Stake, 2003) occurred as different data sources were compared and contrasted to ascertain consistent and inconsistent patterns.

The identified themes, categories and sub-categories remain close to the raw data as opposed to having been abstracted. Considerable primary data are used to illuminate the categories, so that they are transparent to the reader.

Where relevant data were available, comparisons between the typically developing children and children with DS were made to give the reader some indication of what was occurring for typically developing children in a similar context. All data analyses began with observations of the child in the preschool or playgroup setting, with data obtained from the other sources subsequently integrated with this.

RESULTS

Rationale for investigating Inclusion using face-to-face interaction data

In the investigation of issues such as gender, social class and inclusion, there is clearly an interaction between the attributes of the child and family and the institutional context and practices, both of which are affected by society's social, political and economic structures. In order to understand the structure or nature of such issues, Mehan (1992; 1998) claims that this process is achieved most effectively from the "bottom-up" as opposed to the "theory-down" or as noted by Nuthall (2001), "we have to begin at the closest point to that learning, and that is student experience" (p. 20). It makes sense then "to examine the interactional mechanisms by which that structure is generated" (Mehan, 1992, p. 16) through investigating social processes such as inclusion in the situations in which they are generated, which in this study involves the preschool or playgroup. The most basic unit for examining such processes is in face-to-face interactions. This is supported in studies showing how characteristics such as gender (Alton-Lee & Densem, 1992), race (Alton-Lee, Nuthall & Patrick, 1987), social class (Michaels, 1981), ability (Nuthall, (2001) and disability (Rietveld, 2002) mediate educational processes which consequently result in differential outcomes.

Face-to-face interactions constitute sites where processes such as inequality, competence and disability are constructed and either maintained or reconceptualized. Through examination of such interactions, it becomes possible to ascertain how disability is constructed and ascertain the effects of the setting on the child and vice versa. Without detailed investigation of the peer interactions in each early childhood setting or playgroup, it would be impossible to establish whether the children were optimally benefiting from these interactions or were engaged in stereotypical processes where the children with DS were the recipients of charity, oppression or other disabling social processes.

Problems occur if children experience mostly exclusion, inclusion into inferior roles or only a limited range of low-level same-status interactions as this will not allow them access to higher forms of social and academic development (Vygotsky, 1981)

conducive to their overall well-being and living in an inclusive society (Meyer, 2001). Typically developing children too, fail to acquire skills related to valuing differences and feeling comfortable with diversity, which are necessary for their living and working in an inclusive society (Minister for Disability Issues, 2001). A useful way of conceptualising inclusion at the chalk-face is by investigating the range of roles pertinent to the setting the child is being included in to (Murray-Seegert, 1989; Meyer, 2001; Rietveld, 2002).

Roles and Relationships

Inclusion as a member of an early childhood peer group requires certain relationships and particular roles. When inclusion is the goal, encompassing sub-goals such as a) learning to value diversity, b) feeling comfortable with differences, c) participating in a life-style similar to one's age-mates and d) acquiring the academic, socio-emotional and other skills necessary for participation in an inclusive society. These sub-goals require relationships of equal status and encompass roles such as playmate, valued group member, friend, advocate and learner of culturally-valued skills. The kinds of roles all children are assigned therefore need to reflect these outcomes. For this reason, it was decided to investigate the roles the focal children and their peers enacted whilst at preschool or playgroup.

Roles Ascribed to Focal Children (DS and Typically Developing)

The following section describes the total range of roles peers assigned the 6 focal children during observations of free-play and (at-times) teacher-led activities of the preschools and playgroup. For this analysis, only episodes involving peers under the approximate age of 8 years were included as older children at the playgroup tended to engage the younger children differently from their same-age peers. Also the one session where an Education Support Worker (ESW) was present with a focal child with DS was excluded, as it could not be established to what extent peer interactions with the child were affected by the Support Worker's presence. The total range of roles included 3 main categories, each with up to 5 subcategories. They were: a) Exclusion from any role, b) Inclusion into inferior roles and c) Inclusion into same status roles.

A predominance of interactions excluding the child prevents her/him from gaining access into more valid roles. Being part of a particular group as a playmate or friend requires real knowledge of the child. In absence of real knowledge, peers may exclude based on stereotypical, superficial information based on differences the perceive at face-value. Ongoing avoidance and most forms of exclusion can prevent children from seeing another's humanness, her/his diverse contributions, interests and abilities which in turn, mitigates against children getting to know one another accurately and hence experience, inclusion.

The data revealed five types of exclusion, which involved (i) Physical harassment/bullying, (ii) Active exclusion, (iii) Indirect or subtle exclusion, (iv) Ignoring newcomer's attempts at self-inclusion (3 types) and (v) Passive exclusion.

(i) Physical harassment/bullying

Episodes of harassment/bullying involved peers engaging in physical actions to the focal child when s/he clearly did not like it and lacked the necessary strength, physical and verbal skills to terminate the behaviour. These kinds of behaviours involved, hitting, hurting, pushing over, holding tight, chasing, strangling, rendering immobile, and ruffling hair when the focal child was crying, trying to move away, vocalising in distress, protesting "no" or using her/his hands to protect oneself. In all instances, the focal child did not engage in any aversive behaviour to the peer prior to the 'attack'. Some of the episodes involved one interchange before they were terminated such as the following:

> Rachel spreads out a sheet on the floor of the family corner. David lies on it and curls up pretending to sleep. Joel lies on top of David and continues to lie on top of him despite David's verbal distress and struggling to free himself.

Other incidents involved multiple types of physical abuse that were ongoing and continued despite efforts by the focal child, other children, staff, parents and sometimes, the researcher to terminate the aversive behaviour. The following 4-minutes from an episode that continued along similar lines for 8 minutes highlights

the most extensive harassment experienced by any of the focal children in terms of duration and intensity.

> Adam stands at the bottom of the slide and watches a child slide down. He says, "Wow wee!" and smiles as a child slides down. Stephen (aged 3 or 4) arrives and cuddles/strangles Adam roughly and knocks him to the ground. [Adam had had no contact with Stephen prior to now] Adam runs off. Stephen follows him and trips him up. Adam falls down. Stephen leaves. Adam looks around puzzled/dazed. He picks himself up, returns to the slide and climbs up the steps. Stephen has returned and sits at the base of the slide. When Adam is ready to slide down, Stephen rapidly climbs up the chute blocking Adam's access. Adam kicks Stephen lightly with his foot. [It looks as if he is telling Stephen to get out of his way]. Stephen holds Adam tightly on the slide platform. Adam grizzles and sounds distressed. He is almost crying. The girl who is waiting for her turn behind Adam at the top of the slide moves herself past the 2 boys and takes her turn. Stephen continues to 'strangle' Adam. Adam cries out, "Oh Mum, Mum". He looks around and tries to get out of the strangle. A mother near the slide says to Stephen, "Oh let him (Adam) go down. Let him go". Stephen does. Stephen slides down first, followed by Adam. Adam runs off to the area outside the front door near his mother. He picks up two plastic toys from a cable reel. Stephen pulls the two items out of Adam's hands and pats Adam on the head roughly, ruffling his hair. Adam tries to protect his head by placing his hands over his hair/head. He looks frightened and calls out, "Mum". Adam runs to a nearby hut. Stephen follows him. Two girls (aged around 8 years) are in the hut. Stephen continues to strangle/chase/hurt Adam in and around the hut. One of the girls says to Stephen, "Leave that little boy (Adam) alone. Don't hurt little boys, O.K?" Stephen ignores the comment. The same girl says again to Stephen, "Don't hurt little boys". Stephen continues to ignore the advice. Adam runs away from the hut. Stephen chases him…..

(ii) Active/Direct exclusion

Some incidents of exclusion were readily identified as the verbal content related to the focal child's exclusion and the actions (in the form of erected barriers) informed the child that he/she was clearly not welcome (see below). The incident is part of a larger episode, which also contained indirect forms of exclusion (see iii below). Unlike the previous category, this type of exclusion did not involve any aversive physical actions to the child, but contained direct verbal comments and/or direct physical actions (such as erecting a barrier or holding a piece of equipment out of the child's reach) when theoretically the space or item was available for the use of all the children.

> Emma sees a child go indoors and walks inside also. She walks to the carpeted area where the family corner, book corner, musical instruments and

train-set (in basket) are located. She sees 2 children (Cameron and Chloe) in the family corner. Emma vocalises and smiles as she approaches them. Cameron ignores Emma and says to Chloe, "Oh look. There's Emma". Cameron says directly to Emma, "No, you can't come in". Cameron says to Chloe, "Let's shut the gate". He puts the 1-metre hight white double basket/container (similar to those used in domestic kitchens) that is used to store doll's clothes beside the 2 chairs to block off access to the family corner. Emma sits on a small chair outside the family corner watching the activity inside.

(iii) Indirect/Subtle exclusion

This category involved exclusion of the focal child, but it was not necessarily specified directly to the child that he/she was not welcome. The child was required to deduce that information from the tone of voice, actions and processing of the content as illustrated in the following incident.

> Emma enters the family corner, which is occupied by Charlotte and Taylor. On seeing Emma approach, Charlotte says to Taylor, "This is **our** place, isn't it?" [said firmly and sternly] Taylor replies, "Yes".

Slightly older children sometimes used a younger child's less-sophisticated understandings to exclude her/him from the equipment or space they were using. The presence of several group members on the equipment or space may also convey to the young newcomer to comply (with the exclusion) as not doing so could result in the support of several more powerful members exerting their influence.

> Five older girls (aged around 6-8 years) are on a climbing frame. John approaches. One of the girls says to John, "Oh, no, no. Leave us alone". John still looks interested and touches the frame. The girl says, "You don't want to climb up here and break your neck, do you?" John leaves.

(iv) Ignores child's active attempts at self-inclusion
i) Conventional Strategies

(a) Verbal and Nonverbal: All newcomers (DS and typically developing) attempted to include themselves with their peers, an issue that will be described more fully later. Expressing interest through the use of conventional verbal strategies accompanied by appropriate non-verbal cues, intonation, body language and skill, such as not barging in was one approach used, although this did not necessarily lead to any inclusion. In

the following example, peers responded to the child as if he did not exist, thereby excluding him.

> Adam picks up the ping-pong ball from the floor and hands it back to the participants playing table-tennis. He watches the game with considerable interest and says excitedly, "Wee! Ooh, ball" as the children bat the ball to one another. He continues to express animated comments, "Ooh, ball, wee!" as well as using animated hand gestures signifying the ball's movement. None of the participants respond to Adam. He picks up a spare table tennis bat and ping-pong ball and rolls the ball across the table with his bat. The three children playing table tennis including 7-year old Hamish pick up 'his' ball and incorporate it into their game. Adam asks Hamish, "Me?" and vocalises further as he shows his bat and points to the ball the children are using. [Presumably asking, "Where's 'my' ball?'] Hamish looks briefly at Adam, but continues playing. Adam watches the game from the side, then walks off with his bat to his sibling at another activity.

(b) Nonverbal: Another form of self-inclusion involved the child offering a potentially appropriate item for use in the activity which peers might accept or reject. In the following incident, peers ignore the offer.

> In an effort to include herself in Cameron and Chloe's game in the family corner, Emma picks up a plastic plate off the top rack off the white container/basket and holds it. Chloe tells Emma, "No, Emma. They're all ours [emphasised]". She then holds the plate out to Cameron and Chloe and vocalises animatedly. They glance her way but ignore her offering and presence and continue with their own game.

ii) Unconventional Strategies

The children with DS were restricted in their abilities to use verbal communication and used alternate means of initiating contact often through the use of babbling and non-verbal communication. Peers either ignored such attempts or misinterpreted such initiations as hostility as illustrated in the following example.

> Clare asks David, "What is your name?" (6X) while she sits opposite him on a mat with a construction toy. David vocalises animatedly in response to Clare. About 10 minutes later as David walks around the path, he notices Clare on a trike. He walks towards her and touches/swipes her sweatshirt with his hand as he vocalises animatedly and smiles at her. She possibly interprets his swiping the sleeve of her sweatshirt as hitting and says to him, "Don't do that. I don't like it". He continues to do so and after walking around the mat, he sits quite closely to Clare and the boy she is playing with. He continues to initiate contact with Clare, tapping her on her sweatshirt, smiling and vocalising animatedly. Clare and the boy ignore David.

(v) Ignoring/passive exclusion

Passive exclusion consisted of the child being ignored in contexts that were highly interactive. In these incidents, the child did not initiate any interaction, but participated appropriately in the activity. For instance, in Emma's centre, at morning tea time the children usually chatted animatedly about the contents of their lunchboxes and showed one another their food and/or drink either with or without an adult present. Incidents of passive exclusion were evident when a child was consistently ignored during these activities or during others that involved considerable peer interaction.

> Emma sits at the morning tea table with eight others and has a banana in front of her. Francis who also has a banana sits on her right and Ellen on her left. A teacher sits next to Ellen. Francis reaches over Emma's head to show the teacher his banana. Similarly other children have conversations with each other about the contents of their morning tea. Ellen and Francis play peek-a-boo briefly with one another over Emma's head. During the 25-minutes she is at the table, at no stage is Emma involved in any interaction with peers.

2. Included into Inferior Roles

Two types of inclusion emerged from the data. The first of these involved inclusion into inferior roles and occurred when the dominant member assumed a high status role, whilst he/she assigned the other member an inferior or lower status role. This inevitably made the relationship one of unequal status. Experiencing unequal status relationships on an ongoing and consistent basis interferes with the possibility of gaining optimal benefits from inclusive education for both parties as i) there is no reciprocity and ii) the contributions of one member are ignored in favour of the dominant member who assumes he/she is superior (Rietveld, 2002). The latter is an erroneous belief which hinders the social development of the member adopting the superior position in that he/she excludes her/himself from learning different ways of interacting with diverse others (Derman-Sparks et al, 1989). The two categories describing such inclusion were: inclusion as: (i) baby or object, (ii) laughing stock or scapegoat.

(i) Included as baby or object

This category involved incidents where the child was treated as a much younger member (baby), treated as if she/he were not fully human by performing actions on

her/him without establishing any shared understandings and those where peers reported that they viewed the child as an infant. In many of these incidents such as in (b) below, the child's voice was silenced as the peer took the superior role instead of establishing any shared meanings.

Examples of this category included peers a) inspecting/exploring the child's face or tapping her/his cheeks, b) taking items out of the child's hands without consultation, e.g. Elisabeth takes the scissors out of Emma's hands, then her large crayon saying, That's too big for you", despite Emma replying "No" and grizzling, and c) peers referring to the child as an infant as in the following incident.

> Several children are taking turns on the slide including Adam who is very quick and competent. A 2-3 year old in the group calls out to me whilst pointing to Adam, "Bubby's on the slide".

(ii) Included as scapegoat or laughing-stock

The following 2 examples illustrate how the child was positioned as either a scapegoat or laughing stock, thereby rendering them as 'outsiders'.

> A group of 3-4 year olds are in the sandpit arguing over who smashed the sandcastle. One boy says to the other, "It was that little guy there" (pointing to David). It was that little guy. It was that little guy there".

By automatically assigning David the scapegoat role, despite the fact that he had not smashed the sandcastle, his peers constructed a stereotype of a child with an impairment being the cause of the trouble. Another version of 'outsider' status involved peers not interacting with the child directly, but talking about her/him in a way that suggested their framing of the child as an undesirable 'other' (not like us).

> The Community policeman is talking to the children on the mat. Prior to this, he gave all the children a sticker, which they place on the front of their jerseys. Emma pulls her sticker off and leaves it on the floor. Ben and Craig behind her place the sticker on Emma's back. They laugh to each other and say, "She (Emma) doesn't know where it is. Ha Ha!" Ben says to Craig, "Don't give it to her (Emma). She doesn't know where it is!" Both boys laugh and snigger at Emma, especially as she turns around to look at them. They continue laughing at her. Emma looks puzzled.

<u>3. Inclusion (Same Status Roles)</u>

The policies and curriculum statements that have changed New Zealand's educational macrosystem for children with and without impairments over recent years (Ministry for Disability Issues, 2001; Ministry of Education, 1993, 1996; 2001) have as their goal, the inclusion of all members in regular settings so that they can experience a life-style typically enjoyed by others in the setting. If this is to occur, then this encompasses having a range of valid roles to play. For roles to be valid (that is developmentally enhancing and valued) children in dyads and groups need to participate in same status relationships on a regular basis. This section outlines the range of equal status roles the children participated in with examples from the raw data.

(i) Brief episode/s of joint attention

These involved episodes where there was at least one verbal or non-verbal interchange pertaining to the same focus. Often, they involved brief, everyday interactions consisting of 'here and now' issues involving both partners such as in the following incident (one interchange).

> Adam picks up a girl's bucket. She says to him, "O.k., you can have that one". Adam says, "Ooh" and vocalises to her as he looks at the bucket.

In the following episode, the interaction involves several interchanges before the pair moves on to separate activities.

> Francis says to Emma, "Watch that!" (Francis shows Emma several stacked plastic pegs stacked together that he is holding). Emma looks. Some of the pegs drop on the floor (Francis held the stacked pegs on an angle). Emma picks up half the stacked pegs (as a stick, as they didn't all come apart). Francis picks up the other half. He uses his half to bang them on the ground like a hammer and Emma copies. (30 secs)

(ii) Brief reciprocal greetings

These were instances where children established a connection by greeting one another either verbally or non-verbally. The episode needed to illustrate reciprocity for inclusion into this category. For instance,

> A girl strokes David on the arm. He strokes her back and smiles at her. She smiles at him.

(iii) Parallel play

Situations involving parallel play involved each child doing his/her own activity, but evidence that both partners show awareness of the other and share a common purpose. This differs from both participants at the same activity, each having a different focus such as one child trickling the sand through her fingers and another digging a hole with neither showing any awareness of the other. The following example illustrates each child's ongoing awareness of the other yet each was engaged in his own parallel activity.

> John is in the sandpit sitting on a toy excavator. Another boy (aged 5) arrives and sits on the other excavator. John watches his arrival, but continues scooping sand the other boy does the same. John asks the boy, "Are you a big boy?" The boy replies, "Yes". The 2 boys manipulate their excavators independently, but exchange glances at one another intermittently. John says (perhaps to the boy?), "I got to get some sand out". He gets off the excavator and walks to a nearby sandcastle, picks up a spade and starts demolishing the castle. The other boy joins him in demolishing the castle, although no words are exchanged. Both scoop sand with their spades from the sandcastle as they sit next to each other. (1 and a half mins)

(iv) Social play (non-specific)

This category consisted of several mutually reciprocal interchanges involving both participants initiating, following, staying in touch with one another and supporting one another. However, the child's play partner was not observed regularly playing with the child as would occur in the case of 'special friend'.

> Noah climbs up the wobbly chain steps on the adventure playground. Max joins him, following him. When both reach the platform, they smile and laugh at one another. Noah is about to walk on the wooden steps joined together by the metal chains. Max watches, then as Noah walks, Max claps for him. Max follows and catches up. Both boys smile at one another. Noah walks to another part of the adventure structure and Max follows. Noah points to the school children playing in the playground, which they can see over the fence. Max claps and then Noah claps too. Both boys jump up/down on the platform and vocalise to one another [I can't get close enough to hear the actual content]. Noah points to the playground. Both boys smile/laugh at one another as they watch the school-children play….

(v) Specific invitation to play

Being specifically invited to join an activity suggests that one is no longer an anonymous member, but a member of a specific peer culture. The child is viewed as a valued participant at the time.

> Rosa is a regular participant in a game of mothers and fathers. During an episode, Liam calls out to Rosa, "Come on, let's go to our Mum (Elisabeth)."

(vi) Social play: belonging to a group

Being sought out as a member of a specific group reflected the most advanced level of inclusion observed in this study. It involved being sought out, staying with a game involving several interchanges, seeking out others in the group and contributing to the game. Unlike in the previous roles pertaining to same-status inclusion, when a child belonged to a particular group, their interactions were with the same or similar group of participants (not random) for a sustained period over several days. Before the observation that illustrates this category, the leader (Elisabeth) of the game (Mothers and Fathers) explains to one of the teachers, the role each child has in the group and this includes Rosa. The child's perspective on insiders/outsiders lends weight to the observational data reinforcing Rosa's membership as an insider of the group. Elisabeth says to the teacher, "I'm the Mum, Matthew is the Dad, Rebecca is the daughter, Danielle is the daughter, Rosa is the daughter".

> All 5 girls including Rosa enter their 'house' (underneath the wooden adventure structure just behind the cargo net climbing frame). Elisabeth organises everyone to sleep. All of them, including Rosa pretend to do so. Rosa calls out, "Mum (Elisabeth), get up. Hey Mum, get up here!" Rosa gets up and climbs up the cargo net. The others remain in the house. Elisabeth has moved to another part of the adventure structure. Rosa returns to the 'house'. Rebecca says to Danielle, "I can't find 'Mum' ". Rosa says to her, "She's (Elisabeth) over there" pointing to where she is. Rebecca and Danielle follow 'Mum'. Rosa watches the action (all 3 are running around). She suddenly spots 'Mum' (Elisabeth) and calls out, "Mum! Mum!…hey!" as she sees 'Mum' running around with the other 2 'daughters'…..Rosa runs down to join them. Rosa says to Danielle, "Come over here". Danielle replies firmly to Rosa, "You're not the Mum!" All 5 girls play on the jungle gym before resuming the Mothers and Fathers game. [4 minutes]

For inclusion to be developmentally enhancing and hence facilitative, it is desirable for children to experience the full range of same status interactions shortly after

starting preschool or playgroup. Equitable/mutually satisfying reciprocal relationships that are fundamental to facilitative inclusion, cannot develop where contact is avoided or where one child assumes superiority over, or assigns the role of 'other' (not like me/us) to another child. The next section outlines how each of the focal children experienced inclusion and/or exclusion according to the categories generated.

Table 3. Categories and Subcategories Representing Type of Exclusion and Inclusion Experienced by the Focal Children during their first weeks of Preschool or Playgroup

Category and sub-categories	Down Syndrome			Typically Developing		
	Adam	Emma	David	John	Rosa	Noah
	Playgroup	Preschool	Preschool	Playgroup	Preschool	Preschool
Exclusion						
Physical harassment/bullying	Y	Y	Y	n	n	n
Active direct exclusion	Y	Y	Y	n	n	n
Indirect/subtle exclusion	Y	Y	Y	Y	n	n
Ignoring child's attempts at inclusion	Y	Y	Y	n	n	n
Ignoring/passive exclusion	Y	Y	Y	n	n	n
Inclusion into Inferior Roles						
Included as baby/object	Y	Y	Y	n	n	Y
Included as scapegoat/laughing stock	n	Y	Y	n	n	n
Inclusion into Same Status Roles						
Brief episodes of joint attention	Y	Y	n	Y	Y	Y
Brief reciprocal greetings	n	n	Y	Y	Y	Y
Parallel play	n	n	n	Y	Y	Y
Social play (non-specific peer)	n	n	n	Y	Y	Y
Social play -specific peer/group	n	n	n	n	Y	n

Table 3 shows the types of social inclusion experienced by each of the focal children during their first month's attendance at preschool or playgroup. For a "Y" (yes) to be recorded in the table, a child had to have experienced at least one incident or episode reflecting that particular category and for an "n" (no), no observations reflected that particular category for that child.

As can be seen in Table 3, the three children with DS (Adam, Emma and David) experienced exclusion from participating in any role on a regular basis. While the frequency of occurrences for these children are not presented in this study, the raw data (running record observations) indicate that such exclusion formed a regular part of all these children's preschool or playgroup experiences. As an example, on Adam's first day at playgroup, he experienced 13[2] incidents of either exclusion or inclusion as an inferior member and that was not atypical for the other children with DS or for him on other days. In contrast, only one typically developing child (John) experienced one incident of subtle exclusion during the entire observation period. Rosa and Noah experienced no exclusion at all and only one child (Noah) who was the youngest focal child in the study, experienced being included as an object (once). This would suggest that the experiences of the children with DS were atypical for newcomers and therefore require further investigation into the contributing factors.

Experiences of inclusion into same status roles and exclusion or inclusion into inferior roles were reversed for the children with DS and the typically developing children. While the children with DS experienced mostly exclusion and being included into inferior roles, the typically developing children experienced mostly inclusion into same-status roles including the more advanced levels of these (parallel play and social play with others). While each of the children with DS experienced isolated incidents of joint peer attention, for the most part, they were excluded from same-status interactions, even when they attempted entering the peer culture.

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[2] These consisted of either long episodes involving the same peer and activity, brief incidents involving different peers or incidents with the same peer, but different activity.

Peer Culture: Seeking inclusion

All the children (DS and typically developing) showed interest in and attempted entering the culture of their peers. The following section outlines: i) the types of strategies all 6 focal children (DS and typically developing) utilised in their attempts to enter the peer culture, and ii) how peers responded to those strategies and whether peer responses differed depending on the presence or absence of DS.

The categories reflecting the range of strategies the children with and without DS used to include themselves with their peers are listed in Table 4. For an episode or incident to be included from the original running record data, the focal child had to have initiated the interaction, the peer had to be of a similar age (not infants under 1 year or children over 8 years), and needed to have heard the comment and been in a space to hear it. If the peer was distressed or engaged in conversation with someone else or was facing the wrong way, the incident was not included. Every time the topic, activity or partner changed, it was considered a new episode. The children with DS used both conventional and unconventional or less mature forms of the strategies.

