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Rietveld, C. (2010) Early Childhood Inclusion: The Hidden Curriculum of Peer Relationships. *New Zealand Journal of Educational Studies*, 45(1), 17-32.

Early Childhood Inclusion: The Hidden Curriculum of Peer Relationships

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Abstract

Discrepancies have been known to occur between parents and teachers' reports of inclusion and children's actual experiences of inclusion. This qualitative study of 3 children with Down Syndrome (DS) and their peers, aged 3 years, in 3 different early childhood settings indicated that facilitative inclusion, the kind of inclusion that is supportive of learning and development, was not experienced by any of the children with DS. Results showed that the quality of inclusion was affected by the manner in which the explicit curriculum was implemented and by the effects of the unintended or hidden curriculum, which is the focus of this paper. Teachers and parents interviewed reported minimal awareness of how the hidden curriculum the children experienced impacted on their learning. This study describes some of the hidden barriers faced when children with and without DS interact and concludes by illustrating how early childhood educators might facilitate children's cognitive and social processes using incidents from the data and drawing upon recent disability and learning theories to inform such facilitation.

Keywords: Inclusion, Early Childhood Education, Down syndrome.

Introduction

In New Zealand, publications such as the NZ Education Gazette and NZEI Rourou provide teachers with much advice, literature and information about what constitutes "good" inclusive teaching practice at all levels of the education sector. In the absence of specific guidelines concerning the theory and pedagogy of inclusive education, teachers may interpret the information in relation to deficit models of disability and linear models of learning.

As in many other countries, New Zealand has a long history of divisive teaching practices (based on divisive discourses) for children with intellectual

impairments. These practices that focus on the “deficit individual” emanate from the historical “personal tragedy” view or “medical model” of disability (Oliver, 1986) whereby the child with an impairment is seen as having an all-encompassing personal deficit, failure, illness or tragedy that dominates all aspects of his/her being. Exclusion and/or special teaching is easily justified as the focus is on the child who is considered deviant on all accounts and in need of special or different teaching to help him/her assimilate, change, improve and made more “normal”. Teaching is often based on a linear model involving behavioural principles (Sidman & Stoddard, 1966). Criticism of these deficit and individual models highlight that the multiplicity of variables that are likely to impinge on learning are ignored (e.g. Erb, 2008a; 2008b). No account is taken of the role of social factors. Furthermore, the powerful effects of unintended factors that impact on learning (Alton-Lee, Nuthall & Patrick, 1987; Nuthall, 2001; 2007) have the potential to remain unidentified and are therefore also ignored.

In contrast to these deficit models, the social construction model of disability (Barnes, 2003; Oliver, 1996) with its focus on the role of contexts in inclusion and learning has been widely supported and forms part of the theoretical basis of contemporary policies, and practices (e.g. Minister for Disability Issues, 2001). Instead of devaluing differences and seeing children with impairments as unusual, special or in need of ‘fixing’, the social construction model views disability and differences as ordinary, something to be expected, valued and accommodated from the outset in all aspects and at all levels of educational settings. The focus is on the quality of the socio-emotional/learning context in which the child participates. 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 ways that enhance all children’s learning of culturally valued beliefs, skills and/or understandings.

While acknowledging that the social constructionist model of disability has shortcomings (Marks, 1999; Tregaskis, 2002), the strength of this perspective is that unlike the deficit model, it shares common elements with ecological theory (Bronfenbrenner, 1979) and recent theoretical understandings of teaching and learning (Nuthall & Alton-Lee, 1994; Nuthall, 2007; Rex, 2000). From this perspective learning is viewed as a contextualised interactive process involving the child and her/his physical and social environment. This view promotes the notion that children’s development and learning take place through the internalisation of the external world. This means that it is not just aspects of the external world that the teacher explicitly focuses on in enhancing children’s learning and inclusion, but the entire external world as experienced by the child. Adopting this view of disability necessitates a focus on the more covert or hidden aspects of the curriculum that are less often the target for study.

