Original Research Paper

"I'm Scared of That Baby": How Adults and Environments Contribute to Children's Positive or Negative Understandings and Experiences of Disability in Early Childhood Settings

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Abstract

While New Zealand has robust policy and legislation to support the equitable inclusion of children and adults with disabilities across the education sectors, the lived experiences of some people with disabilities and their families challenge any sense that the country's education system is equitable. In this paper, we present accounts of children's experiences and understandings of disability, inclusion and exclusion in early childhood settings. In particular, we focus on how adults and environments contributed to children forming positive or negative constructions of disability, and the implications of this for inclusion. We then suggest some strategies or ideas for further dialogue that may help early childhood practitioners and other adults develop more inclusive early childhood settings and communities, with a particular emphasis on critical reflection of values and beliefs.

Introduction

As our society and communities become increasingly diverse so, too, do our early childhood settings. Children attending early childhood services are likely to meet peers and adults who differ from them and their family members. Early childhood teachers know that, despite differences among children, they are required to provide every child who attends their service with an equitable and quality education (Ministry of Education, 1996b; New Zealand Government 1993, 2008). This requirement includes delivering a curriculum that will help children to form positive understandings about and relationships with, those who are different from themselves.

Differences encountered in early childhood settings relate to ethnicity, socioeconomic status, gender, sexualities, religion, family structure, disability, and other facets of human diversity. According to Glover (2001) children notice the similarities and differences in people from a very early age. They also notice, and take up for themselves, the positive and/or negative attitudes and responses towards difference and diversity that are prevalent in their homes, early education services, schools, communities and society (Glover, 2001; MacNaughton & Williams, 2009; Ministry of Education, 1996b; Siraj-Blatchford, 2009). Children continually receive messages within these contexts "which tell them what is valued, and therefore good, and what is not, and therefore bad" (Glover, 2001, p. 4); they gain information about who and what to accept and include or reject and exclude.

Despite New Zealand having a good legislative and policy context that supports inclusion for all in our society (Minister for Disability Issues, 2001; Ministry of Education, 1996a, 1996b; New Zealand Government, 1993, 2008; United Nations, 2006), various forms of discrimination exist throughout society, including educational settings (Gordon-Burns, Purdue, Rarere-Briggs, Stark, & Turnock, 2010; Gunn, Child, Madden, Purdue, Surtees, Thurlow, & Todd, 2004; Keesing-Styles & Hedges, 2007; Nuttall, 2003; Surtees & Gunn, 2010).

Glover (2001) argues that by the time many children, especially those who do not have the influence of strong and positive role models, "reach seven or eight … [they] have developed gender and race bias, bias against the disabled, cultural lifestyle bias, socio-economic (or class) bias, and bias against those who do not conform to society's view of attractiveness …" (p. 4). Children, Glover says (2001), will reproduce for themselves the attitudes, values and beliefs that they are exposed to in relation to disability. Han, Ostrosky and Diamond (2006) highlight a number of studies showing kindergarten and preschool children already holding negative attitudes towards peers with disabilities, and having "definite preferences for interacting with children without disabilities" (p. 4).

Because disability tends to be viewed as an unvalued difference in New Zealand society (Minister for Disability Issues, 2001), it seems likely that many of this country's children grow up with negative messages about people with disabilities and, by implication, engage in bias and prejudice. The New Zealand Disability Strategy (Minister for Disability Issues, 2001) highlights that we live in a society in which, outside of the disability movement, disability is constructed by the majority as a problem within the individual stemming from physiological rather than social and cultural causes. Researchers have also found evidence of such constructions in some education settings (see for example, Brown, 1999; Lyons, 2005; Macartney, 2008a; MacArthur, 2004; Rietveld, 2008). Disability, it seems, continues to be accorded an inferior, devalued status, such that people with disabilities are often positioned outside mainstream society.

New Zealand's legislation, policies, plans, and strategies can be said to have progressed some rights and choices for children with disabilities and their families, as has been the case with similar initiatives in other countries (for example, Australia, United Kingdom, America and Scandinavia; see Allan, 2003; Ballard, 1999; Ware, 2004 in this regard). But policy does not appear to be the problem here; rather, it seems to reside in some teachers' unwillingness and/or lack of ability, along with resourcing constraints, to apply policy effectively in their practice. To close the gap between policy and practice, issues relating to attitudes and to individual centre policies, practices, organisational structures and resourcing likely need to be addressed.