Table 4. Descriptive Categories and Examples of Each Depicting the Types of Strategies Children with and without Down Syndrome used to Enter the Peer Culture

Category	Examples of Behaviour
Gives greeting	i) says "Hello", ii) smiles, iii) touches/strokes child's jacket sleeve, iv) combination of verbal and non-verbal, e.g. vocalises, smiles, then taps child gently on back (with spade)
Shows something	i) talks and shows activity/object using conventional speech, appropriate intonation, gestures and facial expression, ii) shows object – no speech, iii) babbles/vocalises and shows object
Overt requests to join in	i) asks outright, ii) watches activity, gradually stands in appropriate position and asks, "Me?", iii) asks/invites others to join in, iv) vocalises and uses gestures to indicate involvement, v) establishes inter-subjectivity verbally

Initiates	i) smiles at same activity (not greeting), ii) initiates non-verbal activity e.g. peek-a-boo, iii) initiates conversation related specifically to peer culture e.g. about burping, iv) initiates popular activity that draws in others, v) gives peer appropriate tool for activity, vi) adds appropriate item to group activity (e.g. blocks to construction), vii) hugs, viii) comments when peer leaves (e.g. "Hey!")
Watches activity	i) passively, i.e. without comment, ii) actively, i.e. makes animated comments whilst watching iii) observes, then eases in whilst retaining peer's goal/purpose
Follows/imitates peer, sits close, walks towards activity open to all	examples, runs/walks/trails after peer in large ride-in car, follows peer(s) to activity or through playground equipment e.g. climbs up plank, jumps down from box (pair alternate between following and leading), sits next to peers in sandpit, walks towards peers playing at an activity
Joins in without knowing the rules	fails to ascertain 'rules' of game in play e.g. peers spread out blanket for their game in family corner and David lies on the blanket.
Joins in game child participates in regularly	joins group and immediately assigned valid role
Establishes inter-subjectivity	i) non-verbally, e.g. peer and child follow one another and smile to each other on adventure playground, ii) verbally, e.g. "I want to paint with you, eh?"
Touches	i) touches toy or item of interest, ii) touches peer with or without vocalising, usually on arm, back or front of sweatshirt with or without vocalising

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Use of Entry Strategies: Children with DS and Typically Developing

Generally, the typically developing children used more sophisticated strategies for including themselves. More specifically they had at their disposal more efficient use of expressive language and thinking reflecting more complex understandings of their worlds. They also demonstrated greater clarity in their use of non-verbal cues. For

instance, in Emma and Rosa's preschool a popular activity involves transforming the small fort into an ice-cream shop. In the following excerpt, Rosa takes on a leading role, knowing that her initiation of this popular game is likely to open up roles not only for others' but her own inclusion. As evident in the incident, Rosa's initiation is successful in that others quickly join in and extend the game.

> Rosa runs to the 'shop' and takes the position of shopkeeper. She yells out, "Ice-cream! Ice-cream! Ice-cream!" as she pretends to fill ice-cream cones, hands them to potential customers and takes their 'money'. Anna joins her as co-shopkeeper and other children queue up to 'buy' their 'ice-creams.' Rosa and Anna busily pretend to make up scoops of ice-creams for 'selling' in between serving their customers.

There were two instances of a child with DS (Adam) initiating a game. In a 'game' of table-tennis with an older girl, Adam uses less sophisticated and conventional strategies consisting of non-verbal cues, vocalisations and animated expressions. None of Adam's cues were responded to as is evident in the following excerpt. Unlike Rosa who persists until 'customers' come to her shop by pretending to fill ice-cream cones, when Adam receives no response, he leaves for another activity.

> No one is at the table-tennis table and Adam arrives. He picks up a bat and ping-pong ball and plays with them on his own. A girl arrives and picks up another bat and ball. She bounces her ball high across the table. Adam looks animated and calls out "Wow!" She picks up 'her' ball, he returns to his end of the table tennis table and holds his bat to her and vocalises as if he were asking her a question (possibly to bat her ball to him). She ignores him entirely and does not respond. Adam leaves.

The second instance involved Adam picking up a plastic microphone and vocalising through it before handing it to his sibling. He attends, smiles, laughs and vocalises as his sibling vocalises through it. The pair continues in this vein taking turns at being the lead and subordinate singer respectively and remaining focused in a responsive way on the lead singer holding the microphone.

Mostly, when there was no need to use extensive expressive language, the children with DS used virtually identical strategies to the typically developing children. For instance: they would say "Hello" or smile at a child at an existing activity such as at the dough table, they would watch an activity and express interest through gestures and animated expressions such as "Wee! (as a ball was spinning around), ask for a

turn ("Turn?") using appropriate intonation, facial expression and gesture(s), show interest in a peer's activity or show an object, give a relevant tool for the activity, touch a toy or item of interest and similar such strategies.

At times, the children with DS also engaged in less mature or unconventional entry strategies that were not observed among the typically developing children. These included: hugging, joining in an activity without knowing the 'accepted' or implicit rules of an activity (e.g. by drawing on another child's paper or using an item another child had organised for his/her own use), making contact by touching peers on the front of their sweatshirts or arms and babbling/vocalising, showing items that possibly held little interest for peers, and babbling rather than talking. Furthermore, the children with DS did not always respond in the expected manner to benign requests from peers to terminate 'offensive' entry behaviours. For example, when Rosa asks Emma to return her (Rosa's) painting brush, Emma refuses, despite Rosa's insistence and distress.

Peer Responses to Entry Strategies
While, the relatively passive attempts made at self-inclusion (at times) by the typically developing peers tended to result in positive outcomes for them (inclusion), the active and mostly conventional attempts made by the children with DS generally failed to gain them access. The typically developing children experienced responses that led to inter-subjectivity (and hence were supportive of learning), whereas the children with DS experienced responses that prevented/hindered inter-subjectivity and hence undermined valuable learning opportunities for both partners.

In all instances, the typically developing children were successful in eliciting an appropriate response from their peers. For instance, John asks a girl playing with a toy medical kit, "Can I have it?" She says, "Yes" and hands it to John. John and the girl explore the items before the girl departs. In contrast, when Hamish picks up the ping-pong ball Adam was playing with and incorporates it into his game, Adam asks for a turn by requesting, "Me?" and vocalising further as he points to 'his' ball and shows his bat. Hamish looks fleetingly at Adam but ignores him and continues his game of table tennis using 'Adam's ball'. While Adam provided a valid opportunity for the establishment of inter-subjectivity, unlike in John's situation where jointedness

was established through the appropriateness of the peer's response (sharing the same focus), in this context, jointedness failed because there was no peer response at all.

For the typically developing children, smiling, saying "Hello", initiating non-verbal games such as peek-a-boo and kicking one's legs underneath the morning tea table and smiling to one another, always led to a favourable response. For instance, Rosa initiates playing peek-a-boo under the morning tea table with Jason who sits opposite her. The pair smile at each other as they do so. Similarly, showing things, giving peers appropriate tools for an activity, adding an appropriate item to a group activity, watching actively or passively, establishing proximity to a peer(s), touching an item of interest all led to respectful responses from peers and usually the child's inclusion. These responses contrasted sharply to those of the children with DS. When the children with DS initiated many of these same entry strategies, they were ignored or responded to negatively. Adam and Emma regularly greeted peers in appropriate contexts by smiling or saying, "Hi" or "Hello" but were usually ignored. E.g. Emma who is at the dough table smiles to Dylan when he arrives to play there. Dylan responds by looking sternly at Emma. In the following example, Adam uses both appropriate verbal and nonverbal skills as well as babbling to show something and request a turn, but his communication is entirely ignored.

> Adam vocalises to the boy (Edward) on the hill. Edward does not respond.
> Edward (about 7) runs down and pushes a car tyre up to the top. Adam holds
> out his hand and vocalises to Edward as if he were saying, "Can I've a turn?"
> Edward ignores Adam. Adam says to Edward, "Down!" ("Push the tyre
> down!"/"Let it run down"). Adam gestures with his hand. Edward lets the
> tyre run down the hill. Adam smiles and looks excited. Says, "Wee!"
> enthusiastically. Edward ignores Adam and runs down the hill to get the tyre.
> Adam watches. Group of 3 boys & 1 girl are playing with the tyres/cable reels
> (making the gun/tank). Adam is watching from the mound. Adam rolls the
> plastic biscuit he was holding down saying "Wee!" (as if he is imitating
> Edward rolling the tyre down).

In this example, Edward did not respond to any of Adam's communication at all. Total ignoring like in the above example occurred consistently for all three children with DS. For instance, Emma looks at Danielle who is sitting next to her at the drawing table and smiles at her when she looks up. Danielle does not respond verbally or emotionally and returns to her drawing. Another response experienced by the children with DS who used appropriate strategies and that interfered with

inclusion was hostile exclusionary comments. For example, Emma joins a group of three boys who are putting sand down the centre hole of a cable reel. Emma watches (There is ample room and she does not get in anyone's way). Sean says to her loudly and in a hostile tone, "Get out, get out!" Michael says to Emma in a frosty tone, "No!" Emma leaves the group. Another example involved peers using the children's differences (interpreted as inferior) as a reason to exclude:

> Emma walks towards the train-set, which consists of a large container of tracks, locos, carriages and accessories such as tunnels and stations. Two boys (Dylan and Jacob) are playing with some of the train-set when Emma approaches. Dylan says to Emma firmly, "No!" Emma stops in her tracks. Jacob says to her, "We don't want babies near here". Emma picks up a small carriage lying on the periphery of the track the boys are playing with and a metre away from where they are playing. Jacob says to Emma, "Leave that [carriage], you silly dummy". Jacob says to Dylan, "She's a silly dummy". Dylan says to Jacob, "She's a baby. Eh?" Jacob does not reply. He is busy trying to link 2 pieces of track together.

Initiating a topic of conversation relevant to the peer culture also facilitated inclusion. While the children with DS were not yet able to engage in such behaviour due to their differences in language development, this strategy was effective for the typically developing children. For instance, whilst sitting at the morning tea table, Rosa looks at Ryan and laughs saying, "I got a burp". Both laugh and make burping sounds. They stand by the nearby window and draw in the condensation with their fingers whilst laughing. Ryan and Rosa continue to finger-paint in the condensation of the window. Rosa says, "I got a burp….burp". Ryan replies, "I got a burp" and laughs. Both look at each other and laugh animatedly as they pretend to burp.

The typically developing children seemed able to establish instantaneous inter-subjectivity either non-verbally or verbally with either form resulting in their inclusion. For example, Noah and Zachary (2-3 years) are at the puzzle table. The two boys pick up a piece of puzzle that is shaped like a car and each 'drives' his own piece around the middle of the morning tea table. They run around the round morning tea table 'driving' their car pieces (of puzzle) intermittently smiling/laughing at one another as they do so. Rosa used a more direct and sophisticated strategy using language to establish inter-subjectivity. She and Jackson are both at the painting easel. Jackson asks an adult for a new piece of paper and then Rosa puts the clips on

it to hold it up on the easel. Rosa says to Jackson, "Hey, I want to paint with you" to which he replies, "Yeah". Rosa and Jackson paint a joint picture, talking and smiling to one another as they proceed. Peers did not always receive a favourable response in terms of their inclusion, but unlike many of the interactions involving the children with DS, there was at least a level of shared understanding about the exclusion. For instance on one occasion Jackson asks Rosa to come with him to which Rosa responds, "I'm not playing with you". Jackson and Rosa move to different activities, seemingly content with their decisions.

Even low-level responses led to favourable outcomes for the typically developing children. For instance, Rosa watches Danielle on the jungle gym in a fairly passive way. Danielle says, "Hello" enthusiastically to Rosa. Rosa smiles and joins Danielle on the jungle gym. In another incident, John had previously called out to a number of children (who were busy) in order to find a swing-ball partner. He stands by the swing-ball holding his bat looking despondent. Jessica walks by and says to John, "I'll play".

As noted earlier, the children with DS also engaged in unconventional entry strategies. Peers usually responded to the child's unconventional entry strategies by: ignoring, interpreting the behaviour as hostile and telling the child off, staring (and sometimes looking uncomfortable), moving away, pushing the child over, putting the child down (e.g. "You're a baby"). These responses were similar to those the child experienced when they engaged in conventional behaviours, with the addition of the category (staring) which occurred for all the children but particularly for David whose usual means of making contact with his peers was by touching them on their arms, chests or backs. For instance,

> David touches the girl next to him at the morning tea table. She ignores his gesture. David turns to the girl on the other side of him and vocalises to her. She stares back at his face for 10-15 seconds.

Occasionally, peers responded favourably to unconventional entry strategies by engaging with the child in his/her interest. These resulted in jointedness and a level of reciprocity/mutual satisfaction when non-verbal behaviours were involved. For instance, Adam smiles and vocalises/babbles to a peer at the slide, while pointing to the slide. The peer watches Adam slide down and smiles at Adam as he does so.
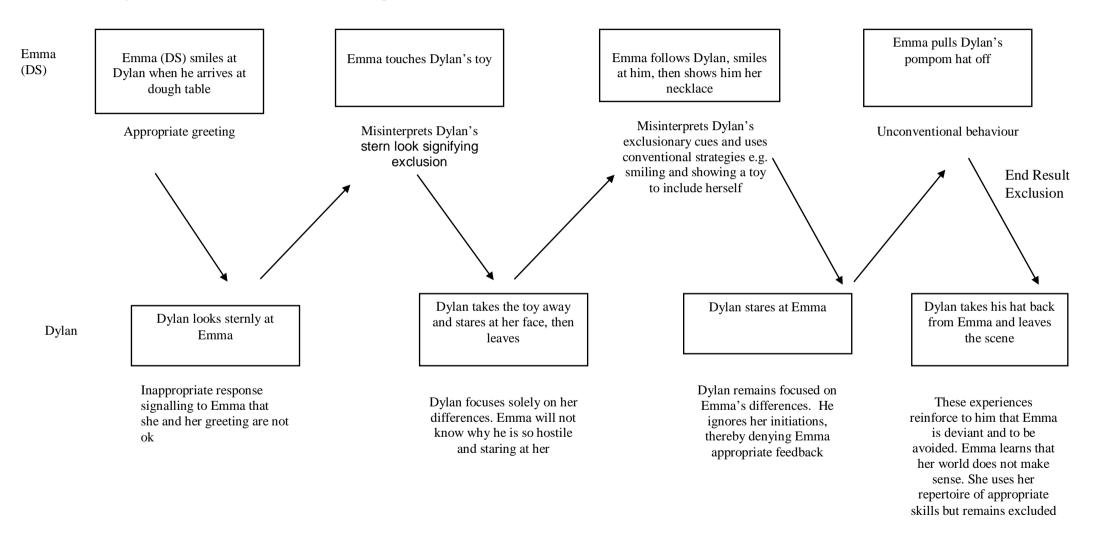
However, when peers responded by asking a question using conventional language, the level of jointedness diminished. In the following example, Adam gets Martin involved in his interest (the aeroplane), but when Martin asks a conventional question ("What is your name?") and Adam does not respond, the interaction and possibly the relationship breaks down.

> An aeroplane goes overhead. Adam vocalises animatedly to Martin and points to the plane. Martin also looks at the plane, then asks Adam, "What's your name?" Adam does not reply/respond. Adam & Martin watch 2 girls climbing the back fence, then Adam looks at the sky again. He points to it vocalising to Martin. Martin looks at the sky and at Adam. Adam then tries to climb the back fence. Martin watches him, then departs.

Case Study: Emma and Dylan

The following case study illustrates how interactions can quickly cease when the pair is unable to establish jointedness. Whether the child with DS interacts appropriately or not, the presence of DS seems to alter the interaction between participants, thus hindering the learning and development of both participants without intervention. Using Sameroff's (1983; 1993) transactional model the following one-minute observational episode illustrates how 'disability' is sustained and viewed as a static construct and neither Emma nor Dylan learning anything from their 'inclusion'. Each interaction is responded to in a way, which undermines the learning of the other with the end result that Dylan has failed to learn anything about relating to someone with an impairment. As a result of Dylan's non-contingent responding, Emma receives inappropriate feedback on her social behaviour, leading to likely conclusions that the world does not make sense and that she is an unacceptable playmate. She has used her range of appropriate strategies and they have failed her. The unconventional behaviour Emma finally engages in (pulling off Dylan's hat) is likely to reinforce Dylan's beliefs that Emma is an odd and undesirable playmate and lead to his ongoing exclusion of her. His frame for understanding and relating to Emma is not expanded which is likely to contribute to his ongoing exclusion of her. As is evident in Figure 1, the relationship between Emma and Dylan is marked by a struggle concerning the nature of the relationship with the content of the activity (dough) not featuring at all. Because Emma's differences appear so preoccupying for Dylan, he does not appear to notice her appropriate social cues such as her smile at his arrival at the dough table, her interest in his toy and her smile as she shows him her necklace.

Figure 1: One-minute Observation Illustrating how the Process of Exclusion Occurs when 3-year olds, Emma (DS) and Dylan Interact: Neither Gains any of the Potential Benefits from their Experience of 'Inclusive Education'.

Emma (DS)

| Emma (DS) smiles at Dylan when he arrives at dough table |

Appropriate greeting

| Emma touches Dylan's toy |

Misinterprets Dylan's stern look signifying exclusion

| Emma follows Dylan, smiles at him, then shows him her necklace |

Misinterprets Dylan's exclusionary cues and uses conventional strategies e.g. smiling and showing a toy to include herself

| Emma pulls Dylan's pompom hat off |

Unconventional behaviour

End Result Exclusion

Dylan

| Dylan looks sternly at Emma |

Inappropriate response signalling to Emma that she and her greeting are not ok

| Dylan takes the toy away and stares at her face, then leaves |

Dylan focuses solely on her differences. Emma will not know why he is so hostile and staring at her

| Dylan stares at Emma |

Dylan remains focused on Emma's differences. He ignores her initiations, thereby denying Emma appropriate feedback

| Dylan takes his hat back from Emma and leaves the scene |

These experiences reinforce to him that Emma is deviant and to be avoided. Emma learns that her world does not make sense. She uses her repertoire of appropriate skills but remains excluded

Time

Summary: When the children with DS used similar entry strategies to the typically developing children, peer responses were vastly different in that the children with DS were usually excluded in a hostile way or ignored, whilst even the most minimal response on the part of the typically developing children gained them entry. The children with DS also engaged in unconventional entry strategies, which peers mostly responded to in the same exclusionary way as their conventional strategies. The data would suggest that: (i) peers respond to the child with DS as a static entity, not responding to her/him as she/he interacts on a moment by moment basis, but on the basis of her/his differences, (ii) relationships break down when the children with DS do not engage in conventional ways of responding and peers do not know how/if to stay connected with the child as evidenced in the episode of Adam and Martin looking at the aeroplane. It would seem that if peers and children with DS remain stuck at the relationship level, then they will be unable to engage in mutually satisfying reciprocal interactions concerning the content of their interests and activities and so reap the benefits of participation in an inclusive setting. Therefore, ascertaining what the inclusion of children with DS is like for peers seemed the next necessary step of the investigation.

How Typically Developing Children Experience the Child with DS

In line with constructivist thinking, children are not passive recipients of their experiences but play active roles constructing, reconstructing and theorising about their experiences as they make sense of their worlds. How they experience the child with DS is influenced not only by their direct and indirect experiences of the child, but is mediated by the wider socio-cultural/historical context, which may not reflect the values underlying inclusion (Ballard, 1995; Peck, 1991). Rule-breaking in the form of the child not responding in a conventional way did seem disconcerting to the typically developing child. While the observational focus was essentially the children, some incidents indicated that socio-cultural contexts were challenged. One typically developing child said to her mother, "I talk to that girl [with DS] and she won't talk back to me". In response, her mother presented that concern to a senior teacher at the Centre, which would indicate that the mother was challenged by the situation. It seemed that the teacher was also challenged as she checked her response to the mother with the researcher.

A multiplicity of direct and indirect factors will influence each individual's understandings of who they consider to be an acceptable, similar, valued, fun or desirable playmate or group member. This study acknowledges the broader socio-cultural context, but focuses mainly on peers' observed and direct experiences of the child with DS since wider influences could not be ascertained within this study's time-frame.

Included in this section are all observational data that involve: i) peer interaction between the children with and without DS including peer comments or reactions to the child with DS, ii) comments made by peers (to peers or adults) about the child with DS, iii) peer reactions to the child with DS irrespective of whether they are interacting with the child, and iv) the peer interview data.

Contrary to the popular myth, that young preschool children are less likely to respond differently to their peers with DS or other impairments and as likely to value them as equals, treating them similarly to their typically developing peers (e.g. Vakil, Freeman & Swim, 2003), the data in this study indicate otherwise. The presence of children with DS posed a number of challenges or issues for the typically developing children that were not resolved and hence, interfered with the process of facilitative inclusion. Overall, peers were puzzled by the child with DS's looks, movement and unconventional behaviour. Despite many similarities and commonalities (e.g. many of the entry strategies the children with DS used were identical to the typically developing children, their interests and skill levels were often similar), the differences appeared to be disconcerting and became the focus of the typically developing children's attention. The following section outlines how the peers experienced the child with DS. While it is impossible to ascertain the complete meanings that peers construct in these observed incidents, some general interpretations can be inferred. The categories were generated from and the examples presented from the raw data.

Range of Responses to Child with DS

(i) Staring or peering closely at child's face (from 5-20seconds). A consistent peer behaviour in Emma and David's preschools involved them looking very closely at or staring at the child with DS's face usually during a sedentary activity such as at the

morning tea table, puzzle, dough or drawing table. Sometimes a peer would stare for a while, engage in her/his activity and repeat the staring, suggesting an ongoing concern.

> David has been assigned to a group of children who are sitting at the puzzle table. He is given a 3-piece puzzle. He takes out a piece with relative ease, and tries to fit it back in the hole. He almost manages. He leaves the piece on top of the hole. He stands up from his chair, then sits back down again. Shannon who sits next to him looks at him. She stares intensely at his face, fits a piece of puzzle in her own puzzle, then looks closely at David again.

Such (face) staring was not observed at Adam's playgroup, perhaps because he was more physically active and there were no compulsory sedentary routines in his setting. Nevertheless, in all three settings, there was evidence of another form of staring and this occurred when the child with DS was engaged in unconventional behaviour. For instance, Adam was scooping sand repetitively with a spade, with no apparent purpose. Two peers sitting on the sandpit ledge stop their activity and focus closely on Adam. One of the girls asks him, "What are you doing?" suggesting she had difficulty seeing the purpose of his play.

(ii) Usual peer responses are not effective with the child with DS
At times, peers did make efforts to include or be included with the child with DS using their existing repertoire of responses. However, as indicated in these examples, their usual strategies were ineffective in that the child with DS did not respond.

a) No Response to Peer Greetings/Initiations: There were times when a peer greeted the child with DS by saying, "Hello" or "What's your name?" Apart from David who responded on one occasion by babbling, the children with DS did not respond in any observable way to this social convention as evidenced in the following incident.

> David watches a child 'drive' a ride-in car. He stands on the concrete path looking down at the ground and vocalising. Daniel goes up to David and asks him, "Hello, what's your name?" in a friendly audible manner. David just stands there and gives no response – has a 'glazed over look', almost looking past the boy.

On one occasion, 4-year old Clare has tried several times to ask David his name. She

asks him in a monotone, "What is your name? What is your name etc?" at least six times consecutively. In response David babbles/vocalises enthusiastically and 'swipes'/touches her sweatshirt repeatedly. Similar episodes are interspersed within a 5-minute time slot.

The effect of the children with DS not answering is that the interaction quickly ceases and remains 'stuck' at the negotiation (of entry) level, thereby hindering access to the content of potentially similar play interests. As a result of their experiences (the child not answering their social question), the typically developing children construct ideas about the child with DS (e.g. a rude boy/girl, a baby, dumb, not a good/fun person to play with and so forth), which affect future interactions.

b) *No Response to Materials Offered*: Even when peers attempted to include the child with DS non-verbally (e.g. by giving appropriate materials), the child did not necessarily respond. On David's first day, a peer (Jack) at the dough table places a lump of playdough in front of David after he sits on a chair at the dough table and vocalises at random.

> Jack pushes a lump of dough towards David, but David is looking around and does not notice. David is vocalising animatedly. It is possible that he is 'saying' a finger-play or singing a song. Noticing that David has not responded to the dough, Jack gets up from his chair and moves the lump of dough from in front of David on the table to the floor by David's feet [perhaps thinking that David will now see it?]. David still does not react to it. Jack then places the dough on the back part of David's seat/chair. David still fails to respond. Jack then retrieves the lump of dough from the back of David's chair and integrates it with his own dough.

Since reciprocity is a significant aspect of ongoing peer interaction (Lutfiyya, 1990), failure to establish this process using conventional means may result in the typically developing peers assuming that they have nothing in common with the child to pursue a relationship. Because of the difficulty in obtaining a connection with the child, as in David's case, peers may well consider avoiding or ignoring him, as he is no fun to be with.

c) *Resistance to inclusion in novel or 'fun' experience*: Occasionally novel events occurred and peers attempted to tell their fellow-peers about them. In the

following example, a staff member's spouse arrives with 2 dogs on the back of his truck for the children to look at. Most of the children are already standing by the window looking at the dogs. Charlotte and Emma are at the puzzle table nearby. When Charlotte notices most of the preschool standing by the window looking excitedly at the dogs, she decides to go over and look as well. She includes Emma by saying, "Look, come and see the dogs". Emma who is familiar with and generally likes dogs, grizzles and says, "No, no…no" as Charlotte tries to hold her hand and point to where they are heading.

In this incident it is not clear that Emma understands what she is opting out of. Charlotte has used spoken language (as requested at the preschool) and interacted with Emma in a benign way. Emma's negative response (if it occurs on a consistent basis) is unlikely to encourage Charlotte's ongoing inclusion of Emma.

d) No response to benign Requests: There were also instances where peers used conventional speech and made requests appropriately, but the child with DS did not respond. For instance, at the sawdust trough, Danielle asks Emma if she can look at the truck she is playing with.

> Danielle says to Emma, "I want to have a look at that (truck). Can I've a look at that, Emma?" Emma does not respond and drives her truck in the sawdust. Danielle tries to take the truck from Emma. Emma says, "No" and hangs onto it. Danielle asks again, "I want to have a look at that (truck). Can I have a look?" Emma grizzles as Danielle takes it out of Emma's hands.

In this instance, the outcome of Emma's lack of response is that Danielle, in effect treats her as an object. Implications for further interactions between Danielle and Emma will be interfered with as a result of such objectification.

e) Child Fails to Respond to Conventional Symbols: Peers used symbols to communicate certain actions to one another. E.g. ringing the bell on a tricycle or a tooting a ride-in car horn meant getting out of the way. The children with DS did not always respond in the expected manner to the use of these symbols. For instance, in the following incident, David is sitting in the middle of the concrete path and the two children riding and pushing a large ride-in car stop it in front of David. David does not respond to the presence of the car. The child pushing the car says to the driver,

"Beep the horn" (at David). She does so several times. David does not respond to the beeping. The pair then manoeuvres the car around David.

David's lack of response is likely to generate understandings of 'incompetent', 'baby' or other which would discourage his peers from seeing any similarities they might have with David.

f) Failure of Child with DS to Terminate Aversive Actions Causes 'Stress':
The children with DS's lack of understanding concerning ownership and the conventions associated with ownership were disconcerting for many typically developing peers. Incidents included: the child with DS picking up someone else's lunchbox, pulling off a peer's hat, eating the 'wrong' banana and not putting her feet behind her on the swing when peers were pushing her. In all these instances, peers gave a simple command, e.g. "That's mine" (lunchbox) and attempted taking the item back, but the child with DS resisted. In the following example, the typically developing peer (Rosa) tries a number of commands to terminate Emma painting on her painting.