An aspect of the hidden curriculum that affects children's learning involves the role of peers. Studies have shown that peers can enhance or diminish children's learning opportunities; their motivation to participate and learn and feel valued, included members of a specific peer group (Alton-Lee, Nuthall & Patrick, 1987; Kollar, Anderson & Palincsar, 1994; Rex, 2000). Whilst this issue has been investigated in relation to ethnicity (Alton-Lee et al., 1987), children with low status (Kollar et al., 1994) and typically developing children (Doyle, 1983; Nuthall, 2007), less attention has been focused on how peers hinder or enhance the quality of relationships children with intellectual impairments experience in mainstream early childhood settings. A frequently stated and laudable goal of inclusion (Ministry of Education, 1996; Minister for Disability Issues, 2001) is that children learn to feel comfortable and increasingly more competent at interacting with peers who experience impairments and other differences, but it is unclear to what extent this happens and how implicit processes support or impede development towards this aim.

While the national curriculum for early childhood, Te Whāriki (Ministry of Education, 1996) is applauded for its inclusive nature (Gunn, 2003; MacArthur, Purdue & Ballard, 2003), how children actually experience its implementation is not well documented. Research has shown that disjunctures occur between the intentional and the experienced curriculum (McGee, 1997; Nuttall, 2005). For instance, an aspect of the hidden curriculum, the nature of peer relationships, impacts on children's actual experiences of the curriculum and this can mitigate the intended effects of children's inclusion and learning (Alton-Lee, Nuthall & Patrick, 1987; Rietveld, 2002).

This paper addresses this gap by focusing directly on the children's experiences. More specifically, the aspect being investigated involves the generally hidden nature of peer interactions that impact on the learning and inclusion of three young children with Down Syndrome (DS) and their peers in their respective early childhood settings. Part of this research is a subset of a larger study investigating the inclusion of children with DS as they make their first transition from home to an early childhood setting (Rietveld, 2007) at around three years of age. I will use data from this larger study and I will also draw on subsequent unpublished data involving two of the same children and early childhood settings some three years later. Both data sets demonstrate the experiences children with and without DS face in establishing and maintaining mutually satisfying peer culture relationships in settings that claim to be inclusive. These examples speak to the hidden curriculum in these settings.

Participants, settings and research methodology

The parameters of the larger study included in-depth, qualitative case studies. Three children with DS who had just turned 3 years old (Adam, Emma and

David (pseudonyms)), their peers, parents and teachers and the researcher participated in this study. Permission to undertake this study was obtained from the University of Canterbury's Ethics Committee.

Emma and David attended privately-owned early childhood centres near their respective homes, and Adam attended a playgroup run by parents as a co-operative for children from infancy to middle childhood.

Running record observations (for description, see Smith, 1999) were undertaken of the children during their participation in the early childhood setting for 2-3 hours during their first few days of entry to preschool (Emma and David) or playgroup (Adam). Nearly three years later additional running record observations were undertaken for David and Adam in their same early childhood settings. Total running record data obtained for each child consisted of the following: Adam (10 hours, 55 minutes), Emma (12 hours, 25 minutes) and David (19 hours, 25 minutes).

Semi-structured interviews with teachers (Emma and David's Centres) were undertaken individually towards the end of each period of child observation (on entry and three years later). Field notes in the form of additional comments made by children or adults and any other pertinent information were also gathered.

The data were analysed for themes and patterns that indicated a mismatch between what children experienced and what teachers thought children experienced. Data gathering was influenced by Bronfenbrenner's (1979) bio-ecological model based on the premise that the child is at the centre of and embedded in several environmental systems, ranging from immediate settings such as the early childhood centre to more remote contexts such as teacher and parent beliefs, policy and broader cultural values.

Exemplars to illustrate impact of hidden curriculum

The following three scenarios from the data all show how aspects of the unintended curriculum, in this case evident through the peer culture, affect the quality of educational inclusion and learning each child and his/her peers' experience.

In the first two episodes, the child with DS is relegated to the role of an inferior member and in the third the child with and without DS cannot establish the inter-subjectivity needed to participate in any valid role at the selected activity.