The negative actions and attitudes that children see others, adults especially, displaying toward people with disabilities - the stares and whispers, the pity and condescension, the nervousness and embarrassment, the ignoring and avoidance (Young, 1990) - is reinforced by images they see displayed in all forms of media, including charity advertising (Barnes, Mercer, & Shakespeare 1999; Hodkinson & Vickerman, 2009), the environmental conditions that convey the message that participation in society is for the able-bodied (Minister for Disability Issues, 2001; Neilson, 2005), and the language pertaining to disability that they are exposed to (Foreman, 2011; Marks, 1999).

The language of “special” and “special needs” can be seen as a particularly strong influence on children’s attitudes because of its association with educational contexts, including early childhood. It maintains the idea that there are “two kinds of student and two kinds of education, one special and the other typical, ordinary, not ‘special’” (Ballard, 1999, p. 167). These words also reinforce for children medical and deficit meanings of disability and the exclusionary attitudes and behaviours that emanate from those meanings (Ballard, 2004; Purdue, 2006). Further, when children observe their peers with disabilities attending special centres, classrooms or schools or receiving a different education to them within the mainstream setting, they start wondering why that is the case (Purdue, 2006). More often than not they come to the conclusion that children with disabilities are negatively different and in need of specialised intervention and teaching. Special education has therefore helped to sustain the fear, ignorance and prejudice that often surround disability (Barnes et al., 1999).

As educational practitioners and teacher educators, we continue to come across examples of children with disabilities and their families experiencing exclusion and discrimination in education settings and communities in New Zealand (see, for example, Brown, 1999; MacArthur, 2004; Macartney, 2008a, 2008b, 2011; Purdue, 2009; Stark, Gordon-Burns, Purdue, Rarere-Briggs, & Turnock, 2011; Rietveld, 2008, 2010). In this paper, we draw on a New Zealand-based study that explored inclusion and exclusion relative to disability in early childhood centres. Of particular interest was the ways in which disability and inclusion were viewed and experienced by children, parents, teachers, special education and health professionals within early childhood education settings.

Our focus in this paper is on the attitudes and behaviours towards disability evident among the children in early childhood education settings and on how centre environments and in particular the adults (teachers, parents and whānau, and other professionals) in the centre community appeared to be reinforcing or mitigating those attitudes. We acknowledge that there are many early childhood settings and teachers committed to developing inclusive environments and are working hard to ensure quality early childhood education is provided to all (Gordon-Burns et al., 2010). However, disability research that highlights the social, cultural and physical barriers that inhibit children with disabilities from full participation and inclusion in early childhood education settings is needed. This article contributes to the limited literature in the field on children’s understandings and experiences of disability in early childhood education. It aims to provide some provocations and ideas that may help inform change, where needed, in early childhood education, so that we can create more fair, just and equitable learning and living environments for all (Göransson, 2006; Lyons, 2005; Minister for Disability Issues, 2001).

The Study

Methodology

The research involved a critical examination, via three case studies, conducted as part of doctoral research by co-author Kerry Purdue, of how early childhood centres responded to the inclusion and teaching of children with disabilities in Aotearoa/New Zealand (Purdue, 2004). The project was guided by the ethical principles of informed consent (parents/caregivers gave consent on behalf of their children), confidentiality and that no harm should come to participants. Participants were informed that data collected might be used in presentations and publications developed from the research. The project received approval from the ethics committee of the University of Otago.

Mukherji and Albon (2010) define a case study as an approach that investigates a particular phenomenon within its context. Walker (cited in Vasconcelus, 2010, p. 329) describes a case study as the "examination of an example in action … *examination* because it observes something in detail in order to look for understanding; *example* because it refers to a unity, a particular study; and *action* due to its dynamic and interactive characteristics" (emphasis original).