> Rosa has left the painting she was painting momentarily as she turns around to do a puzzle on the table behind her. Emma arrives at the painting easel, picks up a brush and starts painting over Rosa's painting. Rosa notices Emma and says to her politely, "No, that's my one…No, Emma No". Emma continues painting ignoring Rosa's request. Rosa continues, "Come on, put it (brush) in. That's mine, Emma. That's my one". Emma ignores the requests to terminate her actions.
>
> Rosa then tries to physically prompt Emma to put the brush in its correct pot, but Emma holds it well out of Rosa's reach squealing/grizzling and loudly saying, "No"! …Emma then continues painting on Rosa's painting with Rosa looking on. Emma leaves when she sees a teacher with a group of children at a nearby table.
>
> Rosa looks at her painting and says to herself, "This is mine". She continues painting using the same colour Emma used (possibly rectifying what Emma did?) turning what Emma did into squiggles and decorations….She says to herself as she paints, "No Emma, NO WAY!...No Emma, NO WAY!"

It would appear Emma's non-compliance with Rosa's benign requests and physical action to return the brush were stressful events for Rosa resulting initially, in her 'giving up' and letting Emma have her painting and then using inner language ("This

is mine. No Emma, NO WAY!") as she recounts the event to herself several times after Emma has departed.

There were times when the child with DS seemed fixated on isolated aspects of a particular activity that she/he seemed to have difficulty taking into account all the relevant aspects of a social encounter. For instance, two children are engaged in activity with plastic cutlery at a bench. David takes one of their plastic knives and drops it on the floor. The girl says, "No" to him firmly, yet David continues to engage in the same action with another knife. He then starts handing the children some of their cutlery pieces one by one. In this scenario, David's preoccupation with the plastic cutlery appears to prevent him from focussing on the critical messages his peers are giving him.

(iii) 'Rule-breaking'

The children with DS were less socially aware than the typically developing children and would break 'rules' such as not destroying someone else's sandcastles, drawing on another's piece of paper, trying on another child's item of clothing and so forth.

In the following incident, a group of boys demonstrate awkwardness in relating to Emma when she 'breaks a rule' or convention by standing still in the middle of the path typically used for riding tricycles.

> Three boys on their bikes stop in front of Emma standing on the track. They look awkwardly at her then each other. The boy at the front calls out to a nearby teacher, "She's (Emma) just standing there." The teacher replies, "O.k, I'll come and get her" which she does.

(iv) Unconventional behaviour

At times, the children with DS engaged in unconventional behaviours that were disconcerting to the typically developing peers. Even if the behaviours did not affect a child directly, responses (e.g. looking closely at, moving away from, telling the child off) suggested that peers were often not comfortable with the child. Unconventional behaviour often consisted of generally immature behaviour such as: playing with the sawdust and in doing so, scattering some of it on the floor, placing a doll in a pram feet first, touching another's hat or jacket, vocalising/babbling to self

whilst looking at the ceiling or peers, pressing the stop button on the audio-tape, thus terminating the music a group are dancing to, tapping someone with a spade lightly on the back as a greeting, instead of cutting paper with scissors, the child taps the scissors on the paper, and so forth. Not being able to establish the purpose of the child with DS's play, also resulted in a level of awkwardness and heightened interest in the child and in some instances such as the following led to a conclusion about this status (infant as opposed to an equal peer).

> Stephanie and Anna (both aged 3) focus closely on Adam. Stephanie says to Adam, "No, no, watch out" as his spade nearly touches her. Adam is trying to scoop up some sand, but he has difficulty keeping the sand on the spade as with its long handle and perhaps his reduced strength, it tends to tip and hence, the sand falls off, plus he has difficulty actually scooping up a sufficient quantity…. As he tries to scoop some sand in the bucket with his long spade, the end of the spade touches/hits one of the girls. She says, "Don't" (touch me) to Adam. Adam vocalises as he is scooping the sand. Not much lands in the bucket. Anna (also aged 3) says to Adam, "You're a baby" (3-4 times) "What are you doing?" Adam does not reply. He is too busy shovelling sand on the spade then letting it drop. Anna and Stephanie appear to be doing more or less the same, but their sand mostly lands in the bucket.

Reaching the conclusion that David is a baby is unlikely to be conducive to these children forming an equal reciprocal relationship with Adam – the basis of facilitative inclusion, since with babies it is usual for the more senior member to take the dominant role.

(v) Children with DS – Generally Unassertive

Peers expect certain responses from their peers and the children with DS often did not respond in line with these expectations. Overall, the children with DS were less assertive. Often peers took away their play equipment from them without any reaction from the child or peers advocating on her/his behalf. For instance, at the clay table, Liam takes a plastic knife from Emma that she is using. Emma looks at him, surprised, but makes no attempt to retrieve the knife or get another one [passive response]. Liam boasts by saying loudly to the group at the clay table, "I've got a knife now!" Emma watches Liam using 'her' knife.

Even when the children with DS were assertive and tried to hold onto their play equipment, their reduced strength and language abilities limited their possibility for

retaining larger items. On one occasion, Adam tried to hold onto his doll's pram, but a stronger peer managed to wrangle it out of his hands, which caused him to fall over. By the time he had picked himself up, the peer had disappeared with the pram.

All the above examples demonstrate how peers begin to develop thoughts about the child with DS. Also observed in this study were incidents, perhaps as a result of such constructions where children with DS were referred to as objects, babies or in other low status roles.

Children's Constructions of the Child with DS
(a) Peers experience child with DS as younger member
In all three settings, there were examples of peers framing the child with DS as a much younger member. This was evident not only from their actions, but the comments directed at the child ("You're a baby") and conversations they had with each other ("Oh, he's got the same shoes as my baby brother") and the researcher or other adults about the child (e.g. "Bubby's on the slide"). In the following example, peers communicate directly to the child about her infantile status as well as to one another. The boys use Emma's perceived low status to exclude her from the equipment and their activity.

> Caleb and Matthew are playing with the toy train-set. Emma approaches. Caleb says, "No" in a firm tone to Emma. Matthew reinforces this by saying to Emma, "We don't want babies near here". Emma picks up a small carriage that lies on the periphery of the train track. Matthew says to Emma, "Leave that [carriage], you silly dummy". Caleb says to Matthew, "She (Emma) is a silly dummy"…She's a baby, eh?" Matthew does not respond. He is trying to fit two pieces of train track together. Emma leaves and goes to the nearby family corner on her own. After one minute, she returns and watches Caleb, Matthew and another boy (Hayden) play with the trainset. Emma sits down to watch and does not touch anything. Matthew says to Hayden, "The baby's (Emma) going to get your track. The baby's going to get your track, o.k? There's a baby here. The baby's going to get your track. I'll put the track here, o.k?" Hayden replies, "Yeah". Matthew shifts the track a bit further away from Emma. Emma is merely watching and has not touched anything. Hayden says to Matthew, "I'll put the truck away, eh?" He hides the small Matchbox truck into his jacket pocket….

Peers did not necessarily view the child with DS as a baby, but as someone who was younger than them as Elisabeth describes,

"She's (Emma) a little bit like two or something (2 years of age). I don't think she's one, but I don't know because it's quite hard to work out between a one and a two together…she's a little bit small for me to play with".

Jessica who was the same age as Adam described him as "Two or one" (years old) and Jade stated. "He (David) is little" even though he was slightly older than her. During Elisabeth's interview, a peer (Richard) arrived. He supported Elisabeth's claim that Emma was "small" and he added:

"I know what she finds hard! – she can't open that door up there. (pointing to the preschool door that leads to outside), but [it's] not [hard] for me!"

(b) Peers experience child with DS as other (odd or a mystery)

All the peers interviewed revealed that they constructed the child with DS as 'other' (not like me). They were more able to report what the child with DS found difficult, than what she/her could do well. Interestingly, when it came to competence, there was a long delay before Danielle came up with a reply. When Danielle remarked (after a delay) that Emma was "good at eating her lunch" and I suggested other possible competencies based on the observational data, (e.g. painting, drawing) Danielle laughed and said, "No!" very emphatically. After these questions, Danielle volunteered, "She (Emma) eats paint!" Frequently, Emma painted bright paintings using the entire paper, which appeared attractive (to adults anyway). Danielle's data would suggest that Emma's occasional unconventional behaviour (e.g. eating paint or possibly using it as lipstick) prevents her from viewing Emma like her. It also prevents her from noticing similarities or Emma's competencies. Elisabeth focused more on Emma's immature gait than her ability to get around as she notes, "She finds some things hard to do…walk and stuff because she's got little legs and she can't quite walk…instead of my big legs". Richard noted that Emma has difficulty opening the preschool door, but he stressed the difference by saying that while opening the door was hard for Emma, it was not for him.

Unlike the other children who mostly categorised the child with DS as a baby or infant, 4-year old Bradley who used to include Emma (as baby) in a game of 'Mothers and Fathers' when he attended the same preschool session as Emma, viewed Emma as "silly". "I don't like her because she is silly". The reasons for his view centered mostly on her unconventional behaviour such as "She gets the paint and she paints

herself" and "she throws cars". He states, "She throws the cars at the blocks, when the kids made them and they get knocked down and it's really funny".

Constructing the child with DS as an object or not fully human also occurred. When Cameron and Charlotte laid out a blanket in the family corner and Emma stands in the middle of it, the following interaction took place:

> Charlotte – Cameron, "Oh no she's (Emma) on it! (the blanket)"
> Cameron – Emma, "No! (loudly) No! Get off!" [spoken in an abrupt, angry tone as if to a dog]
> Emma does not move and Cameron asks Charlotte, "Can you make her?"
> Charlotte – Cameron, "Yes".
> Charlotte pulls Emma off the blanket by her arms [No explanation to Emma]
> Emma walks back onto the blanket.
> Cameron restrains Emma and says to her "No! (loudly). Don't you! (also loudly)…He pulls Emma off the blanket again in a rough way…

In this scenario, Emma is spoken about as if she is an object ("Oh no she's on it!"), she is spoken to like an animal ("No! No! Get off!"), and she is manipulated like an object (pulled off, restrained).

On some level, the child with DS posed a threat and so was viewed as an 'outsider' irrespective of the child's actual behaviour. When two children play in the family corner and Emma is told that she is not welcome, she sits on the carpet outside the family corner watching their activity. The children have erected a barrier to prevent Emma's entrance, and most of their energy goes in to excluding Emma than to the content of their game as the following scenario indicates.

> Emma sees two children (Cameron and Chloe) in the family corner. Emma vocalises and smiles as she approaches them. Cameron points out to Chloe, "Oh look. There's Emma". Cameron says to Chloe, "Let's shut the gate". He puts the white double basket/container that is often full of doll's clothes beside the 2 chairs to block off access to the family corner. Chloe says to Cameron, "She (Emma) could get through there though". (window ledge – 6-8")
> Cameron replies, "No, she won't fit. She's too fat." Cameron turns to Emma and says, "isn't it, Emma"? (looking at Emma) [C.R: The above utterances are correct, even if not grammatically correct to an adult. I assume he means, "aren't you, Emma?"] They continue playing. Emma lies on the floor on her tummy watching through the legs of the little chair next to the container/basket. She turns around to look at the train-set. Chloe says to Cameron, "Emma's coming on in". [Clearly she isn't as she has turned around to look at the train-set].

Finally, on the basis of both observational and interview data, peers regularly viewed the child with DS as a mystery. They would try out different responses such as stare and explore her/his face, stand back and observe the child, avoid her/him, use conventional responses, treat the child as an object, misinterpret to parents ("I talk to that girl but she won't talk back") and actively exclude her/him, suggesting that peers are attempting to understand the child's differences and use those understandings as a basis for how they decide to include the child. A group conversation concerning Emma's age suggests the mysterious nature this issue seemed to pose.

> Emma touches the rope ladder hanging down from large metal jungle gym. Daniel (aged 3-4) says to her, "No" firmly with a stern face. I (CR) ask Daniel, "Isn't she allowed to climb on it?" Daniel replies, "No". CR asks Daniel, "How come?" Daniel replies "She can't do it". Elisabeth says to CR, "She's too little. She's only one, I think". Sharlene says to Elisabeth, "NO, she's this many" (holds up 3 fingers). C.R asks Sharlene, "So she's 3?" Sharlene replies to C.R: "I think she is." Daniel says to Sharlene (angrily – as if she is very mistaken), "No, she's NOT. She's a baby".

Summary

While the aim of inclusion is to help all children learn that differences are ordinary and that children with and without impairments have much to learn, gain and enjoy from their inclusion with one another (Derman-Sparks, Gutierrez & Brunson Phillips, 1989; Giangreco, 1996), the children in this study who experienced their first month or preschool and playgroup attendance are constructing the child with DS as 'other' (baby or 'odd'). Not only do these constructions limit the children with DS's educational experiences through hindering them access to equipment and materials, but such experiences do not augur well for their ongoing educational inclusion. Evidence from the observational and interview data indicate that these constructions manifest themselves in peers' avoidance of, exclusion of or treating the child with DS as if she/her were an object. A socio-cultural view of learning involves children's knowledge bases developing from their experiences in differing social contexts. If this is so, then what children learn about diversity and children with impairments such as DS develops from their experiences (observations and interactions with and about the child). If children are to develop more advanced constructions and experience the children with DS in more enabling ways, then what adults do to support this goal,

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needs to be considered. The next section outlines how the immediate and wider social contexts impact on children's experiences of the child with DS.

How did the Context Facilitate or act as a Barrier to Mutually Satisfying Equitable Peer Relationships?

This section draws mostly on the observational and teacher interview data. It has already been established that inclusion into mutually reciprocal equal status relationships is facilitative of social and cognitive development and that the children with DS are generally not engaged in processes facilitative of or experiencing such inclusion. This begs the question, 'what pedagogical practices' support or hinder such relationships? While each of the three settings displayed unique features, their similar understandings of inclusion make it possible to look at the contexts collectively, with reference to individual differences, where appropriate.

While all teachers spoke warmly and enthusiastically about the child with DS and expressed a keenness to do whatever would maximise her/his development, such interest, affection and enthusiasm were insufficient on their own to enable the children to experience optimal inclusion. Despite, the teachers' genuine motivation to maximise the child's learning and development, a gulf existed between the theory of inclusion, the teacher's understandings of that theory and its translation into practice. This was evident by not only the children's experiences of exclusion from the peer culture, but by their non-participation in processes facilitative of inclusion.

Barriers to Inclusion

a) Attitudinal Barriers to Inclusion
(i) Teachers' understanding of inclusion - assimilation
All teachers understood inclusion as involving the child with DS assimilating into their existing programmes. While disability theorists (e.g. Kliewer, 1998; Slee, 2000; 2002; 2006) stress the importance of establishing new inclusive settings that take into account the needs of all students in order to facilitate every pupil's learning, the early childhood settings in this study were operating on an earlier paradigm, that involves the child's absorption or assimilation into existing cultures. Teachers did not query

whether their cultures supported the learning of the diverse range of children in their centres irrespective of the child with DS.

That inclusion was understood to mean assimilation into the existing cultures was evidenced by a strong focus on 'fitting in'. The following statement from one teacher sums up what most of the teachers reported about the child in their centres. "She just fits in…she's really good…I don't see her as a drain at all". A teacher in David's centre emphasised how her role involved ensuring that David fitted in.

> "I'll try and, you know, make him just like the other children. They have to come back (at group time, if they wander off)".

When I enquired if as teachers "you sometimes need to do things differently for different children", the teacher responded firmly,

> "No way! …… unless the Mum says so".

Such comments would suggest that this teacher has no comprehensive view of inclusion from which to operate and she equates inclusion with assimilation without taking into account David or other children's diverse realities. Furthermore, the teacher appears to defer to the parent's expertise concerning the translation of inclusive theory into pedagogical practices rather than relying on her own professional knowledge.

Other examples that demonstrate teachers' views of inclusion as assimilation involved: '…just like a normal child really'; 'she can walk, she's got all the fine-motor skills…so I don't see her as a drain at all'; 'she's just one of the other children'; 'He's just fitted in anyway'; 'treat just like another child by both staff and children'; and "…another wee boy with DS (at another centre) … he was treated you know just like another child there by both the staff and children. It was really neat to see, so I was hoping that would happen here".

To support their view of the child being one of 'the group', teachers assume that all children in the centre minimise the child with DS's differences. Teachers reported that peers generally did not notice any differences as evidenced in the following comments, "They (children) don't notice anything different. They don't mind. They

just take him as a person"; "She's just one of the group, which is really good. I haven't seen any evidence of them noticing any differences"; "They look after her, which is nice. I don't ever hear of anything nasty said about her or anything like that"; "To the children, she's just like anyone else"; "I suppose some of them have noticed that she is slightly different, but I don't think they cast her out so as to speak"; "The children all love her"… "The smaller children get on really well with her. Also the little ones from the nursery love her. She gets in the way of the older children. Elisabeth is fantastic with her"; "I think at that age, they can't tell either about their DS. I think that they know that there is something a little bit different, but I don't think they understand". While the teachers believed both peers and teachers accepted the children with DS as "the same", this contrasts starkly with the observational data where the children with DS were regularly excluded from peer relationships, were talked about as 'babies' or other, stared at, ignored, treated as objects, interacted with awkwardly and so forth. When teachers do not notice how peers perceive the child's difference, they are able to uphold their discourses of inclusion as assimilation. In David's centre, when children stared at David, staff interpreted it as their curiosity about his glasses. This seemed unlikely as even after a discussion about glasses and their purpose, the children continued staring at David, suggesting that as far as the children were concerned that there was still something disconcerting about David.

These understandings and practices reflect a homogeneous view of diversity (we're all the same), views not synonymous with emerging research on quality inclusive teaching and learning (Alton-Lee, Nuthall & Patrick, 1987; Alton-Lee, 2003; Rietveld, 2002). Such views also fail to take into account how each institution's pedagogies, culture and deeper infra-structure affect children's learning experiences. They allow centre staff to promote their context as an inclusive one ("we are an inclusive centre") that potentially benefits all members of the early childhood community. Practices based on this kind of view resulted in the child with DS's assimilation as the centres' socio-cultural framework at all levels remained untouched, providing no zones of proximal development to facilitate authentic peer relationships and the establishment of diversity as a prevailing norm.

Another aspect of the belief 'inclusion as assimilation' involved teachers' non-specific knowledge about how DS might impact on learning and development.

Teachers' understandings included: knowing very little, having information that was not considered necessary given assimilationist assumptions, expecting the Education Support Worker (ESW) to provide appropriate services and taking the cue from the parents. Most teachers had not yet familiarised themselves with the impact of DS on learning, although two had notes on this issue elsewhere:

> "I'm sorry. I've looked at a lot of papers on it, but I'm sorry I can't really just straight tell you about DS…But I know I've got papers at home that I can refer to and look at it if I need any more help".

> "We did a wee bit of it through College, but I'd have to look at my notes again".

Other teachers stated that they did not know how DS affected learning. For instance, "I don't really know a lot about DS. I haven't worked with anyone with DS. I guess it's just more explaining things to them on an individual basis so that they fit in with things and they know what's going on"' "No, I don't even know how old Emma is…I've never read anything no…The best you can do is equip her with as much as she can cope with and go from there"; "I think it (DS) does make it (learning) a little bit slower….". Two teachers demonstrated non-specific knowledge. "I know that it (DS) does affect learning and development because I've worked with one (child with DS) before, so yeah, it does, but with the right intervention, they can come up to speed". "In my work with Down Syndromes, I think that there are different levels and in the home situation that Emma is in, she's got a very supportive caring environment that will encourage learning whereas some of the others don't have that support." When I probed whether the impact of DS affects the way you set up activities and organise the curriculum, this matter was not considered as an issue (for the moment anyway), "It hasn't at the moment because we've included Emma in everything we do, but I'm not saying that at a later stage….but we do have groups for that. At the moment, she is slotting in to either the 2's or 3's (age-group) depending on what they are doing".

One teacher saw the early intervention centre holding all the information on DS. She recognized a need to find out this information, "That's something I need to come up to speed with…From what I've learnt she does learn differently, so therefore we need to find ways that are appropriate to her". While it is not clear how the information

will be interpreted, this comment supports later responses on the perceived role of the ESW to take responsibility for providing appropriate learning experiences.

Finally, two teachers considered the parents the source of information on this issue: "I guess I basically take the cues from the parents – for them to inform me as much as possible"; "From what his Mum was saying, he's a normal little boy who likes to play with this, that and the next thing. He's got interests and strengths just like every other child". While parents are likely to be a source of valuable information on this issue, it is unlikely that that they will have the pedagogical and curricula expertise to integrate this information at the level needed to affect the institutional culture of an early childhood centre.

(ii) Contra – indicators of assimilation

While the child was viewed as 'one of the group' or the same as everyone else most of the time, the availability of an ESW and Individual Education Plan (IEP) meant that teachers viewed the child's special needs as different requiring separate provision not affecting the centres' broader culture and pedagogical practices. Her/his 'special needs' were seen to be the domain of the ESW, implying that they were separate from the institutional culture and pedagogical practices operating in the centre.

An ESW spent 3 hours a week each with Emma and Adam respectively at a time the researcher was not present and was about to start with David. Most teachers reported that they did not use particular strategies to facilitate inclusion, as that was the role of the ESW. The following response typifies this stance in a teacher's reply to the question about what strategies she has found helpful/unhelpful in facilitating David's inclusion.

> "We haven't had the opportunity to do that yet (use strategies to facilitate his inclusion). If we had the inclusive teacher, then that would have been the strategy – definitely".

Another teacher stated that "it is not until the IEP comes along that we can really know how we can help him". This suggests that the centre has no inclusive theory and emanating practices in operation and hence, no socio-cultural context for inclusive education. The focus is also on the child and what teachers can do for him

as opposed to facilitation of a learning community where changes need to take place so that all can effectively take part.

This divisive discourse was also evident in this teacher's description of the ESW's role, who in line with the beliefs underlying this discourse saw her role as attending to Emma' special needs while the existing early childhood programme remained unaltered, assuming it to be supportive of all the other children's needs.

> "Her (ESW's) role because children with DS, their developmental needs are different…e.g. they tend not to be able to just sit on the mat at mat-time and take in what is happening – they'll get up and move…So there's a support person to not only help the children so that they are not distracted in times like that…she (ESW) might go off and read her a book on her own so that she can touch the book – that sort of thing. So situations might not be suited to her like a mat-time say, so therefore there's other ways of finding things that are suited to her. She'll be there with her at mat-time, but she'll make sure that she's (Emma) not distracting the teacher by taking the book off the teacher or whatever."

According to the above teacher, Emma is expected to assimilate or receive a separate curriculum instead of the staff providing a learning context that is supportive/inclusive of the full range of diversity present. So instead of the teacher selecting a suitable storybook and presenting it in such a way that all the children benefit, the focus is on Emma's removal. The exclusive story-time routine continues assuming it to be appropriate for all the other children. This is most unlikely, given the age range of children from barely 2 to over 4 years old. Interestingly, this divisive discourse of difference (not like the majority) runs counter to the teacher's claim earlier on that Emma's presence indicates that "we are inclusive as a centre". Clearly such practices are not conducive to facilitative inclusion as Emma's peers are learning to view/construct Emma as 'a baby,' odd or deviant member.

(iii) Teachers' perceptions of facilitative inclusion

Since the children with DS experienced a great deal of active and passive exclusion from peers, which occurred even when they interacted in conventional ways, it seemed pertinent to ascertain what the teachers were hoping to achieve in terms of the child's inclusion. Bearing in mind that the children in this study were at the beginning of their time at preschool and would be there for at least another two years, it was decided to ask the teachers to envisage their view of a favourable experience of

inclusion. Two teachers stated that the child with DS was already experiencing favourable or effective inclusion, although one did comment later in the interview that she would like the child to be interacting more with her peers. She was the only teacher to mention peer interaction as an outcome. Another two teachers aimed for the child to "be included in all the activities". One teacher viewed the attainment of self-help skills suitable for school entry as a favourable inclusive outcome. Two teachers focused on the establishment of regular liaison processes amongst the staff, parents and early intervention team as a marker of 'good' inclusion. They did not mention any goal(s) or aims in terms of peer inclusion that they envisaged for the child and centre as a result of those meetings.

One teacher seemed surprised at this question, but it did prompt her to reflect on her practice as her dialogue indicates.

> Teacher: Mmmm … silence…..good question. I haven't really had a goal out there for her, I don't think.
> Christine: Well, perhaps not necessarily for her, but for the centre. How do you describe or see a good quality inclusive centre?
> Teacher: I would hope that she was getting everything now…. I hadn't thought of that really…. That's a really good question".
> Christine: Something to think about?
> Teacher: Yeah, yeah, definitely.

Interview data from the teachers in this study indicated that they thought that quality inclusion was already taking place, they perceived inclusion as involvement in activities rather than relationships, a set of procedures such as regular liaison with staff and other professionals and for some, the issue of quality inclusion was an issue not yet considered.

None of the teachers raised any issues that had come up for them as a result of the child's inclusion at a classroom or philosophical level. The only exception was one comment about obtaining sufficient funding to enable the child to attend more often. Responses were overwhelmingly similar to the following who in response to the question concerning if any issues had arisen as a result of the child with DS's inclusion, answered, "No, not really, no, no". The two teachers who presented an example illustrating that no issues had emerged for them resulting from the child with

DS's inclusion, reinforced the assimilation discourse they were operating from. For example, one said, "None really (no issues concerning inclusion have arisen). She doesn't need special treatment just because she is Down Syndrome" [implying that she can fit into the existing culture] and the other said, "with group times, you've got to make sure that you're saying to her", 'You've got to sit down too', "so that the other children see that she has to sit down as well".

b) Pedagogical Barriers to Inclusion
(i) Inclusion into activities, rules and routines
Observational and some interview data indicated that while staff facilitated the child's inclusion into activities, this was not conducive to encouraging social relationships within the peer culture. In the preschools and playgroup, adults rarely promoted children's inclusion into relationships. Instead they regularly facilitated the children with DS into activities and the daily routines, such as morning tea, group story-time where involvement in relationships was essentially left up to themselves. Adults did at times introduce children to one another or encourage a child to show something to another, but the kind of play where both children with and without DS could experience mutual success and enjoyment (necessary for joint attention) never occurred.

In David's centre, the programme was such that participation in and compliance with the centre's rules and routines was critical for success. A key feature of the programme required all twenty 2 and 3-year olds including David to listen to several stories and engage in finger plays and songs for about 20-30 minutes at the beginning of each day until the next routine (morning tea time). The following 5-minute excerpt from one such story-time highlights how aspects of the centre's pedagogical and cultural practices mitigated against David's social and academic inclusion.