1. David (at nearly six years of age) is constructed as a 'baby'

Context

Morning-tea time: About 5-6 children sit around a table and each are handed a beaker of water. The beakers are all the same; they have no handles and are either dark green or navy. David who has DS and possibly additional impairments is unable to drink from a regular beaker, so his teachers have catered for his 'needs' by giving him a 2-handed Tommee Tippee (Trademark) sipper cup with a plastic straw.

Observation

David taps his drinking cup on the table and looks at the girl next to him. The girl laughs. David does too. Both laugh at each other. A girl opposite says to the group, "He's (referring to David) got the baby one (drinking cup/beaker)". The girl next to him says, "Yes, 'cos he's a baby, eh?" The girl nods in agreement with the other girl and other children look.

Teacher's Perspective

"It (cup) was one of those little Tommee Tippee straw cups. Nobody seemed to think too much of it you know. David just needed that and they (the children) seem to be pretty good actually at just accepting it."

In this scenario, the Centre's pedagogical practices that were benignly intended to support David's inclusion (see teacher's comment) had the effect of constructing David as a much younger and inferior member of the group. Despite the teacher's beliefs that the children were accepting, the children actually used their experience of David who was given a cup traditionally associated with infants to frame David as "other"- a much younger member who is therefore not like me. This has major implications for their inclusion of him and his learning in that a fundamental ingredient in the majority of interactions needs to be the presence or for young children, at least the development of same-status relationships in order for more advanced relationships (e.g. preferred playmate, task partner, friend) to develop. Relationships with infants are usually characterised by hierarchical interactions, which if applied by peers to fellow-peers prevent the perceived lower status member becoming genuinely included member of the peer group.

What do David and his peers learn from this?

- David: From his experience with his peers, David is likely to learn that he is an inferior and incompetent member and repeated experiences of this nature are likely to facilitate his internalisation of this belief.
- Peers: Because of the pedagogical practices underpinning this activity (the same cup in either one of two colours), peers

are likely to learn that all children at the centre are the same in their ability to drink from a cup without handles or lids and that their preferences for different containers to drink from are not valid. Instead of providing a range of cups/drink bottles, some with spouts, handles and some without that reflect the real diverse needs and preferences of the group, the way this activity was observed encouraged the children to see David as the only diverse member and the children's schema for dealing with his kind of diversity was to class him as a baby. This kind of thinking is likely to hinder their relationship with David. It is also likely to prevent them from seeing other aspects of David that they may have in common essential for the kind of jointedness necessary for more advanced forms of facilitative inclusion. The children's stereotypical thinking of David as a baby instead of a same-status peer and hence potential playmate is also likely to be maintained, when adults remain unaware of their thinking and therefore fail to help the children develop more mature experiences and understandings of David.

2. Adam (six years) is included as an incompetent member

Context

Jason (6) has brought a novel plastic toy to playgroup, which interests Adam

Observation

Jason calls to Adam and asks him, "Adam, do you want to play with this?" Adam runs to Jason and replies, "Yeah" while looking at the toy. Jason says to Adam assertively, "Well, you can't." Adam looks at Jason and asks politely, "Yeah please?" Jason replies, "No, you can't. If you touch the toy, you might get it". Jason runs off with his toy really fast and Adam runs after him. Another boy with a polystyrene stick holds it out in front of Adam blocking him briefly. Jason calls to Adam, "Come on, come on". He runs as fast as he can. His face is red and he is puffing a great deal. As soon as Adam gets vaguely close to Jason, Jason darts off in a different direction (2 minutes). Jason says to Adam, "If you be good at playgroup you might get a turn". Adam sits on the deck and looks tearful. He begins to cry. Jason comes over and says to Adam, "If you want my toy, you have to chase it". Adam replies, "No" and turns away from Jason looking sad and tearful. Adam's mother arrives. Jason says to her, "He (referring to Adam) is twice as slow as me!" Adam picks up some gravel from the ground and throws it at Jason. His mother says to

him, "Maybe next week you can bring your toy (similar to Jason's) to playgroup".