A case study approach allows the researcher to study a community qualitatively, which means the researcher has the opportunity to get to know participants personally and learn more about what they experience in their day-to-day lives (Yin, 2003). With case studies, the emphasis is on understanding how things happen, and why, in the natural setting. The role of the researcher is to find out "What is going on here?" by focusing on the particularities of lives in context (Edwards, 2001, p. 126). However in a case study the researcher may not necessarily participate in the life of the settings or communities under study (Mukherji & Albon, 2010).

Collecting multiple sources of evidence in order to gain a thorough understanding of the phenomena of interest is seen as a central feature of case study research. This emphasis accorded well with the decision to use an interpretivist approach as a paradigm position from which to draw understandings from the case study data. Interpretivist research considers a world in which reality is socially constructed, complex, and open to change (Gergen, 1999). Ferguson and Ferguson (1995, p. 112) likewise position the interpretive researcher as someone who employs research strategies that enable him or her to "describe, interpret and understand" people's constructions and perceptions of reality.

Data collection and analysis

The first case study involved gathering information at seven full-day workshops organised as part of the research and designed to give participants the opportunity to examine issues and developments relating to the inclusion of children with disabilities in early childhood settings. The workshops were undertaken at seven locations in the North and South Islands of New Zealand. Participants who enrolled in the workshops came from cities, small towns and rural districts. They included 115 early childhood teachers, 18 other professionals (e.g., special education and health professionals), 13 parents of children with disabilities and 11 Playcentre parents, all of whom shared their perspectives and experiences on disability, inclusion and exclusion in early childhood settings and communities, through course discussions and through completing an open-ended questionnaire. The data for this case study thus comprised verbal and written statements from workshop participants. The stories from parents, teachers, support and other professionals emphasising successes and struggles, concerns, difficulties and issues, all helped to provide information about inclusion and exclusion in early childhood education settings.

The second case study involved a kindergarten catering for around 60 children aged between three to five years and their families and staffed by two teachers. The third case study took place in a childcare centre catering for around 20 children from birth to school age and their families. It had four teachers. The participants in the kindergarten and childcare centre also included two children with disabilities (one in each setting) and their families. The child in Case Study 2 had severe multiple disabilities; the child in Case Study 3 had Down Syndrome.

Kerry spent 10 months actively involved in the daily programmes of both settings observing how disability, inclusion and exclusion were viewed and experienced by those under study. To find out how things happened, and why, for the children with disabilities and their families within the second and third case study centres, Kerry conducted individual interviews with the children's parents, the early childhood teachers, parents of other children attending the centres, committee representatives, and special education and health professionals involved in supporting the children with disabilities. She also talked with children about their experiences of disability and inclusion while at the centre. While involved in the centres, Kerry observed, recorded and collected documentary evidence (e.g., individual plans) on what happened to the children with disabilities and discussed with participants their understandings of events to do with issues of inclusion or exclusion as they occurred (Bogdan & Biklen, 1998; MacNaughton, Rolfe & Siraj-Blatchford, 2010; Mukherji & Albon, 2010).

Rather than writing field notes about what people said or did in the contexts under study, Kerry tape recorded conversations, events and occurrences. She wore a small microphone attached to a tape recorder concealed in a pouch bag, which she wore around her waist at all times. As soon as Kerry arrived at the centres, she turned the tape recorder on and did not turn it off again (other than when changing tapes) until after she had left the centres for the day.

Using a microphone and tape recorder to collect data meant Kerry was able to record important discussions, comments, experiences and events that transpired on a day-to-day basis in the settings. She did not have to rely solely on notes and her memory to remember events and conversations. The data collected consisted of the children's and adults' word-for-word exchanges, discussions and accounts of events.

The children in the centres were initially very curious about the microphone and tape recorder. At the beginning of the study, they asked questions about the devices, wanting to know what Kerry was wearing and why. Kerry responded to their interest by showing them how the tape recorder worked and allowing them to have turns using it. After a while, as she established herself in the centres, most children simply lost interest in the recording devices and there were fewer questions about them. Kerry generally found that, after being in the centres for a period of time and establishing a rapport with key participants, most people spoke relatively freely and acted naturally in her presence.

The article focus

With the aim of gaining further insights into, and understandings of, what children learn about disability in early childhood education and the role adults and environments play in this, we individually and collaboratively re-examined some of Kerry's data from her doctoral thesis. Each of us read and re-read this material, during which we identified central ideas, issues and themes. We met together several times to discuss, clarify, agree on and confirm our readings of the data, and to select verbatim accounts that would allow the reader to judge the veracity of our interpretations.