> Two teachers are present and one teacher is reading the group a story. It is a noisy environment, as the children are generally not attending. The teacher reading is softly-spoken and has chosen a book about an abstract character (a monster) which probably has little meaning for David. The second teacher is gathering up all the children who are not attending. She says to David, "O.k, David? I'm going to pick you up and you can listen to a story. The children are all listening to a story now before morning tea". She places David near the back of the group. David grizzles and turns away from the story. The teacher

realises that David is not wearing his shoes and spends the next minute putting his shoes on and explaining why they need to be on. When his shoes are on, the teacher says to David, "Now you need to listen to the story". She takes him to sit on the mat, but he leaves. She then picks him up and says, "I know you don't like it, but I'm going to sit with you. You need to listen to the story with the other children now". (Teacher's name) is going to sit down with you". She holds David on her knee at the back. He grizzles and is tearful. The teacher needs to attend to another crying child so she says to David, "Now you sit there with Sean and I'm going to sit with Jade". He sits up and looks around. The teacher calls out to him, "I like the way you're sitting there, David". He gets up to walk off. The teacher says to him, "No, we're going to listen to a story. There's Jade, your friend". He grizzles and tries to walk off. The teacher holds him down as he grizzles, cries and arches his back. He tries to move off as he grizzles and cries. He covers his eyes. The teacher holds him down and then calls out to me, "What he's doing (wanting to get away and grizzling), James (another child) used to do. It's a normal thing".

The emphasis in this excerpt is on compliance and assimilation into the rules. David is expected to comply with sitting 'in this place at this time' and with his eyes in the direction of the storybook. There is no emphasis on what David (or his peers) might learn from the experience or how the socio-cultural context mitigates against any viable learning processes particularly for David. The story is about an abstract character in a setting David is unlikely to have encountered before, so it is unlikely to have much meaning for him. With all the noise of his peers not attending, a softly-spoken teacher doing the reading, being seated at a distance from the book where he is unlikely to be able to see or hear and joining the story half-way through combine to make this an unfavourable learning experience for David. The teacher's comment to the researcher concerning David's (distressed) behaviour being a "normal thing" implies that there is nothing 'wrong' with the curriculum, but the child. Experiences of this nature are not only likely to hinder David's favourable experiences of literacy, but also those of other children who are not yet able to sequence a series of events, relate to an abstract character and have limited concentration spans. The issue is therefore one of curricular practices as opposed to that of the child's special needs. The fact that the typically developing contrast child (Noah) is tearful and unfocused during this story-time as well as many other peers who are engaging in active and noisy play with one another also lends weight to the issue that this is a curricula as opposed to an individual issue. The pedagogical practices are not taking into account the diverse interests and realities of these mostly 2-year children, irrespective of David.

Another example of a context's cultural norm mitigating against facilitative inclusion was observed in David's centre where the norm is that if children did not like something another child did to them they were taught to say something to the effect, "Stop! Don't do that. I don't like it". This norm seemed to operate effectively for the older children who were able to act on it and understand what it was the child did not like. However, it excluded David's ways of initiating contact with his peers. David often tapped peers on the front of their sweatshirts and vocalised to them. As illustrated in the following episode, David's initiations at peer entry are rejected when peers use this rule to terminate his 'aversive' behaviour.

> David touches a boy who is riding a trike on the front of his sweatshirt. David taps the boy several times (lightly) and vocalises. The boy says to David, "Don't. Hey, stop it". The boy's friend adds, "Stop it. Stop!" The first boy says to David, "Stop, I don't like it". David walks off.

There was no evidence that staff showed any awareness how this rule mitigated against David's and potentially other children's inclusion.

Group instructions presented only in an oral format exacerbated any beliefs of deviancy peers had about the child with DS as aural memory, attending to two dimensions simultaneously (play activity and instruction) and focusing on the relevant stimuli (instruction) are processes that tend to be weak (Stratford, 1986). In the following instance, a teacher calls out to all the children inside,

> "In two minutes, it will be tidy-up time for mat-time". Emma continues her play with various Duplo figures and a sloping, plastic road and she is not tidying up. A boy picks up the yellow road that Emma is playing with and places it in the toy basket. Emma grizzles and looks surprised. She looks around to see where her road went, then notices it sticking out from the toy basket near her. She pulls it, places it on the floor again and slides a Duplo man down it saying, "Slide wee!!" When Emma is distracted, Danielle picks up and places Emma's toy road back in the basket. Emma grizzles, is tearful and looks around for it again. A staff member says to the group, "It's tidy-up time…..tidy-up time….tidy-up time….that's what we're all up to". Emma continues to look for her toy road.

In this scenario, Emma 'fails' as she does not register the overall group instruction. She may also not understand conceptually what is meant by the instruction "tidy-up

time" in relation to her current activity. Consequently, she experiences distress and peers fail to learn how to interact respectfully, as they appear (to Emma) to maliciously take her toy away. In turn, on account of her difficulty of ascertaining the oral instruction, peers may view Emma as non-compliant, therefore contributing to their view of her as 'naughty', odd or an outsider.

(ii) Relationship issues: DS and typically developing – facilitated or hindered?

There were instances where peers consulted with a teacher because they did not know how to resolve an issue in relation to the child with DS. Such episodes usually involved the child with DS unknowingly blocking a path or access. If jointedness is the goal, then both parties need support in actualizing that goal in a facilitative way. Teachers often prompted one party (in this case, the typically developing child), but when the expected outcome did not occur (the child with DS did not attend and act on the peer's request), the teacher removed her, thus preventing her from learning to attend to peers, listen to and interpret an instruction and move out of the way when blocking someone's path.

> Craig is walking along a wooden plank. Emma walks by, then leans over the plank just in front of Craig. Craig says to the nearby teacher, "She's (Emma's) on it". Teacher says to Craig, "You say, 'Excuse me, Emma". Craig does (hesitatingly and bit awkwardly). Emma is looking at the ground and does not look up/notice that someone has spoken to her. The teacher says to Emma, "Emma, Craig asked you to move out of the way". Emma does not react. The teacher lifts Emma off the plank.

(iii) Activities suited to jointedness promoted as individualistic

Activities the child with DS showed interest in that by their very nature could have been used to promote inclusion were almost always used to promote individual play. For instance, in the following incident David shows great animation when he sees Joel kick a soccer ball, but instead of promoting a joint activity between David and Joel, the teacher provides David with his own ball.

> David vocalises enthusiastically as he sees Joel kick a soccer ball. The teacher says to David, "Oh David, that's what you like". Joel picks up the ball and sits at one of the picnic tables holding the ball on the table. The teacher says to me, "I might be able to find David a ball." The teacher says to David, "We might find you another one (ball). David touches Joel's ball. Joel pushes David over. The teacher says to Joel, "Oh gentle, gentle". The teacher goes to

the shed and hands David a ball. David carries the ball, then drops it as he is walking along the path.

At morning tea in Emma's centre, children often talked animatedly about the contents of their lunchboxes and showed one another their food, yet Emma was never included. She had the same kind of food as her peers, yet peers would talk over her head or to the teacher seated on the other side of her about their food items, whilst Emma was never included verbally or non-verbally. Staff never encouraged peers to include Emma in these interactions and show or suggest ways in which they might interact with her.

Where staff did attempt to create jointedness it was in artwork when Emma (who was unaware of the concept of ownership in relation to paper) sometimes drew or painted on another's piece of paper. While on the surface, this looked like inclusion, in reality this was not as the activity was not set up from the outset as a shared one. Instead the 'rules' changed after Emma made marks inadvertently on another's piece of paper, which usually displeased the owner and Emma was not provided with the information as to why. In the following incident, Brendan stops drawing once Emma has drawn on his picture.

> Emma starts drawing on Brendan's piece of paper. He has almost filled in his sheet of paper. Brendan looks at her with a stern face. The teacher says to Emma, "Emma, Emma, that's Brendan's picture". Brendan looks at Emma's face for about 20 seconds. The teacher offers him a new piece of paper. Brendan does not reply. He is still focused on Emma's face. The teacher asks Brendan, "Shall we put Emma's name on it as well as yours so that we know that Emma helped?" The teacher does. It is not clear how Brendan responds. His interest in the drawing ceased from the moment Emma made marks on his drawing.

For jointedness to affect learning in a positive direction, not only is it necessary that positive affect be present, (D'Arcangelo, 2000), but also the involvement of both partners who are jointly attending to the same aspect of the activity (Verba, 1994). Brendan's reaction would suggest that his focus was on Emma's differences, whilst Emma's was on her drawing irrespective of Brendan's feelings or ownership of the paper. Clearly, no context for genuine jointedness occurred or was developed.

(iv) Interpretation of unconventional behaviour/intent:

Few incidents of the children with DS's unconventional behaviours were interpreted to peers. It seemed that ignoring peers' concerns or understandings was consistent with the pervasive view of inclusion as assimilation. For instance, two children (Emma and Dylan) are with a teacher at a table where they are interlocking beads to make necklaces. The teacher fixes a necklace around Dylan's neck. Emma watches, then touches/strokes Dylan's soft jacket. He looks puzzled/not pleased. The teacher does not explain the likely intention of Emma's behaviour to Dylan. Such ignoring or denying of differences may contribute to marginalisation and lost opportunities for enhancing understandings about diversity. However, the children did not ignore the differences. Their uncertainty and inability to make sense of the child remained static and was reflected in their behaviour (exclusion or inclusion as inferior members).

Furthermore, peers added negative interpretations of the child to their initial judgments of the child as deviant, baby or odd, which prevents them from seeing any shared or positive attributes. For instance, when Emma sits on a step quietly observing two boys playing with the train-set, she is clearly viewed as a threat despite her passive behaviour, as one boy says to the other, "The baby's (Emma) going to get your track".

On another occasion, when Caleb and Clare have excluded Emma from the family corner by erecting a barrier, Emma sits quietly nearby and watches their play. Clare alerts Caleb to a gap where Emma might be able to enter 'their' area to which Caleb replies, "No, she won't fit. She's too fat". Caleb who views Emma as undesirable adds the dimension of 'fat' to the list of Emma's negative attributes despite the fact that she is similar in size and weight to many other three-year olds.

(v) Promotion of unequal status relationships

In Emma's centre, but not in David's, another way teachers structured relationships was by positioning a typically developing child to help the child with DS, thus establishing or maintaining the superior status of the typically developing child. For instance, a teacher asks 4-year old Elisabeth, "Elisabeth, come and help" as she gets Emma ready to walk across a plank. Elisabeth holds one of Emma's hands while the

teacher holds her other hand. The only time Emma was positioned as a helper was when the teacher at the swing encouraged her to push Rachel on the swing.

(vi) Absence of a zone of proximal development to facilitate jointedness

At times, teachers encouraged social behaviours of the child with DS, which were beyond their zones of proximal development and so could only result in failure for the child and others viewing the child as incompetent. For instance, a teacher suggested Emma praise Rosa for walking across a plank independently when she gave Emma the following instruction, "You say, 'you can do it, Rosa".

Staff or adults were not observed promoting social relationships between the child with DS and her/his peers beyond asking a typically developing child to play with the child with DS as evident in the incident below. There was no scaffolding to facilitate any mutually enjoyable play together. When the joint play does not eventuate, the teacher provides the child with DS with a solitary activity.

> Teacher asks Sasha, "Will you play with Emma?
> Sasha replies, "Yes", but does not actually do so.
> Teacher asks Emma, "Did Sasha go out and leave you? We'll get you some paper and crayons, eh?"

The 'structuring' provided was clearly insufficient to promote the kind of jointedness necessary for a mutually satisfying encounter as there was no zone of proximal development for Emma and Sasha to learn how to participate or play together. Consequently, a child such as Sasha could continue avoiding and failing to learn how to include Emma with ease and respect and thus fail to reap the benefits of inclusive education. Overall, there was a general absence of any activity promoting intersubjectivity or joint attention, so that peers could experience multiple aspects of the child with DS's personality as opposed to mostly her/his unconventional behaviour.

(vii) Child constructed as outsider

There were times where the child with DS was focused on in deficit terms when the context/social norms were insufficiently robust to take into account the child's (and others' diversities). One teacher says to me, "I'm sitting by Emma (at morning tea),

otherwise she takes off". Here Emma is constructed as deviant in front of her peers, but one wonders what the experience is like for Emma when all the children around her are engaged in animated interaction about the contents of their lunchboxes and she is excluded.

A routine at the same preschool involved taking one's lunchbox (with food for morning tea and lunch) to the table. When Rosa takes out her yoghurt (presumably for lunch), Emma touches it. Rosa says to her, "No, Emma". A teacher asks Rosa, "Do you want me to put it (yoghurt) in the fridge, then Emma won't be able to get it?" Again, Emma is portrayed as the outsider who engages in deviant behaviour.

Another incident of cultural norms hindering inclusion occurred when Emma was drawing at the collage/drawing table with four other children who each engrossed in their drawings. Emma's drawing is similar to theirs with zigzags, lines and circles and some colouring in. A teacher arrives and says,

> "Hi Emma, Sorry to interrupt you, but I need to see if your nappy is fresh or not". She checks Emma's nappy. Emma grizzles. The teacher says, "O.k., I'll change your pants when you've finished drawing".

While the teacher is respectful of Emma's desire to complete her drawing, the public announcement about the fact she is wearing nappies whereas all of her peers at the drawing table are not, alerts their attention to a significant difference they may use as a reason not to include her as a potentially valued member of the peer group. No attention is drawn to some of the commonalities all four girls at the drawing table share. e.g. their choice of crayon colours, the content of their drawings, their mutual enjoyment of drawing and so forth.

(viii) Not noticing child's 'inclusion as object'

There were numerous incidents in all three settings where the child with DS was treated as an object and had items taken out of her/his hands that adults never noticed. For peers, the outcome of this is that the children fail to learn more appropriate ways of interacting but they also (mistakenly) learn that they are of superior status, which gives them a false sense of reality and fails to prepare them for interacting successfully with the diverse range of individuals present in every setting.

<u>c) Distal Barriers to Inclusion</u>

(i) Explicit curriculum

The daily activities in two settings (Adam's and Emma's) involved a range of open-ended activities from which all the children could self-select and partake in most of the time (e.g. painting, drawing, dough, water play, wooden blocks). However, in David's centre, the curriculum consisted mostly of play materials requiring a certain level of skill and conceptual development. For instance, on the day of observations, there were no open-ended activities such as water play, carpentry or the usual creative art activities (e.g. painting, drawing with crayons, collage, finger painting or clay). Dough was available on one occasion. The only exception was sand play if the weather was fine. Manipulative activities available outside involved those involving strength, co-ordination and fine-motor skills such as Mobilo[3] and Mega Blocks[4], none of which were within David's skill level. Aspects that the Education Review Office (ERO) report applauded such as the challenging outdoor adventure area did appear to be challenging to a majority of children but for David, who was less steady on his feet and small in stature, the level of challenge required precluded his participation because it involved levels of height, depth, balance and motor skills that were outside his zone of proximal development. Consequently, he could not use it. There was no other climbing equipment that was challenging for him. The trikes and ride-on cars also required skills he had not yet acquired and there were no smaller ride-on toys suitable for shorter children and those who were not yet able to pedal. This lack of responsiveness in his environment affected David in that he experienced exclusion from the explicit curriculum (and consequently peers) for a good portion of the time.

The non-responsive activities and dominant focus on teacher-directed curricula (e.g. story-time, music, group times, waiting to go outside) resulted in David spending much time unengaged (e.g. walking around, engaging in self-stimulating behaviour such as flicking the cord of his tracksuit pants, flicking a piece of Mobilo close to his eyes, looking at the sky, sitting in the middle of a path passively, attempting to enter the indoor area or waiting by the door to inside, eating sand, taking his shoes and socks off and playing with the Velcro on his shoes). While staff did attempt to engage David when he disengaged from the activities, it often resulted in redirection

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[3] Plastic construction set involving pieces that interlock together
[4] Plastic blocks that interlock, similar to Duplo

to activities that he was unable to participate in, which resulted again in his rapid disengagement. For instance in the following incident, David tries to enter the indoor area when all the children are required to stay outside.

> Teacher says to David, "David, David, this way" as she physically prompts him away from the door. He resists by saying "no" and rejecting the physical prompting away from the door. The teacher says, "David, this way. Well done" as she takes him by the hand to the outside area. She steers him towards a large blue mat of Mobilo pieces and sits him down there, then leaves. He stays seated and looks around, then picks up a small piece of Mobilo, which he hooks on his thumb and flicks in front of his face (self-stimulation). He picks up a second piece in his other hand and continues flicking the first piece in front of his face.

Interestingly, in the ERO Report undertaken a few months before this research commenced, two recommendations were made that if implemented might facilitate David's meaningful engagement. The focus of the recommendations centered on the provision of a wider range of open-ended creative activities being made available and increasing children's interest in and active participation during the teacher-led group activities. The likely impact on David of failing to implement these recommendations is that it exacerbated not only his exclusion from peers and potential relationships, but also from other potentially valuable learning. Noah (typically developing contrast child) experienced the same pedagogical inadequacies, but the effects were different. Noah also resisted the long, compulsory story-times and outdoor time after morning tea. During story-time, he did not attend to the stories, but sat quietly at the back of the group, playing with small toys such as cars or puzzle pieces which was less distracting to teachers than David's crying and running away behaviour. While David and Noah used similar tactics to avoid going outside (crying and moving to the far end of the building), the effects of the compulsory outside time differed for the two boys. Unlike David, once outside Noah was able to engage with some of the outdoor equipment and such participation led to the beginning of some mutually satisfying reciprocal peer encounters. David was unable to utilise most of the equipment, which isolated him from his peers and learning opportunities.

In both Emma and David's centres, the setting up (or lack of) table activities failed to take into account the way the children with DS process information. Empty tables with collage type or other materials on nearby shelves for children to select, place and

use on the table was often interpreted by the children with DS as no viable activity to do. The necessary conceptualisation of a goal and planning the necessary tools and materials together with the physical actions necessary to take the materials from nearby shelves to the table involves skills, which were not yet within the abilities of these 3-year olds with DS. This pedagogical practice also interfered with the child with DS's peer inclusion as the typically developing child had usually gathered up the necessary materials for her/his individual project and did not necessarily perceive them to be for the 'common good'. There was an implicit assumption that children were expected to select the materials they needed for their particular project and return to the shelves what was not required for other child/ren to utilise. For instance,

> Anna collects a piece of paper from the shelf and sits down to paint a cotton-bud painting. Emma, also present at this table is holding a cotton bud dipped in paint. She needs to scan the shelves to obtain a fresh piece of paper as the teacher has just hung up her previous painting. She sees Anna's fresh piece of paper on the table and makes some marks on it. Anna says, "No!" to Emma and looks angrily at her for marking her paper.

Not only did this system operate for creative arts activities, but also for puzzles, games, books and most other table activities. Finally, another curricular practice involved the expectation that children would undertake such activities in kneeling or standing positions or sitting on the floor with legs tucked to the side. Undertaking activities requiring two hands such as using scissors, puzzles and so forth in any of the above positions did not augur well for promoting the child with DS's favourable learning dispositions (e.g. perseverance) and her/his inclusion. This was because the child was unable to return to her/his original fine-motor task when distracted and her/his balance and motor skills were insufficiently advanced to allow purposeful use of hand skills simultaneously. Chairs were usually available nearby, but stacked together. To use them would require awareness that being seated would enhance performance. It was unlikely that the children with DS could ascertain this, given that they did not usually recognise the need to pull in their chairs to the table. Furthermore, the physical task of pulling a chair from the stack and carrying it to the table would also be required as well as memory of one's initial intentions. Such socio-cultural practices thus inadvertently exclude some children's participation, which mitigates against peer inclusion.

The quality of peer relationships did not seem to be a focus for teachers. There was no facilitation of activities promoting "jointedness", so that children with and without DS could experience positively affective learning encounters. Instead, the focus was on ensuring that the children were busy. An example of this occurred in David's preschool when two teachers were discussing whether or not to bring out any more equipment on a day when there were no activities that could connect David and his peers in mutually enjoyable activities (e.g. no balls, sand-play, games, fantasy play requiring different roles). One teacher says to the other, "We've got enough equipment. They're all busy and happy".

Another feature that made it hard for David to connect with peers was that the indoor chairs were a little too high for him to seat himself independently. This meant that after managing to get seated, every time he tried to get up, move or push himself in by placing one of his feet on the floor, he moved further and further away from the table. For instance, when at the dough table, he ended up approximately 2-feet away from the table. Not only did this make it more difficult for David to play with the dough should he choose to do so, but this disabling factor resulted in peers staring at him thus highlighting 'his' differences and deflecting their attention from any commonalities.

(ii) Knowledge of how DS impacts on learning

Not understanding how DS impacts on learning in terms of the explicit curriculum had major implications for inclusion by reinforcing children's existing deficit views of the child with DS. In the following example, Emma focuses on a peripheral and irrelevant aspect of the music activity when the teacher places the tape-recorder on the floor. Emma is distracted from her dancing, stops participating and focuses on the tape-recorder knobs constantly pressing the 'off' button and turning off the music. This frustrates her peers who call out to her in a frustrated tone ("Emma!"). If pedagogical practices were authentically inclusive, the tape-recorder would have been placed out of the children's reach. Emma is then likely to have continued focusing on the central aspect of the task (participation in the movement session) and the likelihood of her being seen in a favourable as opposed to unfavourable light would have been enhanced.

(iii) Free-play philosophy

While the free-choice programme may fulfill the needs of the majority of typically developing children, the available social and other opportunities were insufficient for the children with DS to derive optimal benefits. The preschool norms reflected the free-choice play philosophy, which has its roots in Western culture's focus on the individual. The aim in these free-choice programmes is for children to engage in a wide range of activities. Whether they engage with others and which others, is left up to the children. Teachers in this and other studies (e.g. Hamilton, 2005) tended to use mostly low-level strategies to facilitate any social relationships. Instead, they tended to ensure that the children were busily involved with activities. As part of this philosophy, the process of experiencing facilitative inclusion for children with and without DS was essentially left up to the children. The data indicate that left to their own devices, the children with DS were unable to experience the kind of inclusion conducive to their development.

While theoretically teachers were there to facilitate inclusion in the two preschools, in the playgroup the quality of social experiences or inclusion was left up to the child's parent(s) as Adam's mother states, "It's the parent's role (to ensure their children have a 'good' social experience). It's the parents of those children". Because the group fulfilled other functions for the parents besides the children's social experience (e.g. social support, sharing of resources) and parents usually had more than one child to supervise, it was impossible for them to notice what each child did all of the time. Consequently, various forms of exclusion of the child with DS took place.

The role of the parents was essentially to supervise and facilitate the learning of their own children and this did not necessarily involve the inclusion of other children as evident in the following incident.

> Adam stands watching Ben and Ben's Mum playing swingball together. Adam watches with interest. He smiles and says, "Wee!" several times as the ball swings around. He sits on the ground to watch saying, "Ooh! Wee! as the ball goes around and he gestures with his hand signifying the swinging action of the ball. Nearly 5 minutes elapse before Ben's Mum asks Adam, "Do you want a turn?" She hands the bat to Adam, physically prompts him as he bats the ball twice, then leaves with Ben.

The role of parent differs from that of teachers in the preschools. Unlike the teachers, there is no social code for the parents to operate from. Whether or not they include children other than their own and how they do so is entirely up to the individual which means that both their (and others') children may not always experience the benefits of inclusion as highlighted in the above example.

(iv) Professional development

The Education Review Reports did not evaluate the quality of inclusive education irrespective of the child with DS's presence. There was no mention of this issue or anything pertaining to disability or impairment in the recent ERO reports undertaken at Emma and David's preschools.

Teachers were either unaware of where to turn for professional advice in relation to the child's inclusion or they were aware, but did not consider it necessary utilising any professional support at this stage. For instance, this teacher states,

> "I'm quite aware of the [name of early intervention programme]. I know some of the staff out there that I could contact if I needed any information or anything like that".

Another teacher states, "I would probably ask [name of ESW]. When I asked if she considered the need to do so, she responded, "No. No. It's all going good. There's no problems".

Teachers did not recognise the discrepancies between the child's actual experiences and their perceptions of those experiences and how the cultures of their settings mitigated against processes of facilitative inclusion.

Other teachers were less specific concerning their knowledge of and the need to access professional help as this teacher describes,

> "I don't really think that there'd be the professional development to go on a Down Syndrome course, but there may be some courses that come up that are about children with special needs and we'd definitely access them if there was a child that had those disabilities. At the moment, there is very limited offered in [name of city] anyway when it comes to professional development. At the

moment, we just speak to the parents, maybe get some books out, go on the internet".

It is not known how the teachers would ascertain the quality of the information in books, from the internet or parents or offered at any course, although their responses to other questions indicate a strong focus on the individual as opposed to contextual issues.

Whether the role of the ESW is to work as an inclusion facilitator as well as provide professional support is not known and teachers were uncertain if her role involved additional tasks other than working for a specified amount of time each week with the child with DS. When asked if teachers were expected to follow-up what the ESW was doing, most teachers did not know as this teacher's response typifies,

> "Yeah, like she writes up a little comment as to what they've (ESW and child with DS) done that day, so it's sort of up to our own discretion, well, I gather it is up to our discretion as to whether we want to follow it on or start something new for her or what".

(v) Individualised plan (IP)
The IP that was developed immediately prior to Emma's preschool attendance focused on a range of motor, musical, communication, cognitive and self-help skills. An example of the specific learning outcomes involved

- Emma will hang up her bag at preschool on request.

- Emma will greet the head teacher at preschool on arrival with gestures and/or words.

None of the goals involved any social inclusion with peers, or how the early childhood setting's socio-cultural context might be altered to facilitate not only Emma's inclusion but to be more responsive to the range of diversities present. Despite a key goal of early childhood participation being to experience inclusion within the peer culture, this document did not identify any specific steps towards this outcome. Given that the IP document was the only formal plan available (there was no separate goal setting for how early childhood settings might change their practices

and pedagogies to foster facilitative inclusion), this highlights a vacuum in the broader socio-cultural context in which 'inclusion' is occurring.

(vi) Mismatch between stereotypical beliefs and observations

At times teachers appeared to operate on stereotypical beliefs about the child with DS as opposed to focusing on the behaviour of the actual child in their setting at the time. For instance, on one occasion when teachers were assigning children to a specific group activity, Emma was directed to a music session, even though she showed minimal interest in participating. The teacher says to her, "You like music don't you? You can do music. Come on Emma" as she physically prompts her to stand with the children about to do music. Later, when she wanders away, she is directed back and the teacher reinforces her 'love of music' to her again, "Back to the tape. You like music, don't you?" It was interesting that one teacher had not noticed Emma's musical 'competencies' and 'fondness' of music, but on learning about this through the IP report said that she would use music to enhance Emma's development.

> "I didn't know that she was right into music and by reading that (IP), then I found that she was right into music and that was something that I could extend her on – getting her to do an activity with music on in the background".

A similar stereotypical belief about David's 'happiness' operated in his centre. Apart from isolated moments, David appeared to be generally unengaged with his environment or tearful, yet he was described as "happy" (a common description of children with DS) as this teacher comment indicates, "He is so lovely and very caring and affectionate and always happy".