Contributing factors

- Hierarchical instead of same status relationship and no support to help the pair form a more appropriate equitable relationship,
- No overt social norms,
- Each parent supervising his/her own child can mean incidents such as this occur as parents are with other children or undertaking other roles.
- Adam's mother does not encourage Jason to interact with Adam more supportively, but focuses on Adam (bringing his toy next week)

This observation illustrates a failure of common ground, reciprocity and equal status between the participants, thus hindering any potential developmental and social outcomes for either Adam or Jason.

What do Adam and his peers learn from this?

- Adam: Adam's experience with Jason, teaches him that despite his best efforts at including himself through his fast running, his good manners, appropriate use of language and appropriate participation in the 'game', he is actually an incompetent member; he can never match some of the skill levels of his peers without DS. Having his 'incompetence' reinforced not only through Jason's statement to his mother in full hearing of Adam, but also through his direct experiences of Jason running so fast that he cannot keep up, Adam fails to experience any positive feedback necessary for the development of favourable self-esteem and his motivation for being socially included may be reduced. He also fails to gain an experience of what a genuine game involves; both participants experiencing shared meanings and of being a valued member of the peer group. Instead, he learns that the world does not make sense. Despite exhibiting his range of competencies, he fails.
- Jason: In constructing Adam as inferior, Jason uses this play opportunity to maintain his superior status as evident by his statement, "He's twice as slow as me". Believing he is superior is erroneous thinking that will interfere with his learning of how to interact and feel comfortable with people with identifiable differences. This, in turn, is likely to interfere

with the goals of social justice and learning how to live and work in an increasingly diverse society (Brown, 1995).

With no adult support Jason receives no opportunity to learn how to think about and include Adam in ways that are more mutually satisfying, facilitative of learning and reflective of the philosophy underlying inclusion.

3. Emma (DS) and Dylan (both three year olds) fail to establish jointedness

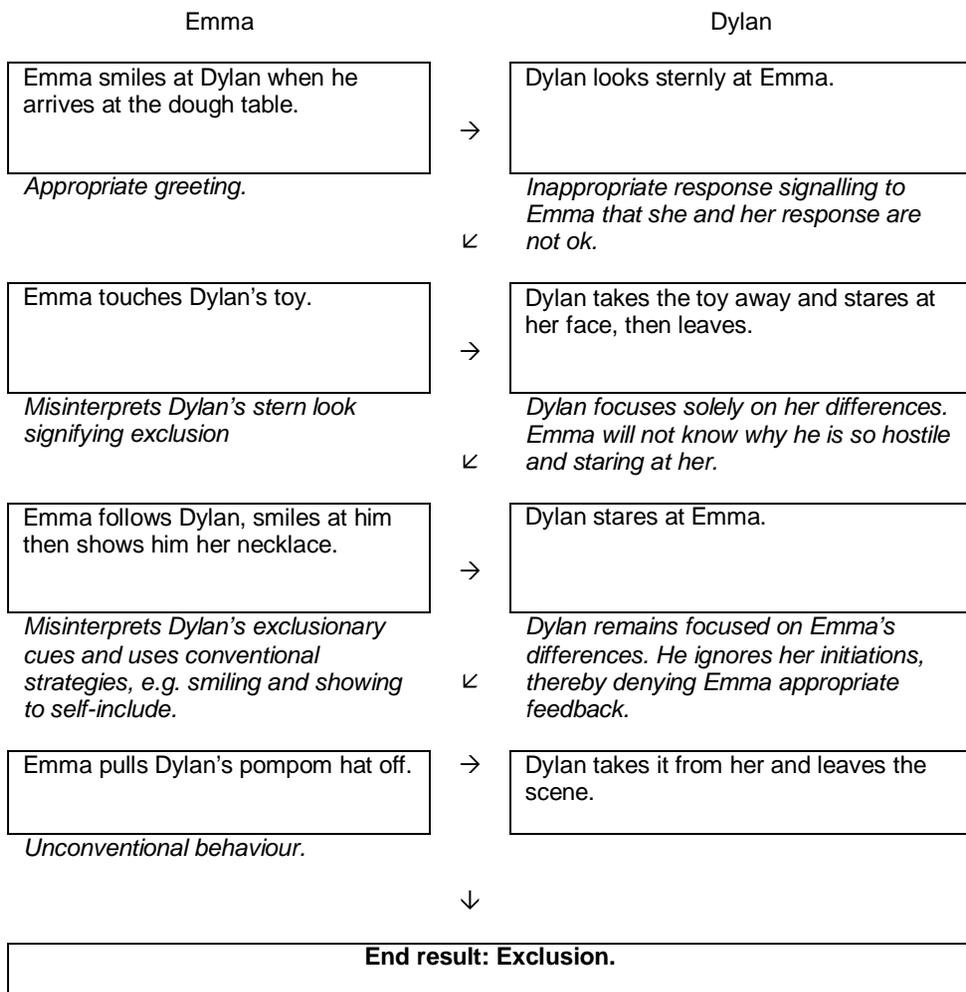
The following case study illustrates how interactions can quickly cease when the pair is unable to establish mutual jointedness resulting in no beneficial outcome from the intended inclusion. It indicates the challenges that exist and need to be successfully negotiated before the pair can establish the jointedness or “shared meanings” as a foundation for more advanced forms of inclusion to occur.