We were particularly interested in drawing out statements and experiences that we consensually agreed represented both exclusive and inclusive attitudes and responses to children with disabilities and their families in early childhood settings, in order to highlight how bias and prejudice towards disability can be learned and unlearned in children (Glover, 2001). In the following sections, we present accounts of children's understandings and experiences of disability, inclusion and exclusion in early childhood settings and highlight how adults' beliefs and behaviours within the early childhood environments appeared to contribute to the children's constructions of disability.

Findings and Discussion

Children and adult attitudes and behaviours

One of the clearest themes to emerge from Kerry's research relative to children's attitudes and behaviours towards children with disabilities attending their early childhood settings was that the children took their attitudinal and behavioural cues from their parents, teachers and other adults associated with the centres. When the children observed adults in these settings unwilling or hesitant to interact with children with disabilities and their families in the same way as they did with the other children and families attending, they tended to follow their lead. The following examples provide a brief, but representative, account of the types of attitudes and behaviours that the children witnessed or exhibited in their preschools and communities.

During Case Study 2, one child described a child with disabilities to her peers as "not a real boy". Another child, upset when a child with disabilities was crying, explained to an adult, "I'm scared of that baby." The adult later told Kerry, "She [the child] was physically shaking," and the parent of this child reported that she had told her that "she hates [the child with disabilities]." Another Case Study 2 parent reported that her children were not "comfortable" talking about disability and "being around" the child with disabilities attending the centre. In another (participant observation) example from Case Study 2, Kerry was carrying a child with disabilities and role playing being on a boat. Other children joined in.

> A child picked up a life jacket lying nearby, and Kerry said, "Oh, we forgot to put our life jackets on." The child replied, "We need a life jacket." Kerry said to the child with disabilities, "We forgot to put our life jackets on," and the peer responded, "You don't need to put your life jackets on". Kerry asked the child why he thought we [child with disabilities and her] did not need to put a life jacket on. The child replied, "Only big boys do" (i.e. children like us).

A sister of the child with disabilities in Case Study 3 experienced her brother's exclusion when the family attended a community sports day. The parents explained: "Just the kids there sort of asked, 'What's wrong with your little brother?' She stuck up for him. 'He can't help it,' or something. And then they said something nasty."

The parent of a child with Down Syndrome (Case Study 1) said that when her child started preschool, staff "were not prepared to work with [my child] at all." The teachers, she said, "left it all to the teacher aide." She recounted one occasion when, on arriving early at the centre to pick up her child, she saw the children in a circle with hands joined, singing a song. Her child, however, "was sitting on the outskirts by himself. The three teachers did not display warmth or acceptance at any time. …They were a cold and clinical lot of teachers … after two terms we left." In another example, a child with disabilities and a peer were playing alongside one another. The parent of the peer was sitting beside them:

> The parent asks [child with disabilities], "What is your name?" [Child] does not reply. Kerry is sitting nearby and tells the parent and child, "This is P." The parent then turned to her child and said, "S, this is P. P is special. He is a special child." The parent then turned to Kerry and said, "That is how I explain it to him, but when I say that, he looks at me with a funny expression on his face as if to say, 'Then what am I?'" (Participant observation, Case Study 3)

An early intervention teacher (Case Study 3) described an experience at a centre where "the attitude at the kindergarten was just terrible. They did not want [child with disabilities] in their kindergarten. It was very obvious … I felt that he was often just left so he'd just sit in the corner." Another teacher (Case Study 1) recounted observing "a teacher with no knowledge of special needs bring attention to the whole kindergarten [by saying] that this one child with disabilities was different and could the [children] see what was different about the child."

In another example, observed by Kerry (Case Study 2), a child without disabilities confidently interacted with the child with disabilities from the time he first came to the centre and was a positive role model for other children. However, the child's mother eventually told the teachers that while she was fine about her child playing with the child with disabilities, the child needed to be in other areas of the centre as well. The girl was therefore encouraged to participate in other play areas and with other children. Soon after this, observations showed that, the peer's interactions with the child with disabilities decreased.