Facilitators to Inclusion

There were some examples of facilitation. While they were limited, they contrast with the barriers. As such, they are insufficient, but an indication of a suitable place to start.

a) Attitudinal Facilitators to Inclusion

All teachers and parents talked to at the playgroup spoke warmly and favourably about the child with DS's presence. The following comments typify how the teachers

viewed the child: "She's always smiling. She's lovely". "I think she's a delight – an absolute delight. She's bright, she's alert, she's eager to learn and try". "She's got a good sense of humour, she's very arty, she loves messy play. I think she's lovely. I do". "Beautiful, gorgeous. I really enjoy working with her actually. She gives a lot of joy to a lot of people out there".

"He's a lovely little character. He is lovely and very caring and affectionate and always happy". "He's a lovely child – just like any other child. They've all got they own individual things".

b) Pedagogical Facilitators of Inclusion

(i) Awareness of same status relationships

While there were many incidents of peers taking over activities or equipment from the child with DS, one teacher interrupted children taking over from the child with DS and treating her as an object. Even though this teacher did not articulate this as a strategy for promoting inclusion, her behaviour showed an awareness of promoting same-status relationships. The incident occurred when she encouraged Emma to push Rachel on the swing. When Elisabeth arrived, she bypassed Emma and asked Rachel directly, "Would you like **me** to push you?" and stood in front of Emma to do the pushing. The teacher immediately interrupted Elisabeth and stated,

> "No. Emma is pushing her. You just can't stand in front of someone who is doing a job and take over. You can push from behind if you like".

A few minutes later when it is Emma's turn to have a swing, Elisabeth and Danielle push Emma so that she experiences jarring. Emma becomes tearful, grizzles loudly and says, "No, no…". Elisabeth and Danielle continue pushing to which the teacher replies,

> "Can you hear Emma saying, 'No'? She doesn't like what you're doing. You need to listen to what the children are telling you. If they say, 'No', that means they don't like what you're doing".

This was the only teacher who demonstrated an awareness of promoting same-status relationships in practice.

(ii) Unconventional behaviour

In both preschools, teachers occasionally interpreted the child's unconventional behaviour for peers to facilitate their understandings. e.g. when David touches a peer on his chest, his teacher says, "That's David saying Hello to you I think" or another teacher says when David is vocalizing to John, "David is talking to you, John". When Emma vocalises to Danielle, the teacher says to Danielle, "Emma is saying 'Hello' to you. Can you say 'Hello' back?"

As mentioned earlier, there was one teacher who helped peers interpret the communication of Emma when she became distressed after they pushed her in an uneven manner on the swing. By encouraging her peers to attend to the message being communicated, this teacher is helping them learn to interpret and respond to differences in communication with respect.

(iii) Low-level facilitation of social development

Teachers in both centres used 'low level' measures commonly used for typically developing children to facilitate the child with DS's inclusion. These included: introducing the child to others (e.g. "This is David and he's a new boy here"), ensuring the child had the equipment necessary to play at an activity or alongside others if she/he showed interest. (e.g. A teacher asks the boys at the dough table to ensure that David has some dough. She asks, "What about you, David?" followed by her asking the boys, "Do you think David would like some (dough) too?"). Sometimes teachers also encouraged the child with DS to play near another child or group of children when the child was not engaged in an activity though encouragement to share a joint focus on the activity was absent.

The teachers' interview data supported their view that inclusion would occur mostly through the child's developmental changes and by the use of indirect means. The following teacher sums up her view when asked about strategies she has found helpful to enhance Emma's inclusion,

> "Sort of redirection… 'Would you like to do a painting next to Emma?' or something like that so that they're hearing her name. So it's indirectly, but

they're there. But I think they (children with DS) learn. You don't have to push her into friendships. They're getting more accepting as she gets older and she can do more things".

(iv) Interruption of demeaning inclusion or active exclusion

There were two instances where adults interrupted a peer treating the child with DS as an object. One involved the teacher not allowing a peer to take over pushing the swing from Emma (see p. 102) and the other involved Adam's mother talking to Simon in an attempt to stop his bullying of Adam. She says to Simon,

> "Just be gentle, gentle. Be gentle with him. There we are. You are a big boy, so you could show him how to be gentle. I know that Adam isn't always gentle, but you have to show him. You're a big boy, love". Simon stops holding Adam's body tightly but holds his hands very tightly. Adam attempts to wriggle his hands free, then tries to bite Simon's hands in an effort to free them. Adam calls out, "Mum". His Mum explains to Simon, "He doesn't want you to do that (hold his hands so tightly). That's why he tried to bite you".

(v) Older Children and siblings

In the playgroup, older children played a valuable role on a regular basis in terminating anti-social behaviour directed at Adam and supporting the younger children generally. On Adam's first day he vocalises animatedly and smiles at another boy entering the sandpit. The boy ignores Adam's greeting. Adam then tries to get the boy's attention by tapping him lightly on the back and smiling at him. The boy responds angrily to Adam and makes an angry gesture to him. Seven year old Neil upholds Adam's intentions and says to the boy:

> "He's (Adam) pretty young, so watch it. He's not that old. I used to probably done that. Everybody's probably done that".

Later on the same day when the same boy harasses Adam again, Neil approaches the boy and asks, "Hey, what are you doing? What are you doing to Adam?" The boy does not respond, but leaves the scene.

On another occasion, Adam and a same-age peer who are playing with the swingball get the ball stuck around the pole. An older boy walking past untangles it for them and says, "Here's the ball" as he hands it to the other boy.

When Adam experiences his major episode of exclusion (see p. 47), not only do some parents (but an 8-year old girl) discourage Simon from bullying him. She says to Simon, "Leave that little boy alone. Don't hurt little boys, ok?" Simon ignores her. The girl repeats to Simon, "Don't hurt little boys".

While Adam's 9-year old sibling (Kerry) and friends treated Adam as an infant at times by carrying him around in a group of other older children each carrying other babies and toddlers, they also reinforced and extended his self-initiated play. For instance, when Adam and Kerry (with someone else's baby on knee) are in the family corner and Adam opens up the microwave door and points to a pot he placed there earlier, Kerry asks, "That's cool. Is it cooking?" Adam goes over to Kerry and taps Kerry's arm, pointing to the microwave. Kerry goes over with the baby and looks, then shows Adam how to press the different numbered pretend knobs, labeling each number. Adam attends.

c) Distal Variables

Explicit curriculum

The playgroup was set up to encourage the play and development of children from 0 to 12 years old. The diverse range of equipment and materials available was easily accessible to the full age-range of children present. Materials were set out so that Adam and the younger children could actively participate and come into contact with peers. This was also the only setting where there were not only activities that incorporated Adam's strengths and interests (swingball and table-tennis) but optimal success and enjoyment in these activities required one or more peers. For Adam, these activities were facilitative of his inclusion (joint attention).

Parents' Expectations for their Children

While Adam, Emma and David's mothers each had differing goals for their children in relation to expectations from participation in their early childhood settings, all considered the eventual development of peer relationships and friendships as central experiences. When I asked Emma's mother if she expected Emma to develop friendships at her early childhood centre she replied,

"Oh absolutely! At that age (around the age of 4 and 5 years), it would be nice for her to go to or somebody else come back here with her to play, however that works. Just because she's a special needs [child] doesn't mean that she should be isolated and not do things that a mainstream child would do".

David's mother's main rationale for sending David to preschool was for the social benefits. More specifically she was keen for David to develop friendships with local children who would also attend the same primary school next door to the early childhood centre.

"I just want him to interact with other children because he's been the only child for a while and he's a bit of a loner. I'd like him to develop friendships, yeah, yeah.....I'd like him to be able to have other kids around and have other children to be friends with because.....he's going to go to the local school and so it would be nice to meet local children and then when he starts school, he's going to know some of those children and it's not going to be such a big deal for him".

Parents were unaware that their children were not experiencing the kind of inclusion conducive to their aspirations. Staff had informed Emma and David's mothers of the relationships already occurring. One staff member told David's mother,

"He's been social. It's great. He's been there on the mat with the others and there was no discrimination. One of the children talked to him and he 'talked back' to her (vocalising). No one said anything about his differences. They just accept him as he is. That's so fantastic".

Observations indicated that the child 'talking' to David repeated the question, "What is your name?" over and over again in a monotone and was more puzzled by David than engaging in a mutually reciprocal encounter with both participants sharing joint attention.

On the basis of staff reports, Emma's Mum believed that Emma had already developed a friendship, "Yes, she seems to have chummed up with one little girl at day-care and that little girl is absolutely fascinated with Emma. I dare say that at this age, the kids don't know that Emma's any different".

Yet the data indicated no mutually reciprocal interactions with the child concerned. What did take place was a great deal of observing and anxiety on the child's part when Emma did not attend to the child's instructions. E.g. "No! That's my painting".

Policy

Two main policies support the inclusion of children with impairments in regular early childhood centres. These are: 1) Te Whariki, New Zealand's Ministry of Education's early childhood curriculum policy, 1996), and 2) the New Zealand Disability Strategy (Minister for Disability Issues, 2001) which aims to guide not only Governmental action to provide a more inclusive society, but all facets of New Zealand society. The Ministry of Education policy (www.minedu.govt.nz) is based on two opposing philosophies of disability (special and inclusive education).

In New Zealand, a child's sense of belonging is recognised as an essential component of the Ministry of Education's early childhood curriculum policy (Te Whariki, 1996). However, whilst there is acknowledgement of belonging in a broad sense for its contribution to the child's inner well-being, security and identity" (p. 54), the suggested practices focus predominantly on strengthening children's belonging within their families and culture and within the setting itself (physical inclusion) e.g. by providing a space for belongings and acknowledging different family styles, cultures and capabilities.

The belonging of children to a particular group or dyad and how educators might facilitate this process however receives minimal attention in Te Whariki. While there is acknowledgement of the central role relationships play in learning, the policy document confuses terms such as belonging, with inclusion and assimilation. In the information folder (Ministry of Education, 2000) accompanying a series of three videotapes for early childhood teachers explaining inclusion and how Te Whariki supports inclusion, there is a strong emphasis on assimilation as opposed to the development of a new non-disabling culture. This is evident by statements such as "The programmes of each centre will incorporate strategies to fully include children with special needs" and "The programme will provide activities to meet specified objectives…". Since special strategies are needed for including some children and enabling them to meet their objectives, teachers are given the message that the overall culture can remain intact irrespective of the potentially disabling barriers within it.

Facilitative inclusion entails more than some additional extra strategies for certain children. It requires the development of all aspects of the early childhood centre's culture and infrastructure (that historically have been established for children without impairments or other significant diverse realities) so that it supports the learning of all children (Corbett, 1999; Rietveld, 2002). An example from the Ministry of Education videotapes on inclusion shows an adaptation in relation to Jordan who uses crutches for mobility. The staff at her early childhood centre have put in place an adaptation specifically for her (the use of a chair) if she wants to paint at the easel. The context is not altered at the curriculum level so that painting while seated on a chair becomes as viable a norm as standing for all children. So, instead of adapting the environment and creating new norms that are inclusive of Jordan (e.g. by promoting sitting as well as standing at the easel as a viable option for painting for all children or by placing the easel in a place where children including Jordan can lean against), the solution is focused on her as her teacher states,

> "We've had to make sure if she wants something…we've had to like…she sits on a chair to do a painting because there's nothing for her to stand against and have back support".

Throughout the document, there is no definition of inclusion. Without any clear goal(s) of what teachers are aiming for, it is impossible for teachers and educators to align their pedagogical practices with the philosophy. The 'Reflective Questions about Inclusion' for teachers omit the deeper issues of what values, attitudes and beliefs inform the philosophy of inclusion. Unless these are informed by sound ethical, theoretical and research principles, teachers may inadvertently base their practices on earlier individualistic deficit models of disability.

That these reflective questions stem from an earlier model of disability is evident by the fifth question ("Are there clear expectations for the child?"), which focuses on the child in isolation from her/his peers. By framing the question in this way, teachers are not expected to take responsibility for how they communicate expectations to the diverse range of children in their centres. Instead the focus remains on the 'deficit' child as opposed to the broader curricular question of whether expectations are clear for all children. Similarly, the IEP with the focus on the child and family ("An individual plan will be developed which will be realistic, useful and of value to the

child and family/whanau") which may abdicate teachers from identifying the (unintentional) disabling barriers in their settings and how their practices might need changing to become more inclusive of not only the child with an impairment, but children other diverse characteristics.

In the accompanying booklet to the series of three videotapes, "Successful inclusion" (p. 12) is viewed as a series of practices that involve: welcoming the child, actively assisting the inclusion process, supporting the family and working collaborating with other agencies. Since inclusion and its theoretical underpinnings are not specified, and the qualitative aspects of the other three processes that are associated with learning and development are omitted, teachers receive few specific guidelines how to implement the policy (e.g. the attitudes, values and understandings required).

Furthermore, the accompanying videotapes which serve to illustrate how inclusion operates within the 'Te Whariki' framework provide little in the way of promoting the kind of inclusion that enhances development. In the following videoed teacher comment, there is no linking of practice to the theory of inclusion and learning and teaching.

> "She (Ashley with special needs) has a special needs teacher that works alongside of her and that's fantastic, but each of the staff have a real strong philosophy of interacting with each child that's in our environment and so we make sure there are opportunities where we can slot ourselves in and work with her as well as encouraging Ashley to work with her peers, so that she's not always relying on adult instruction and direction".

Such practice, where a historical deficit model of 'inclusion' seems to be operating may restrict rather than enhance opportunities for inclusion. There is no questioning of cultural practices. An assumption is made that if all staff interact with each child then favourable outcomes will accrue, without querying the nature of those interactions or the broader pedagogical practices influencing learning and inclusion.

Because of its lack of specificity, it seems likely that Te Whariki's policy may encourage teachers to believe that their existing programmes are facilitative of most children's learning, as special strategies are needed to include the children with impairments as noted:

"The programmes of each centre will incorporate strategies to fully include children with special needs" (p. 11).

Focussing on the individual as opposed to the physical and social environment runs counter to current disability theory (Slee, 2001; 2006) thereby ignoring the role of disabling contexts in children's experiences of inclusion and legitimising thinking about inclusion as pertaining only to children with impairments as opposed to all children.

The Ministry of Education policy (www.minedu.govt.nz) is based on two contradictory paradigms (special and inclusive education). While the policy's aims are "to achieve a world class inclusive education system" (www.minedu.govt.nz), there is no section titled 'inclusive education' on its website, only 'special education' whose principles are derived from a different philosophical basis and hence promote different educational practices that are contradictory to inclusion (Skritic, 1991; Slee, 2006). This conflict (which may not be evident to early childhood staff and parents) is likely to present teachers with confusing messages. The focus in special education is on the 'deficient' individual (who is expected to assimilate into existing systems based on uniform norms of appearing, moving and behaving), whereas inclusion is concerned with the role of institutional change and how the differing micro- to macro-contexts in settings facilitate or hinder learning. The Special Education Policy Guidelines (Last update, May 2006) state that the aim of its policy is to "achieve a world class inclusive education system", yet its principles are based on a deficit model of disability, the latter of which that are inconsistent with research evidence concerning authentically inclusive learning outcomes. Research concerning inclusion and culturally-valued learning in early childhood or junior school classrooms requires pedagogical practices that derive from theoretical perspectives underlying inclusive education (Erwin & Guintini, 2000; Rietveld, 2002).

Furthermore, the Ministry of Education special education guidelines focus mostly on access, resources and a number of disparate practices without taking into account i) any definition of inclusion other than physical presence, ii) socio-cultural theory and how learning occurs through relationships, and iii) disability theory. For instance, the guidelines focus on the children having access (1.1), staff providing a supportive

climate, which meets the individual educational needs of all young children (1.4), educators having the skills and confidence to assist young children with a broad rage of needs and abilities (1.5) and providing the highest quality of education (1.6). The qualitative aspects of these principles are not considered such as how do teachers determine whether their climate is supportive or not and how might they determine what constitutes the highest quality of early childhood inclusive education. Essentially, the issue of what values, understandings and attitudes inform pedagogy to enable the kinds of learning supportive of facilitative inclusion is omitted. Teachers receive the message that as long as they engage in range of disparate practices (e.g. welcoming and, valuing the child, engaging in IEP meetings with parents) that they are providing inclusive education. The policy does not alert educators to examining the centres' broader institutional culture and the beliefs, values, actions and attitudes informing the pedagogy and practices within that culture. Consequently, there is no alignment of the policy with current disability theory (Slee, 2006). Finally, nothing in the guidelines pertains to inclusion involving learning how to participate in and/or participation in certain kinds of peer relationships over others (Murray-Seegert, 1989; Rietveld, 2002) and the theoretical perspectives and research findings underlying this goal.

The New Zealand Disability Strategy (Minister for Disability Issues, 2001), (which forms the framework for developing New Zealand into an inclusive society) provides a greater focus on the quality of participation by outlining some critical features that need to be present. Among these are: (i) "New Zealand will be inclusive when people with impairments can say they live in "A society that highly values our lives and continually enhances our full participation" (p.1). Clearly, this aim is about the quality of relationships as only people can value one another's lives. In the preschool context, this ties in well with one of the key curriculum goals, which is for children to develop and maintain relationships not only with adults, but also with peers (Ministry of Education, 1996, p. 64). The New Zealand Disability strategy requires that those relationships in the preschool (a microcosm of society) are therefore valuing and conducive to enhancing ongoing participation. While educators may not necessarily deduce from this principle that this calls for the valuing of the child with the impairment as an equal-status member, The New Zealand Disability Strategy does at least specify the quality of social relationships and participation. Furthermore, there

are specific objectives such as "encourage and educate for a non-disabling society" (Objective 1) which provide teachers some direction in that once they identify what constitutes a non-disabling society, they can ascertain the kinds of skills, attitudes and behaviours that would enable 2-5 year olds to make gains towards that objective accompanied by the appropriate scaffolding within children's ZPD's to promote the development of more mature relationships.

Unlike the Ministry of Education Policy guidelines, which are derived from conflicting philosophical perspectives, the social model of disability underpins the NZ Disability strategy. While the strength of this is that it encourages teachers to focus on the role of contexts, a drawback is that when applied to educational settings, it may encourage teachers to focus solely on factors external to the student, without taking into account how impairments and contexts interact to influence learning. MacKay (2002) is concerned that teachers tend to see the social model of disability as meaning that any focus on an individual is 'deficit' thinking as "real barriers have to be constructed socially" (p. 160). Given Bronfenbrenner's bio-ecological view of development which views learning occurring as a result of the interaction of internal and external factors, which are mediated by the wider socio-cultural contexts (Ceci & Hembrooke, 1995), polices/objectives based only on the external do not provide a holistic view of learning. Without an understanding of the biological processes, performance and physical differences associated with DS, early childhood staff will be unable to create authentically inclusive settings. Thus the New Zealand Disability Strategy has some limitations when applied to educational settings.

A further criticism of the NZ Disability Strategy is some of the nebulous language that can be interpreted in various ways dependent of one's theoretical position. Objective 3 pertaining to the provision of "the best education for disabled people" is similar to the MOE policy guideline ("providing the highest quality of education") in that neither give any indication as to what this might mean in terms of current disability and learning theories and is therefore open to interpretation.

Teachers' Interpretation of Policy
The data indicate that teachers interpret the curriculum statement, "Care and education for children who have special needs will be encompassed within the

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principles, stands and goals set out for all children" (Ministry of Education, 1996, p.11) as assimilation into their existing cultures. No teacher mentioned changing the culture of the early childhood setting to become more inclusive to support the learning of a greater diversity of children. Instead they focussed on the child with DS fitting in with minimal change or disruption to their existing programmes. All teachers and parents spoken to were supportive of the inclusive foci in the policy documents, but interpreted their roles as facilitators of inclusion to mean assimilating the child into their existing contexts. None queried whether their centres' existing pedagogical practices and curriculum document (Te Whariki) supported or hindered the children's experiences of inclusion. Their general understanding involved treating the child 'the same as everyone else' and including her/him into the existing programme as this teacher explains,

> "None really (there are no implications for staff as a result of the child's inclusion). I treat her as any other child and you know get her to do all the different activities".

Teachers did not mention any policy statement in relation to inclusion, although this does not mean that they did not refer to any. While theoretically all policy documents support inclusion, the data suggest that the teachers' understandings and implementation of 'inclusion' reflect the same lack of clarity as the educational policy documents. Apart from the NZ Disability strategy in which there was some alignment between theory, practice and policy, the other documents did not provide this, which provided teachers no 'scaffolding'/support to improve their practice.

Summary of Main Findings

An analysis of the full range of peer interactions between children with and without DS and their peers indicated that not all forms were conducive to their ongoing inclusion. The data revealed five types of exclusion ranging from passive exclusion (e.g. sitting next to a child at morning tea, but failing to engage with her/him during the entire period) to physical harassment/bullying (e.g. sitting on the child and not listening to his pleas to be released). Some children were also assigned inferior roles such as baby, scapegoat or laughing stock, which contributed to their experiencing a form of inclusion unsupportive of academic and social learning. Finally, children

were engaged in one of six types of same-status roles ranging from brief episodes of joint attention, which involved at least one interchange concerning the same focus to belonging as a member of a group which involved being sought out, staying with a game, seeking out others in the group and contributing to the game.

After ascertaining the full range of experiences of inclusion and exclusion, comparisons were made between how the children with and without DS experienced inclusion. This revealed some major differences. Being excluded from any valid role and inclusion into inferior roles was a regular experience for all the children with DS while these experiences were rare for the typically developing children. In contrast, the typically developing children experienced mostly inclusion into same status roles including the most advanced forms of these (parallel play and social play with others), while the children with DS did not. While each of the children with DS experienced isolated incidents of joint peer attention, for the most part they were excluded from same-status interactions. Such exclusion occurred even when the children with DS used entry strategies similar to the typically developing children. Since joint attention forms the basis for more advanced forms of inclusion (Bruner, 1995), it seemed essential to investigate the barriers preventing the children with and without DS experiencing jointedness.

While the typically developing children and the children with DS often used identical entry strategies to include themselves (e.g. gives greeting, watches activity with interest and then eases in, shows object), the typically developing children also had more sophisticated strategies to draw on. At the same time, the children with DS also used less conventional and more immature strategies that were not observed amongst the typically developing children (e.g. drawing on another's piece of paper, babbling rather than talking, making contact by touching peers on the front of their sweatshirts and babbling). While at times the relatively passive attempts at self-inclusion made by the typically developing children tended to result in positive outcomes (inter-subjectivity and inclusion), the active and mostly conventional attempts made by the children with DS were generally responded to in the same exclusionary way as their unconventional strategies.

Investigating in closer detail how peers experienced the child with DS became the next focus of the analysis. Not only were observational data included but also comments made about the child with DS. Peers seldom discovered any similarities with the child with DS as their focus was on the differences. In two centres, this was evident when peers regularly stared at the child with DS particularly during stationary activities such as morning-tea time. At the chalk face, peers' constructions of the child with DS as 'different' and hindering of further satisfying relationships developed through a number of particular experiences: (i) typical friendly entry strategies such as, "What's your name?" did not work as the child did/could not answer, (ii) the child ignored inclusive overtures such as being given some dough, (iii) requests to terminate aversive actions were ignored by the child, (iv) the child resisted benign requests to inclusive 'fun' activities, and (v) he/she also failed to react to benign requests such as showing an object or specific symbols used in early childhood settings, such as beeping the tricycle bell to move out of the way. The children with DS's awareness of social rules and conventions such as not blocking a path when others are riding tricycles on it also posed challenges for the child with DS as did the child's (at times) unconventional behaviour such as touching another's jacket, babbling to self, or tapping the scissors against the paper instead of cutting it. Furthermore, the children with DS were generally unassertive which reinforced peers for taking their items and responding to them in inferior ways. As a possible result of their experiences, the typically developing children referred to or interacted with the children with DS as babies, objects, odd or in other low status roles.

Pedagogical barriers included: i) facilitating the child's inclusion into activities rather than relationships, ii) norms that unwittingly exclude the child with DS's way of communicating or responding effectively, iii) failure to support jointedness by attending to one member of the dyad rather than facilitating both members in sustaining successful interaction, iv) no interpretation of unconventional behaviour, v) the promotion of unequal relationships, vi) absence of a zone of proximal development in which to support inter-subjectivity, vii) constructing the child as an outsider publicly, viii) potentially shared activities being promoted as individual, ix) staff not noticing peers including the child as object or inferior member, x) peer inclusion not being a focus for staff and xi) teachers viewing inclusion as assimilation. Other factors that acted as barriers to inclusion involved aspects of the

explicit curriculum that failed to take into account how children with DS learn and their skill levels. Because teachers did not know how children with DS processed information and incorporate this information into their programme, the child with DS 'failed' at activities that she/he was capable of doing, and this resulted in peers seeing her/his incompetence, as opposed to competencies. There was also a tension between the free-play programme in which children could opt out of activities and playing/interacting with specific children (e.g. the child with DS). The Education Review Reports did not mention the quality of inclusion in either of their recent reports of the two preschools. A final two barriers included an IDP omitting any goals for social inclusion and teachers drawing on stereotypical assumptions of children with DS irrespective of their validity concerning the specific child with DS in their particular centre.

The policies supporting inclusion were theoretically inclusive, but gave teachers little guidance in promoting the kind of inclusion that is supportive of learning. The underlying values, attitudes and beliefs were not specified in the Ministry of Education (MOE) policies, which gave teachers no understandings of whether their practices were authentically inclusive or not. With no definition of inclusion in the MOE policies, but a list of disparate practices, stemming from different theoretical, disability perspectives, teachers were observed implementing 'inclusion' with the best of intentions, but with no specific guidelines. Overall, the findings show a mismatch between policy, theory and practice in relation to the children's experiences of inclusive education in these three early childhood settings.

While restricted in scope and number, some facilitators to inclusion were identified. All staff and parents responded favourably and warmly to the child with DS's presence. There were some incidents of staff explaining unconventional behaviours to peers and promoting low levels of social development (e.g. suggesting a peer paint next to the child with DS). One teacher also interrupted a typically developing child taking over a task from the child with DS without permission. Teachers and parents expressed an openness to learn more, hence their willingness to participate in this research.