Here, despite Emma displaying appropriate social skills when joined at the dough table by Dylan, neither child maintains the interaction. Using Sameroff's (1993) transactional theoretical model the following one-minute observational episode in Figure 1 describes this process diagrammatically. At the core of Sameroff's theory is the belief that environmental inputs (e.g. how teachers and peers interact) influence child characteristics (e.g. how/what the child thinks and how she/he behaves) and those individual characteristics (e.g. passive style of responding) in turn affect the environment. Enabling or disabling processes are viewed as a succession of transactions between the child and her/his environment, each of which influences the child's development, experiences and being over time.

What do Emma and her peers learn from this?

- Emma: 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. Like Adam in the previous example, she has used her range of appropriate strategies and they have failed her in this setting.
- Peers: 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 showing him her necklace accompanied by a smile. Peers will relate similarly to Emma as Dylan did in absence of appropriate adult facilitation. Peers also learn that adults are not there to help them develop relationships so that they reach satisfying goals, as the adult role is to engage children in learning activities and routines.



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

and she is still excluded. neither gains any of the potential benefits from their experience of 'inclusive education'.

Figure 1: One-minute observation illustrating the process of exclusion

Teachers in Emma's centre were not observed to support joint interaction, but instead, they supported each child pursuing his/her own goal(s) at activities such as making biscuits at the dough table with or without peers. They believed that all children minimised Emma's differences as evidenced by the following comments: "They (children) don't notice anything different". "They don't mind. 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 anything nasty said about her or anything like that"; "The children all love her". The data concerning the failure of Emma and Dylan to establish a valid connection necessary for more advanced forms of inclusion would indicate a disjuncture between the teachers' perceptions and observational data of the children's experiences.

The data show that when parents and teachers omit viewing the peer culture as a site of learning, children with and without DS do not receive the information and support they need to gain access to one or more peer cultures of their early childhood settings. Thus, the barriers for children to more advanced forms of facilitative inclusion need to be recognised by their educators first and foremost.

As an example of how teachers might mitigate the effects of the hidden peer culture, a hypothetical scenario of 'inclusion' is presented in Figure 2 in which the exclusive processes that occurred between Emma and Dylan are rewritten so that they illustrate facilitative inclusion. Figure 2 also illustrates the theoretical principles and pedagogical practices that underpin authentically inclusive processes and outcomes.