One parent interviewed during Case Study 2 said that she and other parents were "scared" when children with disabilities started attending the kindergarten: "I was really scared. … [We thought] what are we supposed to do with that child? … Nobody told us how to react to this child. What are we supposed to do? Are we supposed to talk to this child?" A Case Study 3 teacher said that sometimes teachers, too, "feel scared about it [including children with disabilities], just don't feel so confident, and it's a fear thing as much as anything else."

The research showed that as a result of being negatively labelled and stigmatised, some children with disabilities and their families encountered considerable difficulties achieving acceptance and inclusion in their local early childhood settings and communities. Attending to the negative understandings of disability and about people with disabilities in education and society is critical then, if we are to ensure children with disabilities and their families are able to feel genuinely welcomed, accepted and included in their neighbourhood early childhood services and communities.

Children draw messages from teaching practices and centre environments

Undefined roles and responsibilities of special education personnel along with the lack of "ownership" of children with disabilities by some teachers and resourcing and environmental barriers seemed to lead to other children seeing children with disabilities as people apart from them and outside the regular programme of the early childhood setting. In an example from Case Study 2 a child placed her doll, Polly, on a kindergarten chair with cushions, as happened with the child with disabilities, "because she can't sit up well." In response to a question about what Polly would do while at kindergarten, the child replied, "Just staying with big owners—the people who are her owners." And when teachers did spend time with the child with disabilities, other children sometimes interpreted these interactions as "not quite right." In one incident, a child insisted that the child with disabilities be "given" back to the education support worker when one of the centre's teachers pushed him on a swing. It was obvious the child considered the education support worker, not the teacher, to be the person who "looked after" the child with disabilities.

The findings also provided evidence of itinerant professionals coming into the centre and "taking over" the child, which often conflicted with early childhood curriculum, philosophies and practices. A teacher from one of the early childhood centres in Case Study 1 had this to say about this approach:

> And that sort of behaviour tends to set up barriers and anti-feelings from the other children and the other parents. We had an example where somebody came into the centre and actually removed puzzles from a child who was playing with them and said, "You can't play with this anymore," and took two or three and sat down to work with the child with special needs and told the rest of the centre that those puzzles will be kept for that child and none of the others could use them. And they were actually the centre's puzzles.

In another example (Case Study 3), a health professional visiting the centre removed a child with disabilities from the centre programme to assess some skills. Several children asked why the child was allowed to go outside when they had to remain indoors. One of the teachers later told Kerry that despite her telling the health professional that she was happy for the child to join her and some other children at an activity, the professional insisted on taking him outside, on his own. She commented that "all the other kids notice[d] it. He must be different if he goes off like that."

Some centres in the study had policies containing 'clauses of conditionality' (Slee, 1996), with parents being told their child with disabilities could attend only during certain time slots and/or if a support person were available. This was the case with the child with disabilities in Case Study 2, whose attendance was predicated on having a support person in place. If the support person was sick and there was no reliever available, then someone in the child's family had to attend or the child had to stay at home. Conditions that exclude children from centres and full participation in centres send an overt message to children and families that children with disabilities do not really belong, and reinforces the different experiences of children with disabilities and their families from that of other children and families at the centre.

Some of the centres associated with the study experienced lack of resourcing and environmental access for children with disabilities. One of the Case Study 1 teachers, for example, explained that her kindergarten had a policy that stated, "Efforts will be made to ensure that this placement is the most appropriate." According to the teacher, "most appropriate" implied:

> … if we have to do major alterations to the building and there is another centre just around the corner that has already made those alterations, we would suggest to the family to look there … it comes down to money [as to whether] … you can accommodate them.

How this lack impacted on the children's understandings of disability is evident in this example from Case Study 2. Because custom-made equipment needed for the child with multiple disabilities required was not ready at the time he began kindergarten, the early intervention teacher carried him round or sat him on her lap while participating in the various activities. It was evident from observations that this prevented other children interacting with the child and had some children referring to him as a "baby" and making other comments indicating he was "not like us." Staff then tried to devise ways to enable the child to participate in more experiences and interactions with his peers, without him having to be physically held by a support person. One way involved sitting him in an adapted kindergarten seat and putting a piece of material round him to support him. Responding to queries about this from the other children, the early intervention teacher explained, "It is a safe way to keep him safe. Sometimes people need help to sit up." Another child then said, "Big kids don't get tied in chair. Big kids don't have those."