DISCUSSION

The most pertinent finding of this study is that despite the policies supporting inclusion, the three children with DS and their peers did not experience the kind of inclusion supportive of their development (facilitative inclusion) or participate in processes conducive to experiencing facilitative inclusion. While the typically developing children experienced more intimate roles such as being a valued member of a group or dyad, the children with DS experienced not only lower (and fragile) forms of inclusion but also various forms of exclusion from any role. Similar findings have also been reported in previous studies of children with and without DS in dyads, preschools and playgroups (Hamilton, 2005; Rietveld, 2002; Sinson & Wetherick, 1981). It is problematic when children only experience less intimate forms of inclusion because the more intimate forms permit access to a quality life-style (Harlan-Simmons, Holtz, Todd & Mooney, 2001) and more advanced learning (Rietveld, 2002), which is denied to those excluded. Five categories were generated to represent the various forms of exclusion operating. The categories which each represent a different level of physical and/or emotional severity were: (i) Physical harassment/bullying, (ii) Active exclusion, (iii) Indirect or subtle exclusion, (iv) Ignoring newcomer's attempts at self-inclusion (3 types) and (v) Passive exclusion.

Implications of Exclusion for Children

When exclusion and only less intimate forms of inclusion occur on a recurring basis, children are denied access to the benefits of more advanced forms of inclusion. For inclusion to be developmentally enhancing, it is optimal that children experience or at least are engaged in processes facilitative of the full range of same-status interactions shortly after starting preschool. This is because equitable, mutually-satisfying reciprocal relationships are facilitative of other socio-emotional and, cognitive learning (Vygotsky, 1978). This issue concerns typically developing children in all centres as much as the child with DS as, facilitative inclusion (the kind that enhances development) can not occur for either party where contact is avoided, where one child assumes superiority over another or where other barriers exist in the relationship.

Implications of Social Processes on Entry

For peer interactions to eventually lead to friendships, children with and without DS need to participate in processes supportive of that outcome from the time they enter early childhood settings. The data suggest that if they do not, peers view the child as an outsider and use subsequent experiences of the child to confirm her/his outsider status in a similar way to that outlined by Johnson & Johnson (1980). The example of Emma and Dylan at the dough table (pp. 65-66) provides a 'chalk-face' illustration of how disability is constructed, sustained and viewed as a static construct with the result that neither child benefits from their experiences of 'inclusive education'. Each interaction is responded to in a way that undermines the learning of the other. This example and other data (e.g. peers staring at the child with DS) suggest that children need to resolve these issues of difference before they are able to interact at a level that includes the content of the activities. In essence, at the most fundamental level, if children fail to experience 'belonging' as valued members, relationships will be dominated by constant struggles to maintain the relationship as opposed to meaningful engagement with the curriculum and its underlying values (Simpson & Galbo, 1986). If concerns about differences are not resolved and the context provides no zones of proximal development to enable the development of more meaningful relationships, then the entry processes are likely to become entrenched (Hamilton, 2005; Rietveld, 2002).

Implications for Children with DS

That all three children with DS experienced varying forms of exclusion on a recurring basis is of major concern, given that this deprives them of the affirmation they need to develop favourable self-esteem (Howes, 1988; Vygotsky, 1981) and hinders their access to and hence, participation in potentially rich learning contexts (Simpson & Galbo, 1986; Tharp, 1993; Vygotsky, 1981). In turn, such exclusion is likely to interfere with their acquisition of culturally-valued skills and understandings while reinforcing those undesirable cultural dispositions. The kind of recurring episodes of active exclusion experienced by all the children with DS in this study has potential negative implications from a neuro-science perspective. Ongoing experiences of exclusion may make children hyper-vigilant which hinders their access to higher functions necessary for more advanced learning (Farran, 2002; Gable & Hunting, 2000). The more a child feels under threat, the more 'primitive' her/his level of

thinking and behaving. Given that socio-cultural perspectives consider all learning to be individually constructed from one's interpersonal relationships, a likely outcome (amongst other learnings) for a child who experiences ongoing exclusion is deducing that he/she does not have a valid role within her/his peer group, which may result in a more passive approach to initiating interactions with peers or play activities in general. The consequences of such exclusion for children with DS is likely to be more significant than for typically developing children given that they are less likely to be able to adopt culturally-valued alternate roles since their biological impairments limit "their available psychological tools" (Miltenburg & Singer, 1999, p. 3). Hence, for the child with DS, experiences of ongoing exclusion are likely to reduce possibilities of active role-taking in her/his learning (particularly in relation to peers), and reinforce passivity (Linn, Goodman & Lender, 2000), which is likely to interfere with optimal learning (Nuthall, 2002).

According to Vygotsky, thinking develops through social experiences that are mediated through psychological tools consisting of language, concepts, symbols and skills. Children learn these tools through their participation with and inclusion by more skilled members (adults and peers). Ongoing exclusion is likely to result in the failure to learn culturally-valued tools as mental functions become altered as a result of the quality of the interaction. It will be recalled that an episode took place where Elisabeth took Emma's scissors out of her hands, followed by her large crayon telling Emma, "That's too big for you", despite Emma replying "No" and grizzling. Through this kind of interaction where Emma is being included as an object, Emma learns from her peers that she is incompetent, her initiative at selecting culturally-valued activities is not considered desirable, and that the skills of drawing and cutting are not valued/achievable for her. Her mental functions thus become altered as a consequence of the quality of her inclusion. It is not the biological impairment itself that is hindering Emma's learning but the social implications of her peers and indirectly the distal contexts that impact on the quality of those peer interactions. Being in a relationship where one party dominates such as Elisabeth deciding the crayon is too big for Emma and taking it from her provides insufficient mutually-satisfying shared connections for a relationship to develop and grow. Genuine inclusion can only occur where one another's authentic contributions are valued and

acknowledged as this provides the necessary motivation for the relationship to develop further (van der Klift & Kunc, 1994).

Implications for Typically Developing Children

Children's learning is also negatively affected when they regularly excluded their peers with diverse impairments. When peers position children with DS in inferior roles by actively excluding them, they (probably unwittingly) adopt a superior position thereby legitimising a false sense of superiority. This interferes with their own socio-emotional learning as adopting a false reality interferes with learning how to relate appropriately to individuals with diverse impairments and differences. Ignoring or engaging in demeaning social relationships prevents children from seeing beyond the impairment to other aspects they may have in common. It also prevents them from seeing the child's particular competencies and her/his humanness as their focus is on the unfamiliar salient differences. If facilitative inclusion is to be the right of all citizens as policy documents indicate (Minister for Disability Issues, 2001; Ministry of Education, 1996) and is a fundamental value of all democratic communities (Peck, 1991; Slee, 2000), then processes at all educational levels from early childhood upwards need to involve children learning to see beyond the impairment and relating to the those with identifiable differences with increasing ease. Such learning cannot occur if peers continue to feel awkward and hence avoid the child with DS (passive exclusion) or if they adopt superior positions and treat the child as if he/she were not fully human. The data also indicate that learning how to include others with dignity and respect and in a way that is facilitative of enhanced development is unlikely to occur if the broader socio-cultural context provides no zones of proximal development to enable acquisition of the necessary skills and understandings, an issue that will be discussed more fully later.

The experience of excluding the child with DS in its variety of forms led the typically developing children to develop particular constructions about her/him. These primitive/limited constructions not only hinder the child with DS's social and academic experiences, but also their own learning and development. The typically developing children were learning by default that certain differences were negative and to be avoided. By positioning others as inferior, they were positioning themselves as superior. This kind of erroneous thinking hinders learning how to

interact and feel comfortable with people with identifiable impairments or other differences, which in turn interferes with goals of social justice and learning how to live, work and learn in an increasingly diverse society (Brown, 1995). Learning how to include peers with impairments is a vital skill and outcome of educational inclusion that needs to be as much an integral component of the early childhood socio-cultural context as bi-culturalism. In these three settings, the data indicated that this had yet to occur.

Contrary to what most teachers and parents believed, the typically developing children in all three settings did notice differences in the child with DS. The observational data showed evidence of this through peers staring at the child, particularly when he/she did not respond in conventional ways (e.g. accept the materials offered or resist a fun activity), avoidance when the child did not respond conventionally (e.g. reply to a question such as "What's your name?"), treating the child as an object or baby, commenting to one another about the child or in excluding her/him. Interviews with peers reinforced this data indicating their viewing of her/him as a much younger child, other (odd or mystery). It seemed as if peers responded to the child with DS as a static entity on the basis of her/his differences that were seen as undesirable (not understood?) and all-encompassing. If teachers are to help children develop more mature constructions of and ways of interacting with the child, they need to become more sensitised to the children's constructions of the child (or other experience). It would seem that children's limited constructions of the child that often focused on isolated unconventional behaviours were limiting them from viewing the child more holistically. Peers often did not consider the child's competencies and similarities and had no access to information to help them interpret the child's differences in a valuing manner. For instance, because Danielle focused on the isolated times Emma used paint as lipstick, it prevented her from seeing some of Emma's competencies and any common interests (e.g. interests in painting, colour and art work). Clearly, if children are to experience the child with DS more favourably, a change in their experiences of the child is necessary and this needs to occur at the level of the socio-cultural context as indicated in other studies of inclusion (Corbett, 1999; Erwin & Guintini, 2000; Rietveld, 2002).

<u>Quality of Inclusion over Time</u>

That the children with DS are experiencing ongoing regular exclusion on their entry to preschool whereas their typically developing contemporaries do not, is of concern, given that in other studies of longer duration, qualitative changes in facilitative inclusion have not been shown to occur on their own without any contextual changes, for instance, as a consequence of children's developmental changes (Hamilton, 2005; Rietveld, 2002). Rietveld's (2002) study showed that a week before school entry, two boys with DS (aged 4.11) experienced similar low levels of inclusion and regular experiences of exclusion to the three-year olds in the present study. Results indicated that despite nearly two years of preschool attendance, these boys were not considered valid, integral members of any peer group, nor were they engaged in the kind of social processes conducive to such outcomes. Similarly, Hamilton's (2005) study also indicated that patterns of peer interaction for both children with and without DS remained static from not long after their entry to preschool until observations ceased two years later. Increases in daily attendance levels for the children with DS did not result in more peer interaction, in fact the reverse occurred. The children with DS experienced less and the typically developing children experienced greater peer inclusion. The results of these studies as well as those of the current study highlight the pertinence of attending to the socio-cultural context when investigating inclusion as well as dispelling the commonly-held myth (based on developmental theory and a deficit view of disability) that assumes greater inclusion will occur as children mature. The latter belief was prevalent during informal conversations and the teacher interviews. For instance, "They're (peers) getting more accepting as she (Emma) gets older and she can do more things". The data indicated that it was not necessarily a matter of competence on the part of the child with DS, but that peers needed to resolve a number of fundamental issues concerning the child's differences and similarities before they were able to enter into equitable, mutually-satisfying relationships with the child. The findings in Rietveld's (2002) study support this contention. After observing three five-year old boys with DS during their first term of school, it was noted that for two boys (Mark and Jonathan) that peer interactions remained 'stuck' at the level of the relationship (similar to that in Fig. 1, p. 65) a term after school entry, whilst Ian experienced interactions concerning the content of educational and social activities by the end of his first week of school. The difference was attributed to the socio-cultural context in Ian's classroom, which was based on

the presence of diversity as a prevailing norm with consistent translation of the social model of disability into all facets of educational practice along with an understanding of how DS impacts on learning.

Implications of Exclusion for Parents and Teachers

Not only does assimilation as opposed to facilitative inclusion impact negatively on learning outcomes for children with and without DS, but also on the wider community. This is of importance because the adults in these distal systems have the potential to influence the quality of inclusion children experience in the microsystem. For instance, if the children in the preschools are engaged in processes supportive of facilitative inclusion at the chalk-face, then parents of typically developing children can take cues from the teachers as to how to interact with the child with DS and how to deal with any queries concerning the child's differences that may arise. When teachers and parents were unsure and no professional agency dealt with this aspect of the curriculum (according to one child's IEP, early intervention's focus centred on facilitating the child's skills within the parameters of the existing programme), parents of typically developing children did not always know how to support their children's inclusion as evidenced by a parent asking a teacher how to deal with her child's concern that the child with DS did not talk back in her response to her initiating interactions.

In relation to the playgroup, parents may not have been aware of the advantage of promoting their children's inclusion with the child with DS. Parents were responsible for their own children and how they did so and whether this involved other children was left up to them. At times, when parents were involved with their own child/ren and Adam arrived at the same activity, they ignored his attempts to join in. Perhaps if parents were more aware of the advantages for their child (as well as the child with DS) of promoting some joint activity and how to do so, the benefits of the inclusive setting could be more fully utilised for the benefits of all concerned.

Since teachers did not seem to be aware of the pedagogical practices emanating from the theory of inclusion, parents of the children with DS were given incomplete feedback concerning how well their children were doing. In relation to many individual activities, the children with DS certainly showed many competencies (e.g.

following routines, using the physical equipment, initiating peer contact), but the parents of the children with DS also reported wanting their children to participate in increasingly more mature relationships. The data indicate that overall the teachers were unaware that no progress was being made along this dimension and that a number of contextual issues interfered. Without accurate information on all aspects of their children's functioning, neither parents nor teachers were in a position to influence the socio-cultural context of their settings in order to increase its educational potential, not only for the child with DS, but also her/his peers and the wider community.

Implications of Current Policy on Pedagogy and Children's Experiences
While the early childhood curriculum, Te Whariki (Ministry of Education, 1996) is theoretically inclusive and is often applauded for being "strongly inclusive" (Lyons, 2005), the children's experiences (of facilitative inclusion) in this study indicate that they did not experience the kind of inclusion presumably envisaged by the policy. While the policy upholds the human rights legislation for children's physical inclusion, it presents teachers with little guidance as to what an authentically inclusive early childhood setting might look like. For instance, if inclusion is about experiencing certain sorts of peer relationships over others, this needs to be specified in the policy, so that teachers have some indication as to what they are aiming for. Presently, there appears to be no alignment of policy with current disability theory (Oliver, 1996; Slee, 2000; 2006). This lack of alignment enables teachers to interpret and enact the policy through their own philosophies. In their pedagogical practices, teachers in this study retained the historical individualistic view of disability viewing the child as 'other' who required assimilation into existing cultures, as opposed to the development of a culture that is authentically inclusive of all children.

The Ministry of Education Policy guidelines, listed under the term, 'Special Education' are based on conflicting conceptual bases and focus on a range of disparate practices, assuming that their deployment results in 'good' inclusion. This may account for the reason several teachers believed that the child with DS was already experiencing facilitative inclusion as; processes such as the IEP had been undertaken, the ESW attended regularly, there were positive relationships with the child's parents and the early intervention staff and the centre welcomed and valued

the child. Neither Ministry policy, nor any of the video resources supporting the early childhood curriculum, focus attention on reviewing existing institutional pedagogical practices that may be contributing to the exclusion of some members. As in other studies (Alton-Lee, Nuthall & Patrick, 1987; Corbett, 1999; Rietveld, 2005), this study of children with the identifiable difference of DS found that many cultural practices may be exclusionary and undermine the quality of inclusive education that children experience. For instance, the rule at David's early childhood centre to terminate offensive peer behaviour was to tell the peer, "Stop that, I don't like it". While this was effective for many children, it privileges the interactions of children with advanced verbal skills. By contrast, it mitigated against David's inclusion as his spoken language was still emerging and his way of making contact with peers was by tapping them on the chest or arm and then babbling to them. The message he is likely to have received from his peers when they told him off was that his form of communication was not valued. Critical examination of existing pedagogy is necessary to effect the alteration of practices that mitigate against facilitative inclusion for all children.

Just as biculturalism is a non-negotiable component of the early childhood curriculum (Ministry of Education, 1996) with some degree of its quality ascertained by the Education Review Office during its regular reviews, the quality of inclusive education for children with and without impairments also needs to be monitored and assessed. Currently, this is not so, giving the message to parents, teachers, professionals and the community that the quality of inclusive education is insignificant. Furthermore, ignoring the issue of disability marginalises its place, thus enabling early childhood settings to continue assuming that they provide quality inclusive education when the three children with DS's experiences would suggest that some key components are missing. The most recent Education Review Office reports of the two preschools involved in this research did not refer to the quality of inclusive education provided by these centres. A number of early childhood centre reports viewed on the internet also found no reference to inclusive early childhood education in relation to disability or impairment and the occasional one that did, provided no reference to the quality of the child's educational experience. For instance, " The [preschool] provides an inclusive environment for all children and their families. This is demonstrated by the effective integration of children with special needs into the programme". The

Education Review Office's (2004) report concerning 'Catering for Diversity in Early Childhood Services' which reviewed a sample of 100 ERO reports concluded that, "In most cases ERO found that services were providing adequate opportunities for children with special educational needs" (p. 16). No indication is given whether children are assimilated into non-disabled norms or whether the norms have been genuinely expanded to enable a greater diversity of children and families to profit educationally from the centre.

While the New Zealand Disability Strategy provides more specific guidelines in that there is a focus on educating for a non-disabling society and the inclusion of the child into valuing relationships, none of the teachers in this study mentioned its use. At the same time, the likelihood of this strategy's social intentions being interpreted in the manner intended in educational settings may not be high, given a review of Objective 3 of the NZ Disability Strategy (Provide the Best Education for Disabled People) in schools (Education Review Office, 2003). It is of major concern that the teachers' focus was mostly on the individual student and addressing her/his needs, an emphasis on participation as opposed to learning and IEPs for individual students but not for how educational settings might change their cultures to become more inclusive. It would appear that the individual deficit model of disability is rife and teachers may need some guidance in transforming existing individualistic and deficit practices in accordance with more enabling socio-cultural theories of learning and social models of disability. The value of the social model of disability underpinning the New Zealand Disability Strategy is lost in terms of learning outcomes if the strategy is interpreted within individualised deficit discourses omitting the powerful role of contexts influencing learning.

Overall, it is not only the enactment of the Ministry of Education policy that is problematic, but also its lack of clarity (beyond the human rights aspect) as to what facilitative inclusion might look like. Te Whariki's overall goal is "for children to grow up as competent, confident learners and communicators, healthy in mind, body and spirit, secure in sense of belonging and the knowledge that they make a valued contribution to society". Children cannot feel confident if they are constantly excluded and they cannot develop competence if they receive the 'wrong' feedback. For instance, Emma greets Dylan with a smile, but he looks at her sternly in response

and there is no teacher mediation of such an interaction. If inclusion is about the quality of relationships, then this needs to be reflected in the policy documents, so that teachers can align their pedagogy and theoretical understandings with the policy.

That the policy is unclear to teachers and the wider community beyond the scope of this study is evident in the way an early childhood centre has been awarded a prestigious trophy from its national office in acknowledgement for its innovations. One such 'innovation' has been a special area for those children under two "and those with challenges to learning and development" (Community High Country Herald, p. 38). So instead of teaching children without impairments to watch out for and develop relationships with children with diverse characteristics including those "with challenges to learning and development", these children are placed in a position where they are more likely to be excluded not only from the more interesting activities and equipment in the centre, but also from their typically developing peers. This 'innovation' is not supported by current disability theory (Barnes, 2003; Slee, 2001, 2002, 2006) or recent empirical studies of children experiencing facilitative inclusion (Erwin & Guintini, 2002; Kliewer, 1998; Rietveld, 2002).

A recurring finding was that when typically developing peers excluded a child with DS, even in a hostile way, it usually did not involve tears or noise. The child with DS often reacted in a bewildered, passive way, thus not alerting teachers to the incident and enabling peers to treat the child as an object in a swift, unobtrusive way (e.g. running off with the child's doll's pram). The implication of this is that teachers and other adults (e.g. parents) need to be vigilant that exclusion is likely to occur when children with DS attend early childhood settings, so that they can promote more appropriate social behaviours. Teachers need to be alert to what inferior forms of inclusion and forms of exclusion consist of and their effect on children over time.

What is required? - A Shift in Socio-cultural Context?

While the data indicated that the staff and parents had the best intentions in terms of providing quality inclusive education, the children's experiences of inclusion during their first month of preschool indicated that they were experiencing exclusion, inferior, and lower forms on inclusion. More enabling processes had yet to be put in

place for children to experience the kind of inclusion (facilitative inclusion) that is not only developmentally enhancing, but also supportive of the goals underlying the various policy documents pertaining to inclusion, such as the NZ Disability Strategy. In neither of the two preschools were the jointly constructed adult and peer norms and practices expanded to accommodate the range of diversity actually present. The data indicated that a number of contextual issues interfered with processes supporting more advanced forms of inclusion.

Meaning of Inclusion

A key barrier in this study as well as in Rietveld's (2002) research lay in the interpretation of inclusion. The pedagogical practices articulated and implemented were based on the premise that inclusion equals assimilation into existing cultures without any consideration of the notion that historically early childhood educational settings were instigated for children without impairments who are intrinsically motivated and able to seek out their own social and cognitively-challenging play experiences.

In these three early childhood settings, inclusion was interpreted as meaning inclusion into activities and routines as opposed to into relationships, a finding commonly noted in other studies of preschool inclusion (Brophy & Hancock, 1988; English, Shafer, Goldstein & Kaczmarek, 2005; Hamilton, 2005). While at times, this strategy did bring children with and without DS into close proximity with one another, lack of attention and/or understanding how inclusion might be facilitated resulted in no "meeting of minds" necessary to promote shared meanings and hence, facilitative inclusion. This constant failing to achieve intersubjectivity undermined the potentially rich learning opportunities of inclusion for both partners (Bruner, 1995). Also, when inclusion was interpreted as assimilation, adult attention was not focussed on disabling aspects of the existing culture (e.g. peers who exclude, how to help children understand differences they noticed in the child with DS) but on helping the child blend into the existing setting.

Overall, staff had no vision of what inclusive education might look like in their centres and what steps they might need to take to reach their (presumably facilitative) envisaged goals. No one mentioned the quality of peer relationships as an aim of

'good' inclusion, yet inclusion is essentially about being part of a group in which learning takes place. If teachers are not clear what they are aiming for in terms of inclusion, actualisation of those goals cannot occur and hence children's learning is inevitably compromised. No teacher mentioned the development of an appropriate and meaningful socio-cultural context as critical to children's inclusion. Instead, the focus was at the level of the child and often involved a host of activities such as good relationships with the parents, the presence of the Education Support worker and the development of the IEP. While all of these activities are potentially enabling depending on the knowledge base and philosophy of disability underlying them, their implementation still leaves untouched, the broader socio-cultural early childhood environment. This is of concern since previous studies (e.g. Erwin & Guintini, 2000: Kliewer, 1998; Rietveld, 2002) show this to be a significant factor in whether or not children experience educational inclusion or not. An important implication of this is that teachers, professionals supporting teachers and those undertaking reviews for the Education Review Office need a stronger knowledge base concerning how children learn and the meaning of inclusion. Because teachers lacked clarity on the meaning of inclusion as intended by recent disability theories (e.g. Barnes, 2003; Slee, 2001, 2002, 2006), they were unable to make any meaningful progress towards developing more inclusive processes. Furthermore, because the child with DS was perceived to be "fitting in well", the issue of her/his inclusion did not raise any issues for the staff. These data concerning teacher understandings of and attitudes to inclusion illustrate a mismatch between the theory and practice.

The presence of children with DS inevitably changes the existing socio-cultural context, given differences in biological functioning which impact on their physical, psychological and socio-emotional processes. If learning and facilitative inclusion are to occur within the new socio-cultural context, a more comprehensive meaning of inclusion needs to be adopted by educators – one that is derived not only from current theories of disability, which have largely been developed from the human rights perspectives (Fisher, Roach & Frey, 2002), but also encompass current theories of learning and teaching. Facilitative inclusion involves changing the majority culture from the outset by promoting pedagogical processes that enhance learning for all students.

What Might an Inclusive Socio-Cultural Context Involve?

In terms of enhancing facilitative inclusion, the data suggest a shift in focus from the individual child with DS to the broader socio-cultural context. A focus on the broader socio-cultural system is supported not only by current disability theory (Slee, 2006) but also recent empirical research (Erwin & Guintini, 2000; Kliewer, 1998; Rex, 2000; Rietveld, 2002). These studies involving students with identifiable impairments have all shown that changes at the differing levels of the socio-cultural context that embrace the diversity evident in the student population is supportive of learning as opposed to targeting individuals in processes that are disconnected from the broader culture. For instance, in Rietveld's (2002) study, one of the two boys who experienced exclusion at his early childhood centre, experienced facilitative inclusion within two weeks of his entry to school. The socio-cultural context of this boy's classroom involved a philosophy of difference, which embraced disability and other differences as valued differences as opposed to deficiencies or differences that did not exist. This philosophy of difference permeated through all practices and beliefs at the differing levels of the classroom and school culture. This suggests that teachers need to make the link between the learning of the child with DS (or other label) and children generally. If a key aim of inclusive early childhood education is the promotion of inclusive communities, then it makes little sense to use organisational strategies and pedagogies that serve to separate some children from the mainstream culture. As these research data allude to, it becomes a matter of deconstructing the divisive processes and promoting processes that strengthen not only increased participation but also enhanced learning for all.

An example from the current study focuses on the many practices that contributed to exclusion or inferior forms of inclusion because they were deeply embedded in cultural routines developed for typically developing children (e.g. morning tea time, mat-time). For instance, instead of selecting a book or activity appropriate to the needs of the entire group at mat-time, a common practice was to select a familiar storybook and when the child with DS was either unable or unwilling to focus, practices centred on removal of the child with a support worker to read her own book (Emma) or ensuring the child complied irrespective of what he might be learning (David). In line with socio-cultural models of learning and the theory underlying

inclusion, teachers may need to create new social norms, rituals and routines to achieve facilitative inclusion. If children such as Emma and David cannot participate in a large story-reading session, then teachers may need to reflect on other practices that are more inclusive (e.g. two smaller groups of children with a shorter story containing more salient features, explaining the story in concepts the children understand and/or incorporating visual tools). Alternatively, if the story reading forms part of mat-time activities at the end of the session, Mallory & New's (1994) perspective warrants serious consideration, "If some children cannot take part in circle time because of difficulties in sitting or sustaining attention, teachers might consider the extent to which that cultural routine is in and of itself an excluding activity. Perhaps another form of community gathering could be developed that serves the same purpose…this time with the entire community of learners in mind" (p. 330).

The role of the teacher or other adults such as parents may need to be expanded to provide and extend zones of proximal development for children learning to interact with the child with DS. For instance, it will be recalled on p. 49 that Adam uses both appropriate verbal and nonverbal skills as well as babbling to show something and request a turn, but his communication is ignored. In this situation it is not Adam's competencies that are the real barrier to his inclusion, but the peer who has not yet learnt how to attend to and relate respectfully to Adam's communication. For the peer (and others like him) to feel more comfortable in learning how to relate requires informed adults who can not only facilitate shared meanings but also interpret differences children notice in enhancing and supportive ways. Helping children respond appropriately to Adam (and other children) needs to form an integral part of the socio-cultural context, so that children are helped to understand unfamiliar characteristics and see others that they can relate to.