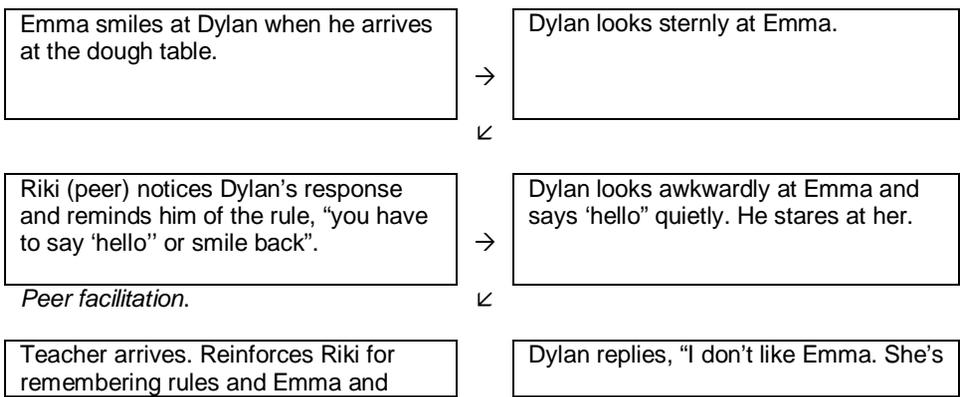
Prior to the portrayal of the 'new' processes and outcomes for Dylan and Emma in Figure 2, the socio-cultural context will have been altered to incorporate the following:

1. The instigation of social norms, such as: "When someone says 'Hello' or smiles, we smile or say 'Hello' back"; "We don't tease or make fun of anyone because that hurts their feelings". Children will also have been reinforced for reminding one another (when appropriate) of the social rules. For example, in the instance of Riki and Dylan in Figure 2.
2. The presence of dolls with DS features, puppets with differences, books, puzzles and posters showing children with differences including disabilities engaged 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. For example, the doll with DS still needs to be cuddled, bathed and fed and
4. Congruency between the theory of inclusion, centre policy and pedagogy.

The data indicate that if unchecked, the underground nature of the peer group can lead to increased marginalisation or exclusion of the child. For instance, the girls at David's table assigned him the label of "baby". In Emma's preschool, Dylan and Hayden who were playing together with the train-set refused to let Emma join in on the basis of Dylan's belief that "She's (Emma) a silly dummy". The beliefs and understandings the children acquire about each other influence the quality of their subsequent inclusion. Consistent ignoring by teachers and parents of children's constructions of the child means that disability knowledge/issues are marginalised (not valued) and opportunities are lost for enhancing understandings about diversity. However, the children did not ignore differences. Their, albeit limited, understandings remained and were reflected in their behaviour and conversations which involved exclusion of the child, as evident in Dylan and Hayden later refusing Emma entry to the train-set area. In absence of more enabling interactive experiences with the child with DS mediated by appropriate support, it would seem that children cannot acquire more advanced understandings which in turn limits their quality of inclusive experiences.

Observations when these children were 6 years old indicated that once a pattern of interacting is established, it remains static. This finding is supportive of other studies (e.g. Johnson & Johnson, 1980; Rietveld, 2002) and highlights the importance of facilitating reciprocal, mutually satisfying, same-status relationships from the outset of children's enrolments to early childhood settings.



Dylan for greeting each other. She asks Dylan if there is anything about Emma he is noticing and would like to talk about.



silly.”

Teacher mediation. Reinforces rules and low level inclusion; invites Dylan to talk about his curiosity concerning Emma.



Teacher asks “What is it about Emma that you don’t like?”



Dylan demonstrates, “Her tongue is like this.” (Shows her tongue protruding).



Teacher replies, “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.

Teacher 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.



End result: Beginnings of jointedness

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



Dylan takes it from her and says “Thanks Emma” more audibly and confidently than before.



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



Teacher reinforces joint activity “ Wow you two look as if you’re having fun and you’ve

made the dough nice and flat ready for your biscuits.”

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

Figure 2: Alternative scenario illustrating the process of inclusion

Summary

All the teachers and parents in the early childhood settings need to share the same vision of what an inclusive setting involves and this needs to be based on contemporary theories of disability and learning and teaching. Amongst others, pedagogical practices must include:

1. 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,
2. The supporting of processes to facilitate peer group membership,
3. Interpreting unconventional behaviour,
4. Dealing with differences openly and supportively and
5. 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 for the purposes of this paper, only a small number of modifications are specified.

Implications

Despite teachers' views of the children's experiences, their uncritical claims of inclusion seemed to be based on children's presence rather than the quality of their participation. The children's experiences of inclusion or low levels of inclusion were not supportive of their experiencing more advanced forms of inclusion nor were they likely to lead to the kinds of learning envisaged by the policies underlying inclusive education.