When children with disabilities are prevented from interacting with their peers because of inaccessible early childhood environments and resourcing constraints, negative attitudes and pre-existing stereotypes are likely to be reinforced. These attitudes include the belief that lack of participation by children with disabilities in events, activities and experiences in early childhood settings and communities is wholly caused by their impairments, rather than disabling social, cultural and physical environments. One parent in Case Study 3 observed that other children could not help but notice that the physical environment at the centre could prevent some children from being fully included in the centre: "Children in wheelchairs . . . they would have to be carried from their wheelchair to the toilet. And they wouldn't be integrated then, when it's obvious to the other children that something different is going on."

Adults can accentuate the positive

When the messages young children receive from the adults, environments and the peers, in their lives about disability portray disability and people with disabilities in a negative way, children can grow up thinking about disability as something strange, something to be feared and loathed. They may then treat children with disabilities as "the other" and perhaps exclude them in their play and relationships. However, the reverse—instilling of positive behaviours and attitudes—can also happen. For example, when discussing the importance of positive attitudes relative to inclusive practice, a Case Study 2 parent said, "I think it [positivity] rubs off on the children too." A Case Study 3 parent concurred: "… it comes through from your teachers, if they just accept them as another child … that follows through onto the kids, so the kids don't make a big deal of it either, which is the way it should be." One of the early intervention teachers in this study suggested an inclusive early childhood setting contributed to an inclusive society:

> . . . by beginning now, having children integrated from early years so that they are always part of the community … children who have grown up with the children with special needs will then not have the lack of understanding and hopefully the attitudes will be different to the general attitudes we now work with … These are the children who then go on to be employing or will be employed by these people, always having been part of their lives. (Case Study 1)

To help children develop inclusive beliefs and values about disability, it is essential that teachers and other adults provide children with alternative perceptions about disability and the place of children with disabilities in early childhood settings and communities. In this study, the types of attitudes that helped to create inclusionary early childhood environments were characterised by a language of human rights, of belonging, and of equitable opportunities and social justice. A centre supervisor's comments endorsed this type of thinking. For her, inclusion meant:

> … any child, anyone, is entitled to be here. There's no question about it. There's not one of us [the centre staff] here that's turned around and said, "Why are they here?" or "Do we have to have them here?" I think we've all enjoyed having the children, and the [other] children have enjoyed having the children. (Case Study 3)

A parent of the child with disabilities in Case Study 2 had noticed that "one teacher seemed to interact more than the other but then the other is coming round you know." She said she accepted this limited involvement because she believed people needed time to "get used" to her child "if they are not too sure". However, another parent at the same centre was more critical of the teachers' failure to interact with the child with disabilities, suggesting this was a poor role model for her own and the other children at the kindergarten. She said:

> The teachers have got to bridge the gap for the kids. And they've actually got to say to the kids, "Let's do something with [the child with disabilities]." They have got to make it important, or else the kids will just go and do their thing … [the teachers have to] work with the other kids to build the relationships and friendships.

Implications for Practice

The findings that we collaboratively drew from Kerry's doctoral research highlighted and supported other research (e.g., Booth, Ainscow, & Kingston, 2006) on the influential role that teachers play in facilitating understandings of disability and inclusion in early childhood education. In order to promote inclusion and positive understandings of disability among all adults associated with early childhood education centres and, from there, the children who attend them, we support the view that centres need to take a social justice approach to disability (Macartney, 2011; Reitveld, 2008, 2010; Siraj-Blatchford, 2009). Such an approach acknowledges the need for redistributive justice through appropriate resource allocation and respect for differences through justice as affirmative cultural recognition (Rizvi & Lingard, 1996). It requires adults that are familiarised with the rights espoused in New Zealand's educational and human rights policy and legislation in New Zealand and ensuring they are met (Gordon-Burns et al., 2010). The research, however, pointed to some other important strategies that might aid teachers and other adults construct curriculum and environments, even if still not optimal in terms of resourcing, that will help promote inclusive attitudes and behaviours among the children attending centres.