Teachers will also need to interpret and possibly discuss the likely intent of a child's unconventional behaviour in a valuing manner instead of ignoring any staring by peers. In Ian's new entrant class, the teacher did this regularly and in time, the children interpreted Ian's intentions themselves, ignoring irrelevant behaviours and even accepting some of his behaviours as new norms for the class (Rietveld, 2002). At the same time, teachers may need to ask themselves whether any unconventional

behaviour is a function of the existing ecological context, for example, if a child with DS paints on another's painting, is it as a result of insufficient painting easels or as a function of the child's differences in functioning?

Contexts need to be examined for all facets that might be contributing to children's differences being devalued or not understood. For instance, dolls with DS are now available and their presence may convey to the child, her/his family and the wider community that differences associated with DS are part of the human condition. Dolls and puppets may also provide a context for discussing commonalities and differences. Use of visual illustrations or photographs to augment verbal instructions may give children with DS greater opportunities for success, given that their learning through aural means is weaker than that of visual learning (Fidler, 2005). Photo sequences of everyday rituals such as morning tea placed on the walls or in books available for children to utilise may also support children's learning. For optimal use, these event sequences must include the social aspects of rituals such as greeting one another and showing one another the contents of one another's lunchboxes. The use of photo sequences also has the benefit of advantaging other children with a limited knowledge-base for comprehending and interpreting aural information.

Promotion of Jointedness

If we claim that experiences of inclusion are fundamental to human learning, then such inclusion must form a central characteristic of the socio-cultural system, i.e. the playgroup or preschool. As noted by Gutierrez, Baquedano-Lopez, Alvarez & Chiu (1999), "Joint activity must be an ongoing feature of the normative practices of formal and non-formal learning contexts in order that productive collaboration can occur in dyads and groups" (p. 87). When children are expected to work and play together with the diverse range of children attending the setting, they learn to internalise that including one another is a fundamental social norm for participation. An implication of this is the need to introduce co-operative games and activities as an integral part of the many group opportunities. For instance, instead of children selecting their own cups from a tray on the table during morning break, the children could pass around the tray and communicate to the child on their left which cup they would like. Teachers could model different ways of communicating with different children.

Currently early childhood settings are not set up to promote jointedness. Unlike school, where children are required to perform tasks or games with a specified peer or group (Rietveld, 2002), at preschool a wide range of activities and routines are available but it is left up to the individual child to establish intersubjectivity or a "meeting of minds" (Bruner, 1995) with her/his peers. If facilitative inclusion is the goal, participation structures that encourage collaborative involvement (Rogoff, 1995; Tharp, Estrada, Dalton & Yamauchi, 2000) need to be an integral component of the socio-cultural framework.

Building Relationships

The data concerning teacher behaviour suggest a shift from including children into activities to a focus on facilitating the inclusion of children into relationships. This ties in with socio-cultural theory, which essentially states that the roles children play affect their quality of learning. If children are not helped to participate in valid social roles, their access to other culturally-valid learnings is restricted. For instance, it will be recalled that when David showed an interest in his peer's ball, the teacher did not encourage the peer and David to share the ball by participating in a mutually-enjoyable activity. Instead, she obtained another ball for David. By being excluded from the potentially rich scaffolding of a more-skilled peer (facilitated by the teacher), David and the peer were deprived of potentially valuable learnings in relation to co-ordinating their activity with one another and hence getting to know one another. Furthermore, balls were one of David's strong interests and strengths and could have provided not only an excellent context to enhance his inclusion, but also demonstrate some of David's strengths to his peer(s). Using children's strengths to promote inclusion ties in well with the focus on competence-based programmes and assessment in Te Whariki.

In line with a culture that is genuinely inclusive, the data suggested that these three settings required the introduction of some additional practices. The inclusion of children with DS involves peers getting to know multiple aspects of the child's personality (Amado, 2004; Rietveld, 2002) and see beyond the initial impressions. To facilitate such inclusion requires not only helping children discover commonalities with the child, but also encouraging talk about any concerns they may have about the

child and her/his differences. As in other studies where teachers were unaware that sexism and racism featured largely within their peer culture (Alton-Lee, Nuthall & Patrick, 1987), children do develop their own theories about their experiences as they did in the current study regarding the child with DS. Interview and observational data indicated that they considered the child, "silly, a dummy, a bubby…". If teachers and parents are to help children develop more mature constructions of the child, then they need to be able to deal with the issue of difference in a respectful and informed way. Ervelles (2005) suggests that part of this process requires teachers examining "their own discomfort and silences around issues of disability" (p. 435). It might also mean heightening teachers' awareness of how peers experience the child with DS. In this study, all teachers reported that peers did not notice any differences in relation to the child with DS, while the observational data indicated that peers were disconcerted by the child's differences.

Explicit code of Social Norms?

The two preschools had a code of procedural norms that teachers specified publicly throughout the day when compliance was called for, such as "Walking feet inside" and "Wash your hands before morning tea". "However, none were observed to specify and reinforce a code of social norms, although all teachers frequently reinforced appropriate behaviour and redirected anti-social behaviour of individual children or groups. Since the quality of one's relationships are key aspects affecting not only the individual but also the wider community, teachers could strengthen the socio-cultural context by drawing up a code of social norms in conjunction with the children that includes how to relate to the child with DS. Such norms could include, "We don't take things off other children", "In this centre, we make sure that no one is left out". Having a code of operation similar to what is in existence in most centres for health and safety concerns not only conveys to children some of the key values of the centre, but also provides a context for open debate when issues arise. The provision of such a context therefore has the potential to enhance children's development. Such was the situation in 5-year old Ian's classroom in Rietveld's (2002) research. Children learnt through the explicit social norms that certain values (such as sharing the equipment and ensuring everyone made a contribution to a co-operative block structure was as important as the finished product). The teacher frequently referred to the social norms reinforcing children when they adhered to

them, interrupting behaviour that was not in accordance with the code and regularly discussing with the child/ren any issues arising. De Vries & Zan (1995) describe more fully the development and instigation of a similar socio-moral atmosphere.

Introduction of Alternative forms of Interaction

Teachers may also need to provide opportunities for more varied forms of interactions, so that if children are not yet verbal, alternative forms of interaction are included as legitimate (e.g. giving one another a "Hi 5", a smile or pat on the back). Given that learning and inclusion are more likely to occur when an activity includes positive affect (D'Arcangelo, 2000; Perry, 2005) the introduction of small group games that cater for varying levels of difficulty (e.g. rolling a ball to one another and choosing to roll it through or not through a tunnel at group time) may serve as one way of encouraging children to get to know one another's names, establish and sustain joint attention.

Typically Developing Children: Schema of Child with DS

The typically developing peers had considerable difficulty making sense of the child with DS as evidenced by their staring and using existing schema related to size, gait, babbling and so forth, which they interpreted as "silly" or the child as a "bubby" (much younger member). Children acquire such discourses through participation in conversations that equate growth with age-related patterns. For instance, being able to walk confidently by a certain time, wearing pants instead of nappies by another time-frame and so forth. When a 3-year old child with DS arrives at preschool who walks with an immature gait and wears nappies instead of pants, other 3-year olds have no available schema within which to understand the child. Interrupting these pervasive age-related competency discourses may well enhance children's understandings of the natural variation in the human population. Exposing preschool children to peers who can read, play an instrument, older children who cannot walk and so forth may well help break down the strong message young children in our culture receive that learning and ages are so closely aligned. It may explain why peers use language such as "Bubby (Adam) is on the slide" to describe the child with DS as they have no other way of framing the child's differences. In inclusive diverse communities, learning occurs as children develop, but the development of competencies is not necessarily age-related. For instance, 4-year old Jazmin was

portrayed on national television (TV3) as a skilled pianist (Campbell Live, 2007), and a mother whose son has not acquired the perceived cultural norms for toilet training writes to a parenting magazine in a distressed tone, "I felt like an incompetent mother for not having him toilet trained at nearly four years of age" (Sam's Mum, 2000). These scenarios highlight variations in learning that are not age-related. Deliberately exposing children to the actual diversity in our communities may do much to destabilise the existing norms around ages and stages and therefore facilitate different understandings about competence, which in turn may produce a more fertile context for the inclusion of peers with impairments as children learn a new discourse for framing learning and development.

Professional Development focussing on Inclusion: A Void for Teachers?

In this study, there was no evidence of any system of professional support available to enhance the understandings of parents and teachers who work at the chalk-face supporting children's inclusion. Teachers were aware of the early intervention centre and psychologists (Special Education) who they perceived as focussing specifically on the child. It was unclear what other professional development personnel focused on but none mentioned that it pertained specifically to the inclusion of children with impairments. It seemed that there was no one overseeing the quality of inclusive education in terms of the majority culture changing to support the learning of a greater number of students. Where the majority culture remains intact, those who do not fit become marginalised and cannot gain access to that culture as evidenced by the three children with DS in this study.

Since teachers do not work in a vacuum, but are influenced by broader socio-cultural factors (Bronfenbrenner, 1979), it is possible that some of these influences contribute to pedagogical practices associated with low levels of inclusion and exclusion. It is difficult for teachers (and parents) at the chalk-face to understand and implement facilitative inclusion when for instance they might read in the newspaper about a kindergarten receiving an award for an innovation that claims to be inclusive, but is likely to promote exclusion. A Crippled Children Society leader had "this *integrated* (author's italics) vision back in 2003" which involved the following:

> "Special under twos' areas were built inside and out and also cater for those with challenges to learning and development" (Community High Country Herald, 2006).

Not only did this newspaper article provide publicity for this 'innovation', but the fact that the award involved a prestigious Presidents Trophy from its National Office could encourage teachers, parents and the community to think that this kind of pedagogical practice constitutes quality inclusion. A second example illustrating how the wider socio-cultural context can confuse the meaning of inclusion for educators is the availability of a recent book (2006) on the market for teachers. While the book's title: 'Making Inclusion Work: Effective Practices for all Teachers' by John Beattie, suggests that the contents are about inclusion, given that the book is "grounded in extensive special education research" and "will enlighten teachers with a greater understanding of special education students and how to teach them successfully", clearly this is not so. Special education discourses abound in the information with a focus on the (deficit) individual with no mention of typically developing students. Teachers who aim to understand more about implementing inclusive education are likely to experience confusion if they use this book as their guide, as it is based on contradictory theories, principles and practices to those underpinning inclusive education.

Teachers are not only affected by their contexts, but also influence them through upholding (intentionally or otherwise) societal practices and understandings pervasive at the macrosystem level, which interfere with facilitative inclusion. While the data suggest that teachers and parents (playgroup) need a greater understanding of the meaning of inclusion as intended by disability theorists (Barnes, 2003; Slee, 2002, 2006) and enhanced understandings of teaching and learning in order to facilitate inclusion, this is no easy feat in a macro culture that is largely steeped in pragmatism (Ell, 2003; Wikipedia Contributors, 2007). New Zealanders in general have a tendency to resist theoretical knowledge, thus teachers who form a subset of the wider population may be less than enthusiastic about a greater focus on theory during pre or in-service training. Indeed, some New Zealand research suggests teachers are wary of or in some cases, resistant to engaging in theoretical discourses underpinning pedagogical practices (Brooks, 2004; McPhail, 2006).

<u>What Kind of Interactions and Pedagogical Practices Might be Evident in</u>
<u>Authentically Inclusive Early Childhood Settings</u>?

If teachers are not experiencing much support in terms of professional development related to issues concerning diversity and more specifically, the inclusion of children with intellectual impairments, it may be that not only they, but also those involved in providing professional support lack a vision of what an authentically inclusive centre might look like. For this reason, a hypothetical scenario of 'inclusion' is presented (Figure 2) in which the 'exclusive' processes that occurred between Emma and Dylan (see Figure 1, p. 66) are rewritten so that they illustrate facilitative inclusion. Figure 2 also illustrates the kinds of principles and pedagogical practices that underpin authentically inclusive processes and outcomes.

Prior to the portrayal of the 'new' processes and outcomes for Dylan and Emma in Figure 2, the socio-cultural context will have been altered to incorporate the following: 1) The instigation of social norms, such as i) "When someone says 'Hello' or smiles, we smile or say 'Hello' back" ii) "We don't tease or make fun of anyone because that hurts their feelings". 2) The presence of dolls with DS features, puppets with differences, books and posters showing children with differences including disabilities in positive roles, 3) Teachers' facilitation of the above materials and objects. For instance, teacher interaction with children about the dolls highlighting that individuals can be different in one aspect, but similar in others. e.g. the doll with DS still needs to be cuddled, bathed and fed and 4) Congruency between the theory of inclusion, centre policy and pedagogy: All the teachers in the centre need to share the same vision of what an inclusive setting involves. Amongst others, pedagogical practices must include: i) the establishment of a socio-cultural context in which all children can learn rather than the assimilation of children with impairments and other identifiable differences into the existing norms, ii) the supporting of processes to facilitate peer group membership, iii) interpreting unconventional behaviour, iv) dealing with differences openly and supportively and v) instigating new ways of communicating and new rituals and norms so that all members can participate. The socio-cultural context can be altered to be more inclusive in many more ways, but only a small number of modifications are specified.

Figure 2: Inclusive Socio-cultural Context and Teacher and Peer Facilitation Leading to Facilitative Inclusion

Emma smiles at Dylan at the dough table.

Dylan looks sternly at Emma

Dylan looks awkwardly at Emma and says "hello" quietly. He stares at her.

Dylan replies, "I don't like Emma. She's silly."

Dylan demonstrates, "Her tongue is like this." (shows her tongue protruding).

Riki (peer) notices Dylan's response and reminds him of the rule "You have to say 'hello' or smile back".

Peer facilitation

T arrives, reinforces Riki for remembering the rules and Emma and Dylan for greeting each other. She asks Dylan if there is anything about Emma he is noticing and would like to talk about.

T mediation: reinforces rules and low-level inclusion, also invites Dylan to talk about his curiosity concerning Emma.

T asks "What is it about Emma that you don't like?"

T – Dylan, "You're right. It is. Emma finds it easier to breathe with her mouth open. It doesn't matter that her tongue is out. She still likes play dough just like you do. How about you and Emma make some biscuits for Nathan's birthday today?" T puts a large lump of dough between them and suggests they need to flatten the dough with a rolling pin.

T invites discussion; dispels fear about one of Emma's attributes, points out similarity and structures activity to promote jointedness. Uses knowledge of inclusion to promote inclusive pedagogical practice.

Beginnings of Jointedness

On hearing "rolling pin", Emma picks one up and gives it to Dylan.

Dylan takes it from her and says, "Thanks Emma" more audibly and confidently than before.

Jointedness
Emma smiles and picks up a rolling pin herself. Both Emma and Dylan roll out the dough laughing as they crash their rolling pins into one another.

Key: T = Teacher
- - - → Non-facilitative response
◯ Ricki (peer)
⬚ Emma
▢ Dylan
◯ Teacher

T reinforces joint activity "Wow you two look as if you've having fun and you've made the dough nice and flat ready for your biscuits".

T promotes same status mutually satisfying reciprocal interactions. NOT one child for playing with the child who has an impairment.

<u>What is Required ?</u>

More holistic model of disability – limitations of social model

While the social model of disability has much to offer teachers in their development of inclusive early learning settings, the data indicate that use of the model on its own is insufficient. The experiences of the children were inevitably mediated by their impairment (DS), which appears to limit (for reasons science has not yet fully explained), children's abilities to create alternate roles as learners in settings that do not meet their psycho-social needs. If teachers and parents are to support optimally the learning of these children then an understanding of how the child with DS experiences her/his world is as necessary as understanding her/his external social context. As evident in previous research (e.g. Rietveld, 2002, 2005; Marks, 1999), these data point towards the need for a more holistic model of disability that encompasses aspects of the disability experience ignored by the social model such as the individual's subjective experiences at both conscious and unconscious levels and the role of biological factors.

An understanding of within-child characteristics (DS)

Since children not only affect and are affected by their environment (Bronfenbrenner & Ceci, 1994), the impact of an impairment, such as DS must be taken into account, as it makes no sense to ignore or shun key aspects of children's identities and functioning. Knowledge about how DS affects learning and other characteristics of the child need to be understood and valued as integral parts of their being within early childhood centres for children to benefit optimally from their experiences. No teacher was able to report how DS affected learning and development. This was of some concern because failure to understand the child's experiences and the implications of those experiences seemed to result in i) inappropriate scaffolding, ii) assumptions that particular experiences supported learning, when it seemed unlikely, given the developmental and information-processing differences associated with DS, and iii) the effects of 'disabling' experiences on not only the child's learning, but also his/her peers' constructions of the child and the potential ease for developing shared meanings. For instance, at David's centre there were very few outdoor activities that he could partake in as the climbing structures were beyond his current level of abilities, there were no ride-on toys, only trikes which David could not yet reach to get on to and the manipulative activities such as Duplo and Mobilo were too advanced

for him to experience any level of success. Consequently, in view of David's developmental differences and possible difficulty disengaging from stimuli (Ciccheetti & Beeghly, 1990), David spent considerable time walking around the path or else unengaged staring into space or fiddling with the cord of his track-pants. While the staff interpreted his walking around the path as his active exploration of the environment, it seems unlikely that this was the case as he seldom stopped to look at any activity or try out any object or toy. His DS is likely to have constrained those kinds of opportunities and also his ability to communicate to staff that he was unable to develop an alternate role for himself. It seems likely that David's 'unconventional behaviour' (wandering around the path) occurred as a result of an unresponsive setting, which excluded him from participation in more engaging learning activities. In turn, the presence of more responsive and engaging activities could have provided opportunities for David and his peers to connect over some potentially enjoyable shared experiences. Awareness of how DS affects learning could help staff to have recognised: i) the limitations of the outdoor environment for active participation of all its members, ii) that social learning (learning how to relate to and become part of a peer group) is unlikely to occur spontaneously for David given his differences in appearance, communication and information-processing, so some inclusive activities to promote shared experiences with his peers may have needed to form an integral part of the curriculum, and iii) that David is less likely to be able to disengage from repetitive activities such as continually walking around the path, unless some alternate activities are suggested and encouraged.

How children with DS perceive information may also need to be considered when setting up activity tables in view of their specific information-processing differences and how they impact on the child's quality of engagement and hence peer interaction. Young children with DS have difficulty organising relevant past information, attending to the current situation and utilising flexibility of thought (Goodman & Linn, 2003) yet this is what is expected of them when collage, puzzle or other activity tables are empty and children are expected to plan what they want to do, organise the necessary materials and execute their plans. Given that the child with DS is likely to fixate on isolated aspects of a situation resulting in often critical information not being processed (Cicchetti & Ganniban, 1990), empty tables for use with materials on shelves often do not provide a zone of proximal development for young children with

DS to actively participate in. For instance, on seeing that there is no paper on the collage table, Emma starts drawing on a peer's piece of paper. This has negative implications for potentially positive peer interactions as the peer excludes her with a loud, "No", whilst covering over his paper with his hands and looking at her sternly.

All the features related to how children with DS process information need to be understood and integrated within the mainstream culture of each setting. It will be recalled that Emma became distressed when a peer pulled a toy out of Emma's hand in view of the teacher making a general statement, "Tidy-up time!" In view of her focus on the toy, and considerable noise from other children nearby, it is unlikely that Emma heard the general instruction, given that it is known that children with DS have difficulty ascertaining the relevant cues to attend to (Stratford, 1985). An implication of this might be that after a general instruction concerning 'Tidy up time', teachers follow this up with a specific instruction (with possible explanation as to what this means) to Emma and other children who may be unsure what is required and/or have not comprehended the general instruction.

Acknowledgement of philosophical tensions

At the microsystem level, the free-play programmes in all the settings are based on a self-choice philosophy (Piaget, 1952; Vygotsky, 1981), the aim being for children to engage in a range of activities irrespective of outcomes or quality of processes, so if children choose to avoid the child with DS, the individualistic group norms can allow for that to occur. This highlights a tension between group and individual processes and raises the question whether despite the policy documents and personal beliefs supporting inclusive education, if we are actually promoting inclusion into a wider society that is individualistic? Such a focus on individualistic norms runs counter to the ethos of inclusion and this anomaly warrants critical consideration. As noted by Bogdan & Taylor (1999), "community has to do with 'we', not 'I' (p. 2) and that a focus on the individual needs to be balanced with social or communal values. Furthermore, early childhood setting norms may also fail to take into account the biological differences associated with DS which if not acknowledged may result in reduced levels of learning and inequity for the child with DS and prevent typically developing children from seeking connections with the child with DS.

Policy: greater alignment between policy, theory and practice

The data suggest that the impact of all the macro-policies pertinent to children's inclusion (e.g. Te Whariki, New Zealand Disability Strategy) pertained only to their physical rather than educational or facilitative inclusion. There was no doubt that the staff and parents at each of the three early childhood settings genuinely welcomed, and did their best to support the child with DS's learning and inclusion. This was a shift from experiences in the early 1980s when the researcher in her role of inclusion facilitator of children with DS into their local preschools found that entry was regularly met with refusal and often required extensive negotiation to access enrolment. Parents of this era wrote about their despair and unfairness of the present system when teachers refused their children entry or insisted that particular requirements were met, such as a teacher-aide accompanying the child at all times (Brown, 1990; Wilson, 1993). No family in this study experienced such physical exclusion or conditional inclusion on entry.

However, early childhood settings are educational institutions in which an important aim amongst others is the enhancement of children's learning and development (Podmore, 2004; Rosenthal, 2000). Indeed, the provision of enhanced learning opportunities was the rationale for Adam, Emma and David's mothers in sending their children to an early childhood setting. It is therefore insufficient to be content with physical inclusion alone, ignoring the outcomes and processes such as those identified in the current study as such processes thwart rather than support facilitative inclusion. It is clear from these data that the teachers are unaware what the policies in Te Whariki and the New Zealand Disability Strategy mean in terms of including children with impairments and their peers. Not only would specifying what the policies mean in relation to early childhood education care and learning be desirable, but also outlining their meaning with greater clarity. For instance, if inclusion is about the development of certain kinds of relationships as opposed to others, then this needs to be specified so that teachers would be in a stronger position to align their policy, theory and practice. Essentially, parents and teachers should be able to rely on the policies available (Te Whariki, New Zealand Disability Strategy and the Ministry of Education) for a working definition of inclusion. The Ministry's policy needs considerable overhauling as suggested by Higgins, McArthur & Rietveld (2006) as it lacks any consistent focus as much of its content is derived from an alternative

paradigm (special education), which if adopted can only derail teachers from their efforts in creating inclusive settings.

Human rights legislation

Currently, there is no legislation to support children with and without impairments who do not experience facilitative inclusion in regular educational settings. Such legislation may need to be introduced so that the next generation of children, parents and teachers can reap the benefits of inclusive education. However, legislation by itself is insufficient. The availability of appropriate pre-service training and ongoing, supportive professional staff to fill the current void in inclusive pedagogy in early childhood centres would do much to support staff in their endeavours to implement inclusive education. Every teacher and parent involved in this study was motivated to do their absolute best for the child with DS and her/his peers in their particular settings. Capitalising on this motivation to enhance success would probably be a more proactive and favourable approach than the enforcement of legislation reactively.

Research Issues

Advantage of Methodology

An important feature of this study has been the method of data collection. Many studies on inclusion have been undertaken from a "top-down" perspective, in which the construction of certain practices, understandings, categories and structures remain implicit (for example, Cunningham et al., 1998; Hamilton, 2005; Hall & McGregor, 2000; Whiting & Young 1996). This study has investigated inclusion from the "bottom-up" through investigating the face-to-face interactions in the settings in which they were generated. The advantage of investigating inclusion in this manner enabled not only an identification of the constructs 'disability,' DS and 'inclusion', but also the processes used to either maintain or reconceptualise them. This enabled the effects of the educational setting on the child and the child on the setting to become transparent.

The inclusion of children's interview data albeit limited, enables some perspective to be obtained. It is not known whether children as young as 3 have been interviewed

before in a study concerning inclusion. The information obtained supported the observational data and provides rich data for teachers wishing to promote more inclusive contexts.

Another advantage is that this research is not constrained by some of the criteria linked to other types of educational research funding. Conditions posed by many funding bodies such as: narrow time frames, the formation of specific research partnerships or specified topics or methodologies impose certain restraints on the data obtained and their interpretation. While no research is value-free or without restrictions, the open-ended nature of both the topic and methodology along with the researcher not being associated with organisations that have vested interests in the area under investigation enable this issue to be investigated with a more critical lens than would otherwise be the case. At the same time, it must be acknowledged that New Zealand is a small country, which inevitably places some constraint on the extent the critical lens is executed.

Limitations

While this study has contributed to enhanced understandings of inclusion for children with and without DS during their first transition to early childhood settings outside the home some limitations need to be taken into account. A key factor that needs to be taken into account is that this study does not claim to have identified a product (the inclusive centre or playgroup) with a recipe for 'success'. As noted by Ainscow & Booth, 1998, "an inclusive school [or early childhood setting] is an ideal never fully attained and inclusion is about changing processes, enhancing processes; enhancing participation and reducing exclusionary pressures" (Ainscow & Booth, 1998, pp. 97-98). In view of a key focus of early childhood settings being learning, it can also be argued that it is not only about enhancing participation, but a certain kind of participation. Children have been known to be active participants in educational settings, but not necessarily experience enhanced learning (Collins & O'Toole, 2006; Rietveld, 2005).

This study's findings support the modified view of Ainscow & Booth's perspective. Using different methodologies, asking different questions and focusing more closely on specific issues, it should always be possible to uncover ways in which educational

settings can enhance children's learning and inclusion. While this study has contributed to an understanding of what is involved in (facilitative) inclusion, mainly through its absence, it does not claim to have identified all the necessary components and practices.

This study involved the total known number of children with DS about to start at an early childhood setting within the specific time-frame allotted to the study during a particular year. How typical or atypical they are from the general population of children with DS is unknown. This precludes drawing conclusions about the entire population of children with DS. Instead, it presents a detailed description of the process of inclusion during the child's first month of attendance. For two of the three children, the ESW had not started her involvement. It is not known to what extent, her presence may have altered the child's experience of inclusion/exclusion. Two of the children also attended a minimal number of sessions. This also may have hindered the inclusion process, as peers may not have experienced them sufficiently to develop expertise at relating to them.

Using observational methods with young children runs the risk of privileging the researcher's interpretation of events over the children's. While the use of these methods enabled information on children's everyday experiences to be gathered in a relatively unobtrusive way, it did not always allow access to all facets of the information such as the children's private world or their interpretation of events to significant others, e.g. their parents. Use of video-cameras and audio microphones as used in studies by Alton-Lee, Nuthall and Patrick (2000) and Alton-Lee, Diggins, Klenner, Vine & Dalton (2001) may have enabled more complete gathering and accurate interpretation of the data. At the same time, it can also be argued that given the informal and dynamic nature of early childhood settings, such equipment may have been less user-friendly and more obtrusive. As well as enabling data-gathering on the children's individual experiences within the confines of small spaces (e.g. outdoor hut), use of video-recording would also have enabled children's private speech to be recorded, which was less able to be obtained unobtrusively through manual note-taking as noisy classrooms with little space often precluded access. Reviewing the data if it were recorded may also have been useful in the instances

where aspects were omitted because either the child's speech appeared inaudible or a particular behaviour was missed due to note-taking.