The first two case studies of David and Adam illustrate the kinds of inferior roles peers commonly assign children with DS and the third case study of Emma shows the difficulty children with and without DS had in establishing shared connections for participating in any valid role. It must be noted that the issue of roles is significant in each episode. Problems occur if children experience mostly exclusion, or inclusion into inferior roles as this will not allow them access to higher forms of social and academic development (Vygotsky, 1981) conducive to living in an inclusive society (Meyer, 2001). They are also likely to *internalise* the messages that they are inferior, incompetent and undesirable peer group members, which in turn is likely to

negatively impact on their motivation to seek inclusion, thus interfering with their learning of culturally-valued skills. Similarly, typically developing children are also likely to experience restrictions on their own social development due to their false beliefs that they are superior. From this false perspective, they cannot learn the necessary discourses associated with valuing differences, interacting respectfully with others who move and think in diverse ways, use different forms of communication or feel comfortable with diversity, all of which are necessary for living in an inclusive society (Meyer, 2001; Minister of Disability Issues, 2001).

Role of Teachers and/or Parents

For children to experience the goals espoused by the policies requires a different socio-cultural context and teachers and/or parents paying closer attention to the hidden nature of the peer culture. Teachers and educators did not appear to have understood how pedagogical practices impacted on the peer culture or how the children with and without DS included one another. All teachers and the parent interviewed interpreted inclusion to mean the child's assimilation into the early childhood setting's existing culture with minimal change or disruption to the existing programme. This definition did not open up the possibility of reflecting on contexts such as the peer culture and the pedagogical practices that underpin the particular nature of the peer cultures operating in each centre. Teachers did not query whether their centre's cultures supported the learning of the diverse range of children present irrespective of the child with DS and regularly reported that peers were highly supportive of the child. Consequently, how the children with and without DS experienced inclusion remained hidden.

Contemporary disability theories underlying inclusive education involve looking at the disabling barriers and social restrictions created by existing institutionalised societal practices. In terms of early childhood settings, that involves a close investigation of all the discourses that underpin the setting's pedagogical practices. These include the rules, norms, beliefs, practices, learning activities and so forth that have been traditionally devised for typically developing children (Mallory & New, 1994). This philosophy also extends to parents in all early childhood settings because they also show diverse understandings of inclusion.

Generally, the peer culture was not viewed as a site of learning for children. Teachers and parents focused on including children into activities as opposed to relationships. This meant that facilitation of relationships was omitted and children had difficulty connecting with the child with DS or engaged the child in inferior ways. Scaffolding of appropriate relationships accompanied by changes in the socio-cultural context to reflect the theory underlying inclusion would seem essential for more mature forms of inclusion to occur. As an

example, Rietveld's (2008) study showed how a school's change in theoretical perspective of disability with accompanying pedagogical practices resulted in enhanced social and academic outcomes for a new entrant child with DS and his classmates when his teacher and teacher-aide focussed on enhancing facilitative inclusion within the peer culture. The focus was on altering the school context as opposed to focussing the on the deficit individual.

The data also suggest that teachers and parents need to look more closely at the micro-processes occurring when children with and without DS attempt to interact rather than focus on non-specific global aspects: For instance, during Adam and Jason's "game" of chase, a parent walking by commented to me, "It's great to see the children include Adam". Teachers regularly referred to incidents such as Dylan and Emma together at the dough table as engaging in parallel play, which was perceived as a desirable process. However, the data suggest few positive learning processes occurring for either child. Parallel play is usually seen as a precursor to co-operative or social play (Parten, 1932), yet close examination of the data would indicate a struggle in establishing inter-subjectivity or a "*meeting of minds*" which forms the basis for more advanced forms of inclusion (Vygotsky, 1981) – an issue that needs addressing before more advanced forms of parallel or interactive play can occur.

Macro-Context

The micro-strategies suggested in this paper that resonate with the social model of disability provide a starting point that can inform practice especially as there is an absence of most policies that adequately informing practice.