a) Critically examine own values, beliefs and practices

To make a positive difference in the lives of children with disabilities and their families, teachers need to reflect on their language, teaching and behaviours to determine if they are part of the problem or part of the solution when it comes to including or excluding children with disabilities in early childhood settings and communities (Göransson, 2006; MacArthur, Purdue, & Ballard, 2003). As a starting point, then, teachers should ask themselves such questions as: What are children learning about disability from what I say, or don't say? What are children learning about disability from what I do, or don't do? What are children learning about disability from the centre environment and resources I use, or don't use? (Jones & Mules, 2001). By doing this, teachers will be able to evaluate where they are in terms of inclusion and exclusion both personally and professionally, in order to move their thinking and practice forward in ways that are respectful of the rights of all children (Booth, Ainscow & Kingston, 2006; Purdue, Gordon-Burns, Rarere-Briggs, Stark, & Turnock, 2011).

b) Role model inclusivity and challenge discrimination

Teachers need to be strong and positive role models for children. Their interactions with all children, with one another and with other adults associated with the centre need to be genuine, caring and supportive. Teachers need to display positive views and understandings about disability. They need to actively challenge negative attitudes and behaviour in children (and other adults), and help children recognise discriminatory practices and behaviour and respond appropriately (Han et al., 2006; MacNaughton & Williams, 2009; Ministry of Education, 1996b; Stark et al., 2011).

c) Critically examine early childhood centre environments

How environments are set up, or not set up, in thought and practice for children with disabilities seems to be critical in relation to children receiving either positive or negative messages about disability and the place of children with disabilities in society. Teachers, who importantly need to be supported by centre managers in the following regard, can help position their centres as inclusive by advocating elimination of barriers to learning and participation for children with disabilities and their families, ensuring that all children, with and without disabilities, and their families are welcomed into the centre, seeing that disability is reflected positively through centre learning materials (e.g., puzzles, books, posters, other play materials), and by effectively implementing the tenets of the early childhood curriculum, *Te Whāriki* (Ministry of Education, 1996b).

d) Use teachable moments to promote positive understandings of difference and diversity

Adults need to be able to provide children with information and support so that they are confident in interacting with all children. When children ask questions or make statements about disability and difference, these need to be responded to with openness and honesty. And when teachers and other adults have opportunity to talk about differences, they also have an opportunity to focus on “sameness”.

e) Support children to develop relationships and play with children who are different from themselves

The research highlighted that an inclusive environment is one where opportunities are provided to facilitate the building of relationships and friendships while also encouraging the development of non-discriminatory attitudes (Ministry of Education, 2000). The research also showed that positive relationships need to be encouraged between children with and without disabilities. Teachers and other adults need to facilitate an environment where there is a culture of acceptance and warmth, and where there are many opportunities provided for peer interactions. Rix (2008) suggests that being able to have peer group interactions allows for the possibilities for children to explore and engage in other children’s perspectives. When children with disabilities are seen to be a natural part of the early childhood setting and that they have a contribution to make, other children can begin to form or solidify positive perceptions of disabilities.

Conclusion

It was evident to us from this project that inadequate resourcing was a strong contributing factor limiting the creation of socially just and equitable early childhood environments for children with disabilities and their families. Even in centres where teachers and parents were striving to create environments conveying the message to children that disability is an ordinary aspect of life (Minister for Disability Issues, 2001; United Nations, 2006), limited resourcing still meant limitations on children with disabilities from engaging in all activities; an outcome that tended to position such children as “other” for some of their peers and so potentially undermined those efforts. Teachers, parents, and other professionals need to come together as allies and actively advocate for the necessary resources to ensure that early childhood education environments reflect the message that disability and difference is valued.

We also think it important that diverse children and their families can share their experiences of inclusion and/or exclusion in early childhood education because these have the potential to challenge professionals and others to reflect on their own beliefs, values, policies and practices and to motivate the sector into action for change (Ferguson & Ferguson, 1995). We therefore recommend that further research be carried out on what makes early childhood environments exclusive or inclusive in order to gain further insights into, and understandings of, what needs to be done and can be done to change "from a disabling to an inclusive society" (Minister for Disability Issues, 2001, p. 1).

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