Future Research Directions

It is not known from these data whether these results are typical or not of early childhood settings involving children with DS. Dunn (2006) who is investigating inclusion in early childhood settings comments on the "very high standard of inclusive teaching" that was evident in some of the early childhood settings she encountered. This begs the question, would similar results be obtained if a larger or more diverse sample was to be studied?

It would also be worth investigating the quality of experiences children with and without DS experienced in centres where the socio-cultural context at all levels was translated into pedagogical practices in line with the social model of disability whilst taking into account how children with DS process that context. It is not known to what extent preschool children with and without impairments can experience the kind of jointedness conducive to more advanced forms of inclusion. What can reasonably be concluded from this data set is that the socio-cultural contexts of all settings were not facilitative of more advanced forms of inclusion. Investigating the experiences of children who participate in settings where pedagogical practices reflect current disability theory (Slee, 2006) and research findings (e.g. Erwin & Guintini, 2000; Rietveld, 2002) may help elucidate the extent to which settings can influence the quality of inclusion.

Research to uncover the kind of professional knowledge, expertise and ongoing professional support early childhood personnel need to deliver quality early childhood inclusive education on a consistent basis would also be of benefit.

Finally, knowing how to explain an abstract impairment such as DS to 3 and 4-year olds when children ask about the child's differences is no easy task, given previous research on this issue. For instance, Nabors & Keyes, (1995) found that while preschoolers had some understanding of the implications of having an orthopaedic impairment, none understood the "functional limitations faced by a child with a cognitive impairment" (p. 350). Research concerning what 3 and 4-year old children

do understand and how to enhance their understandings of intellectual impairments such as DS would aid both parents and teachers in optimally extending children's schemata of this issue.

Recommendations

1) <u>Alignment of Theory, Policy and Practice</u>*:* To enhance the likelihood of children experiencing facilitative inclusion, a change in the wider educational cultural system, the macrosystem is necessary so that there is a greater alignment between the theory of inclusion, the policies supporting inclusion and the pedagogical practices occurring in early childhood settings. Inclusion is about creating a new culture (and sub-cultures such as various peer cultures) that are facilitative of all members' learning and development in all state classrooms and early childhood settings, NOT the assimilation of children into educational systems established for typically developing children (Oliver, 1996; Slee, 2001; 2006). The 'inclusive' policies need to give teachers greater direction concerning the interpretation of relevant inclusive theory for accurate pedagogical implementation. The data suggest that all policies claiming to support early childhood inclusion need overhauling to be of greater value to the educators implementing them.

2) <u>Shift from Individual to Socio-Cultural Focus</u>: Currently the data show the focus pertains to the individual with DS and meeting her/his needs. Because of the interactive nature of the issue of impairment (von Tetzchner & Jensen, 1999), which is reflected in the data, the focus needs to shift to the quality of the socio-cultural context in early childhood settings.

3) <u>Teacher Education:</u> The data suggest teachers need a deeper understanding of the meaning of inclusion as espoused by disability theorists (e.g. Barnes, 1993; Oliver, 1996; Slee, 2000; 2001, 2002; 2006) and how the theory translates into all aspects of pedagogical practices. Understanding how the hidden curriculum may undermine the learning opportunities for children with impairments and also create the problems early childhood educators confront in regular early childhood settings must also be considered. Case study examples such as those obtained in the current study that are presented through the use of the interrupted narratives in teacher education

programmes (Alton-Lee et al., 2000) are known to provide a powerful source of learning (Alton-Lee, 1998; Alton-Lee et al., 2000) and could be fruitfully used.

4) Knowledge-base: Increasing the knowledge-base of teachers concerning not only the meaning of inclusion but also the teaching/learning processes for young children and how the role impairments such as DS affect those processes could do much to enhance learning opportunities for children with and without DS in 'inclusive' settings. Teachers need to be able to ascertain inferior forms of inclusion, passive forms of exclusion and so on if they are to support more enabling forms of inclusion. They also need to be aware that peers do notice differences in children with DS and consider how they might support children's queries or non-verbal reactions in a way that is supportive and facilitative of both children's inclusion.

5) Education Review Office: (a) To signal the importance of quality inclusive education when children with identifiable impairments are present, the Education Review Office must attempt to ascertain its quality beyond simplistic notions such as, "The [name of preschool] provides an inclusive environment... This is demonstrated by the effective integration of children with special needs into the programme". Any evaluation needs to take into account the nature of children's experiences of inclusion, the pedagogical practices contributing to those experiences and their alignment or otherwise with current disability theory (Oliver, 1996; Barnes, 2003, Slee, 2002, 2006) and socio-cultural theory. (b) A further recommendation centres on the Education Review Office ensuring that they actually follow up 'areas for improvement' in centres the team has visited to ensure that any recommendations are carried out. The ERO report from David's centre required three modifications to be undertaken. If they had been carried out, they could have positively impacted on David's inclusion, as they are likely to have provided an entry point for him to participate and hence become included. The concerns involved the provision of: open-ended creative activities, spaces for quiet play and less teacher-dominated formal routines.

6) Philosophical Tensions: Inclusion is based on the realization of the powerful effects of social norms, whilst early childhood programmes are based on individualistic norms involving the self-selection of activities and peer groups. This highlights a

tension between developmental processes inherent in socio-cultural settings and those construed as residing primarily in individual processes. This issue needs acknowledgement by early childhood educators and requires further investigation by researchers.

7) Professional Support: The provision of supportive, informed professional development for teachers (and parents of playgroups, if desired) is absolutely necessary if there is to be greater alignment between theory, policy and practice. Presently, there is a void in the system concerning the provision of inclusive early childhood education from a socio-cultural perspective, which leaves open the question, "Whose responsibility is it?"

8) Optimising Transitions: The enrolment of a child with DS requires that all early childhood settings attend to issues concerning diversity. If systems are already in place which cater for the diversity in their particular population (in an authentically inclusive way), positive outcomes are more likely, as an appropriate infra-structure will be in place for incorporating additional practices specific to the child with DS. Therefore authentically inclusive practices need to be present in all centres at all times, so that when a child with DS or other identifiable impairment arrives, practices can be modified from the outset. This is imperative in view of children's patterns of interaction (inclusion) remaining static within the first few weeks of the child's enrolment (Hamilton, 2005; Rietveld, 2002).

Summary

Using a qualitative methodology, the inclusion of three 3-year old children with DS was investigated during their first transition to regular early childhood settings. While all children endeavoured to seek membership of the peer culture, a number of obstacles prevented them from doing so. Processes peers with and without DS engaged in (various kinds of exclusion and inferior forms of inclusion) did not lead to facilitative inclusion that is conducive to more advanced forms of inclusion and hence other culturally-valued learnings. While all the staff and parents involved were welcoming and enthusiastic about the presence of the child with DS, there was a mismatch between their understandings and practices of inclusion and the intended

policy. No professional support seemed to be available to enable staff to alter their socio-cultural settings to be more authentically inclusive. The study concludes with a number of recommendations that involve not only the child's microsystem, but also the more distal systems impacting on that microsystem to enhance the likelihood of children actually experiencing inclusive education.

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APPENDICES

Appendix A: Copy of Ethical Approval

UC
UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

College of Science

Tel: +64 3 364 2312, Fax: +64 3 364 2490, Email: collegeofscience@canterbury.ac.nz

Ref: HEC/.

7 March

Dr Christine Rietveld
School of Education
UNIVERSITY OF CANTERBURY

Dear Christine

The Human Ethics Committee advises that your research proposal **"Starting pre-school: how do children with and without Down Syndrome (DS) become valued members of peer groups?"** has been considered and approved.

Yours sincerely

[signature]

Tracey Gaskin
Secretary

**Study of social relationships between children with and without Down Syndrome
as they start preschool**

INFORMATION SHEET (Parents)

You and your child are invited to participate in a study that investigates how children
with and without Down Syndrome (DS) experience inclusion at their early childhood
centres. The study is being carried out by Dr Christine Rietveld from the University
of Canterbury's School of Education. Christine has a background in early childhood
education, having been a kindergarten teacher and then a cognitive therapist and
education support worker with the Champion Centre when it first started. She has
undertaken a number of studies involving young children with and without DS at
early childhood centres and schools. More recently, she has been working as a tutor
in child development at the university.

What is the Study?
The purpose of the study is to learn more about the process of how children become
included socially. Social relationships with other children are important because they
provide access to other learnings, which will benefit development. For example,
being included with others who enjoy playing in the sandpit will provide
opportunities for increased language and intellectual development as children will be
involved in conversations and actions involving concepts such as 'more, full, empty,
wet, dry' and so forth. Not being included is therefore likely to result in fewer
learning opportunities. Currently, we do not know enough about how children with
and without DS develop relationships with one another or how children generally
develop relationships when they first start preschool. It is hoped that this study will
provide more information about that process so that possible strategies may be
developed if children remain isolated. At the conclusion of the study, you and the
preschool staff will receive a summary of the main findings.

What does the Study Involve?
If you agree to take part, involvement would mean granting permission for me to
observe your child around the start of her/his entry to preschool for several sessions,
followed by some further observations around 3-4 months later. Observations will
involve manual note-taking using a pen and paper on a clipboard. They will be taken
unobtrusively and not interfere with any aspect of the early childhood programme.
Any interactions your child may have with others may be audio-taped to ensure
greater accuracy. I would also like to interview you and the staff at the centre
(separately) about your child and the goals you have for her/his education. A further
aspect would involve taking some photos of your child and others at play and asking
your child and those involved to comment on them. Permission from the early
childhood staff will of course be sought for this.

Potential Harm?

There are no known risks involved. All observations will be done with great care, so as not to disturb your child, other children or those involved in the running of the centre. Children have the right not to participate in the interviews concerning the photos and the opportunity to decline will be offered.

Participation
Your participation is voluntary. You and your child do not have to take part and you do not have to answer any questions you do not wish to. If you agree to take part, you are free to withdraw at any time without having to give a reason.

Confidentiality
All information you, your child, other children or teachers provide will be treated in the strictest confidence. You, your child, her/his teachers or early childhood centre's identity will not be revealed in any reports based on the study. No identifying information about you or your child or centre will ever be released to a third party without your written consent. The data will be stored in a locked cabinet in a secure location in the School of Education at the university. To ensure the written report at the end is the best it can be, I will need to consult with colleagues about the data, but this will always be done anonymously so that no person or centre is ever identified.

If you want to know more
If you have any further queries about the study (either now or later), please feel free to contact me: Dr Christine Rietveld at the School of Education, Phone 3667-001, Ext. 8208

Finally, this study has received ethical approval from the ethics committee at the University of Canterbury.

I appreciate you considering the possibility of participating in this research, which has the potential to benefit future families and the quality of early childhood education.

Christine Rietveld
Researcher
Date

**Study of social relationships between children with and without Down Syndrome
as they start preschool**

INFORMATION SHEET

By way of introduction, I am currently involved in a research project investigating how children with and without Down Syndrome (DS) experience inclusion at their early childhood centres. In order for the information on children with DS to 'make sense' it needs to be seen against a background of what happens for typically developing children when they start preschool. At this stage, not a lot is known about the transition from home to preschool/playgroups and how children become included in friendship groups for children with or without disabilities. As your child is about to start or has started recently attending an early childhood centre/playgroup, I invite you and your child to participate in this study, which will focus on ………'s [name of child's].social relationships/friendships over the first few weeks. I have a background in early childhood education, having been a kindergarten teacher and an itinerant teacher of children with impairments who attended regular preschool centres. More recently, I have been working as a tutor in child development at the university.

What is the Study?
The purpose of the study is to learn more about the process of how children become included socially. Social relationships with other children are important because they provide access to other learnings, which will benefit development. For example, being included with others who enjoy playing in the sandpit will provide opportunities for increased language and intellectual development as children will be involved in conversations and actions involving concepts such as 'more, full, empty, wet, dry' and so forth. Not being included is therefore likely to result in fewer learning opportunities. Currently, we do not know enough about how children with and without DS develop relationships with one another or how children generally develop relationships when they first start preschool. It is hoped that this study will provide more information about that process so that possible strategies may be developed if children remain isolated. You will, of course receive a summary of the findings once the study is completed.

What does the Study Involve?
If you agree to take part, involvement would mean granting permission for me to observe your child around the start of her/his entry to preschool for several sessions, followed by some further observations around 3-4 months later. Observations will involve manual note-taking using a pen and paper on a clipboard. They will be taken unobtrusively and not interfere with any aspect of the early childhood programme. Any interactions your child may have with others may be audio-taped to ensure greater accuracy. I would also like to interview you and the staff at the centre (separately) about your child and the goals you have for her/his education. A further aspect would involve taking some photos of your child and others at play and asking

your child and those involved to comment on them. Permission from the early childhood staff will of course be sought for this.

Potential Harm?
There are no known risks involved. All observations done will be done with great care, so as not to disturb your child, other children or those involved in the running of the centre. Children have the right not to participate in the interviews concerning the photos and the opportunity to decline will be offered.

Participation
Your participation is voluntary. You and your child do not have to take part and you do not have to answer any questions you do not wish to. If you agree to take part, you are free to withdraw at any time without having to give a reason.

Confidentiality
All information you, your child, other children or teachers provide will be treated in the strictest confidence. You, your child, her/his teachers or early childhood centre's identity will not be revealed in any reports based on the study. No identifying information about you or your child or centre will ever be released to a third party without your written consent. The data will be stored in a locked cabinet in a secure location in the School of Education at the university. To ensure the written report at the end is the best it can be, I will need to consult with colleagues about the data, but this will always be done anonymously so that no person or centre is ever identified.

If you want to know more
If you have any further queries about the study (either now or later), please feel free to contact me: Dr Christine Rietveld at the School of Education, Phone 3667-001, Ext. 8208

Finally, this study has received ethical approval from the ethics committee at the University of Canterbury.

I appreciate you considering the possibility of participating in this research, which has the potential to benefit future families and the quality of early childhood education.

Christine Rietveld
<u>Researcher</u>
Date

Appendix D: Letter inviting Early Childhood Settings to Participate

University Letterhead

Date

Re: Research Project To Investigate how children with Down Syndrome and Typically developing children develop social relationships

Dear Early Childhood Educator,

I am requiring your written consent for you and your staff to participate in the above research project. I have a background in early childhood education, having practised as a kindergarten teacher and then a cognitive therapist and education support worker with the Champion Centre when it first started. I have also undertaken a number of studies involving young children with Down Syndrome at their early childhood centres and schools. More recently, I have been working as a tutor in child development at the university.

The aim of this project is to understand the process through which children with and without Down Syndrome develop social relationships when they are new to the Centre. The study will involve observing _____ (child with DS) for approximately 6 sessions initially and then further observations some 3-4 months later. Any social interactions may be audio-taped for great accuracy. I would also like to take some pictures of _____'s play and ask XX and any children involved to comment. _____s mother has agreed to my contacting you to seek permission for the study to take place. Following my observations on _____, I would then like to observe a typically developing child of the same gender who is new to your centre to ascertain any similarities and differences in terms of becoming socially involved. It would be great if you were able to ask a potential family for me, in order for me to provide them with further information. Finally, I would appreciate a brief interview with you and your staff concerning your experiences of the focal children, your understandings of inclusion and other issues you consider relevant.

You will have the opportunity to comment on the findings that emerge from the data analysis. The results of the project may be published but you may be assured of complete confidentiality of data gathered in this investigation. The identity of participants will not be made public without their consent. To ensure anonymity and confidentiality both teachers, students and the early childhood centre will be given pseudonyms.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee.

In order to proceed with this project I require your written consent. A signed copy of the consent form is provided so that you can retain one for your records. Further copies are attached for you and the other staff in your Centre to sign and return to me at the above address or during my next visit. Should you have any queries please feel free to contact me at the University of Canterbury (03 3667-001, Ext 8208). I look forward to working with you. Yours sincerely

Dr Christine Rietveld
Researcher/Joint recipient of the Graham Nuthall Classroom Research Trust Award

Study of social relationships between children with and without Down Syndrome as they start preschool

INFORMATION SHEET (Teachers)

Your early childhood centre and your staff are invited to participate in a study investigating how children with and without Down Syndrome (DS) experience inclusion when they are relatively new to attending an early childhood centre. The study is being carried out by Dr Christine Rietveld from the University of Canterbury's School of Education. Christine has a background in early childhood education, having been a kindergarten teacher and then a cognitive therapist and education support worker with the Champion Centre when it first started. She has undertaken a number of studies involving young children with and without Down Syndrome at early childhood centres and schools. More recently, she has been working as a tutor in child development at the university.

What is the Study?
The purpose of the study is to learn more about the process of how children become included socially. Social relationships with other children are important because they provide access to other learnings, which will benefit development. For example, being included with others who enjoy playing in the sandpit will provide opportunities for increased language and intellectual development as children will be involved in conversations and actions involving concepts such as 'more, full, empty, wet, dry, number' and so forth. Not being included is therefore likely to result in fewer learning opportunities. Currently, we do not know enough about how children with and without DS develop relationships with one another or how children generally develop relationships when they first start preschool. It is hoped that this study will provide more information about that process for typically developing and children with DS so that in time, possible strategies may be developed if children remain isolated. You, will of course receive a copy of the study's findings once the research is completed.

What does the Study Involve?
Part A: If you agree to take part, involvement would mean granting permission for me to observe **NAME OF CHILD** around the start of her/his entry to preschool for several sessions, followed by some further observations around 3-4 months later. His/Her parents have agreed to my contacting you. Observations will involve manual note-taking using a pen and paper on a clipboard of what the child does and her/his interactions with peers and other adults. They will be taken unobtrusively and not interfere with any aspect of the early childhood programme. Any interactions involving the child may be audio-taped to ensure greater accuracy. I would also like to interview you and the staff at your centre (briefly) about issues relating to **Name of Child's** inclusion. Should you agree, you will be asked to sign a form to indicate that you agree to be interviewed and observed at the Centre. A further aspect would involve taking some photos of **NAME** at play with others and asking your child and those involved to comment on what is happening, who is involved, the roles the individuals play, whom they prefer to play with etc.

Part B: In order to understand the transition to preschool for children with DS, it is useful for the data to be seen against a backdrop of what happens when typically developing children enrol at an early childhood centre. For this reason, I would appreciate you nominating a child about to start your centre who is the same age and ethnicity as the child with DS to enable me to observe her/him for several sessions. Once we have discussed possible candidates (anonymously), your help in approaching the family to enable me to contact them with further details would be appreciated.

Potential Harm?
There are no known risks involved. All observations done will be done with great care, so as not to disturb any child or those involved in the running of your centre. Children have the right not to participate in the interviews concerning the photos and the opportunity to decline will be offered.

Participation
Your participation is voluntary. You and your staff do not have to take part and you do not have to answer any questions you do not wish to. If you agree to take part, you are free to withdraw at any time without having to give a reason.

Confidentiality
All information you provide will be treated in the strictest confidence. No child, teachers or early childhood centre will be revealed in any reports based on the study. No identifying information about you, any child or centre will ever be released to a third party without your written consent. The data will be stored in a locked cabinet in a secure location in the School of Education at the university. To ensure the written report at the end is the best it can be, I will need to consult with colleagues about the data, but this will always be done anonymously so that no person or centre is ever identified.

At the same time, I ask staff not to draw undue attention to my observing the child with DS in relation to the parents of other children attending the Centre. The reason for this is to protect this family's privacy and minimise the risk of their altering the everyday preschool context. e.g. spending extra time at the Centre with the child. You will notice that on the information sheet/consent form for the parents of children attending the Centre (excluding those of the child with DS) that I have not disclosed the name(s) of the child I am focusing on . I hope you will understand my decision.

If you want to know more
If you have any further queries about the study (either now or later), please feel free to contact me: Dr Christine Rietveld.at the School of Education, Phone 3667-001, Ext. 8208. Finally, this study has received ethical approval from the ethics committee at the University of Canterbury. I appreciate you considering the possibility of participating in this research, which has the potential to benefit future families and early childhood centres. I will contact you in a few days time to discuss the possibility of your participation in this research project.

Christine Rietveld
Researcher
Date

Date

University letterhead

Dear Parents/Caregivers

Re: Study of Young Children's Social Relationships/Friendships

During the second term, I will be undertaking a research study at [Name of kindergarten/preschool], which focuses on how young children develop relationships and friendships with one another. I will be observing a small number of children in detail, whose families have already been contacted. I am informing you of this study because these children are likely to talk to or do things with the other children at the Centre, which may involve your child. If you specifically, do **NOT** want me to record anything your child says or does if she/he relates to the main child I am studying, please return the form at the bottom of this page to me at the above address or leave it with one of the teachers at the Centre. Otherwise, I will assume that it is acceptable for me to observe your child (anonymously) if she or he plays with one of the main children I am studying.

Please note that the observations will not be intrusive. I have a background in early childhood education, having trained and worked as a kindergarten teacher and having had experience in a variety of other early childhood settings. I am mindful of children's rights and their respect for privacy, so will discontinue observing if any child appears uncomfortable or behaves very differently (e.g. shows off) as a result of my presence. Any information obtained will be confidential. No child, teacher, parent or early childhood centre will be identified in any way on any final report or presentation.

Towards the end of the observations, I plan to take some photos of the observed child involved in group play. To get the children's perspectives on their relationships and activities, I aim to use these pictures to facilitate a discussion with the children involved. Should your child appear in a photo and be considered for a brief informal interview about the photo, I will seek further permission from you (and subsequently from your child) before proceeding to talk with her/him.

Having spent the last few years teaching university and Teachers College students, I am very much looking forward to being involved in the world of young children again.

Hoping this receives your favourable consideration.
Yours sincerely

Christine Rietveld. (Dr)

CONSENT FORM

I have read and understood the description of the project. On this basis, I agree to act as a participant in the project, and I consent to publication of the results of the project with the understanding that anonymity will be preserved. I understand also that I may at any time withdraw from the project, including withdrawal from any information that I have provided.

Signed…………………………(Head Teacher/Chairperson of Group)
Date……………………………...

CONSENT FORM

I have read and understood the description of the project. On this basis, I agree to act as a participant in the project, and I consent to publication of the results of the project with the understanding that anonymity will be preserved. I understand also that I may at any time withdraw from the project, including withdrawal from any information that I have provided.

Signed………………………….(Teacher)
Date……………………………...

CONSENT FORM

I have read and understood the description of the project. On this basis, I agree to act as a participant in the project, and I consent to publication of the results of the project with the understanding that anonymity will be preserved. I understand also that I may at any time withdraw from the project, including withdrawal from any information that I have provided.

Signed………………………….(Teacher)
Date……………………………...

[Sufficient consent forms for all teachers were included]

Appendix G: Parental Permission Request Form to Interview Child

Re: Study of Young Children's Social Relationships/Friendships

A month or two ago, I informed you that I was observing a small number of children as they started preschool and developed relationships with other children. At this stage, I am interested in asking some of the children about what it is like for them when new or younger children start. For this reason, I am seeking your permission to chat informally with your son or daughter if she/he is willing. The brief chats will take place during the course of the usual programme (e.g. when the children are in the sandpit or book corner). To save me writing down the information while I am talking to the children, I would like to use a small tape-recorder. No child will ever be identified and tapes will be erased as soon as this project is over. If you are happy about this, would you mind signing below. Thank you for your consideration.

Yours sincerely

Christine Rietveld (Dr)

Date

CHILD'S FIRST NAME: _____

PARENT'S SIGNATURE: _____

Re: Study of Young Children's Social Relationships/Friendships

I/We **<u>DO NOT</u>** wish /our child ……………….(child's name) to be observed if she/he interacts with the child you are studying.

Signed: …………………………………..[Name(s) of parent(s) or caregiver(s)]

Children (without DS) – in relation to photo of Child with DS

I'm learning about children and how they get along with each other and I'm wondering if I could ask you a few questions. Also, request for permission to use tape-recorder and instruction for child to turn it off whenever he/she wished.

What is your name and how old are you?

Do you know who this is? [show picture] What's his/her name?

How old do you think he/she is?
What can you tell me about her/him?

Is he/she a nice boy/girl?

Do you play with him?

Have you played with him today? If yes, what did you do?

If no, how come?

Is there anything you notice about her/him?

Is there anything else you notice about her/him?

Are there some things he/she is really good at?

Are there some things he/she finds hard to do?

Why do you think that is?

Do you notice anything a bit different about her/him? Does he/she seem different to you at all?

Are there some things she/he finds difficult to do/can't do? [example?]

What is happening in this picture?

Do you think it is hard for XX to do……..?

What kinds of things can he/she do or what kinds of things does he/she need help with?

Who does he/she play with? Would he/she be someone who is fun to be with? What is she/he good at?

Appendix J: Range of likely Interview Topics (Parents)

Current expectations/goals for child from preschool experience (next 6 months)
Expectations by time child leaves the Centre

Expectations: where do they come from? [Influenced by other agencies, other parents of children with DS, self, other?]

Is child familiar with other child/ren from the preschool?

Do parents facilitate any peer interaction in home or other contexts?

Description of child socially - /his/him reactions to other children

Degree of satisfaction with what occurs for child at Centre [How staff include the child, their responses to any differences the children notice, expectations for child, expectations of other adults e.g. student teachers, volunteers, other parents/caregivers]

Appendix K: Range of Likely Interview Topics and Questions (Teachers)

N.B: Mention - You do NOT have to answer any questions
If you want to add/delete anything, that is fine.

Interested in finding out about:
A) Your experiences/story of focal child's inclusion

B) Issues arising from him inclusion

C) The how – strategies etc.

D) Implications of Down Syndrome for learning

E) Professional Development

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1) What thoughts did you have when _____ (name of child with DS) first
started attending preschool a) for him, b) other children, c) you (and your staff?) and
d) the other parents?

2) Looking back over the last 6 weeks, what have you noticed happening for him/her
and the other children?

3) Have there been any issues for you that have come up for you as a result of his/her
inclusion? (practically, administratively???)

4) How would you describe _____? (child with DS) [What about socially?]

4a) In terms of him inclusion, what are you aiming for? What would be your

yardstick as to what you consider to be a 'good'/favourable experience of inclusion?

4b) What sorts of strategies have you found helpful/not helpful in facilitating his/her

inclusion?

4c) How do you see the role of the Education Support Worker?

5) Have you any thoughts about how Down Syndrome might affect learning and
development? (including social relationships)

6) What sort of professional development is available to you if you want more

information to support _____'s (child with DS) inclusion?

Anything else?