Problem with defining inclusion

The main policy document used in early childhood settings (Te Whāriki) gives minimal guidelines as to the meaning of inclusion apart from supporting the child's physical presence and encouraging him/her in the same tasks, routines and so forth as her/his peers. Not only would specifying what is meant in relation to early childhood education care and learning be desirable, but also outlining the meaning of inclusion 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 for a working definition of inclusion. The Ministry's policy needs considerable overhauling as suggested by Higgins, McArthur and Rietveld (2006) as it lacks any consistent focus as much of its content is derived from an alternative, historical paradigm (special education) which if adopted can only derail teachers from their efforts at facilitating appropriate peer relationships as a critical part of creating inclusive settings.

While the Inclusive Assessment resource, *Kei Tua o Te Pai* (Ministry of Education, 2005) is available in all early childhood settings and concludes with a series of reflective questions concerning the quality of inclusion, the data suggest educators may not be fully aware of how to use this pedagogical tool. While one could argue in relation to the second question (p. 32) concerning the presence of particular assumptions about disability or inclusion that the answer would be “yes”, given that all adults in the three settings operated on the assumption that proximity was sufficient for inclusion. However, it is highly unlikely that any of these teachers or parents were aware that this was so or that such a belief hindered optimal inclusion and learning. Because the child with DS was perceived to be “fitting in well” (assimilation) and the teachers and parents greatly valued the child and her/his inclusion, the issue of the quality of her/his inclusive education did not raise any issues for the adults and so reflecting on their own assumptions about inclusion would not have been considered. This is reflected in a teacher’s response to a question about her goal for Emma’s inclusion, she replied, “I would hope that she was getting everything now...I hadn’t thought of that really... That’s a really good question.” It would appear that further professional development is called for to help teachers and parents recognise facilitative inclusion from demeaning inclusion and exclusion as well as how to optimise resources and support personnel in this process.

Ten-Year Early Childhood Education Strategic Plan (ECE)

It is difficult for teachers and parents to move beyond simplistic notions of inclusion (child’s presence, inclusion into activities) when major documents such as the Ten Year Strategic Plan (Ministry of Education, 2002), fail to mention enhancing the quality of inclusive education in relation to disability, despite a focus on enhancing equity for other minority status children such as Māori and Pacific. Teachers and parents thus operate in a context where they receive messages that while participation for all is valued, the quality of that participation and its impact on children’s learning and inclusion may not be valued.

Meaning of Inclusion: Incongruence between Theory and Policy

While the policies informing early childhood education (Te Whāriki, NZ Disability Strategy) are intended to support the learning of children with and without impairments, the data indicate that they are having minimal/no impact on the learning and *authentic* inclusion of the children in this study. This is because the teachers and parents generally interpret inclusion within a deficit/individual perspective, which is at variance from the theory underlying inclusive education policies. This article suggests that in absence of policies that inform practice, some of the suggested practices (e.g. Figure 2) might inform policy.

Conclusion

This article provides evidence-based data that highlights the discrepancies between the rhetoric of inclusive education policy and the experiences of children in early childhood settings. Observations of relationships between typically developing children and children with DS over two time periods provide the evidence of a hidden curriculum associated with barriers to positive peer interactions. Since first observation period (3 years) none of the early childhood settings had altered its socio-cultural context to enable the child with DS to become an integral member of the peer culture and hence gain maximal benefits from her/his inclusion. Instead, children were expected to assimilate into existing settings that have a long history of catering for children without impairments. Consequently, the typically developing children also failed to learn how to include the child with DS in respectful, supportive and mutually satisfying ways, which also hindered their social development.

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Acknowledgments

I extend my grateful thanks to the children, parents and teachers who agreed to participate in this study and also to my friend and colleague, Associate Professor Judi Miller from the School of Health Sciences, University of Canterbury who helped me with the editing of this paper. In addition, Dr Jean McPhail provided me with valuable feedback in relation to the larger study, particularly regarding Figure 2. I am also appreciative to the Graham Nuthall Classroom Research Trust who funded and supported the larger study.

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