



## Te Whāriki and inclusive education—A survey of early childhood teachers' views

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### Abstract

*When developing inclusive practices in early childhood education (ECE) settings teachers are required to be guided by the principles enshrined in Te Whāriki. When a child deemed to need 'extra support' comes into an ECE setting, to what extent might ECE teachers and support staff draw on the spirit and intention of this document to support the provision of a quality inclusive educational environment for the child concerned? To address this question, a small three-part qualitative survey of the views of a cohort of ECE staff charged with implementing fully inclusive practice in relation to children with special needs in not-for-profit kindergartens and ECE centres in New Zealand was initiated. Survey responses from the 27 ECE teachers suggest that further queries about how Te Whāriki might provide ECE teachers with enough clarity of purpose necessary to successfully include all children with special needs in their centres may be necessary. The article concludes by suggesting that in-depth conversations with ECE teachers and centre leaders about how the principles contained in Te Whāriki and existing government policy statements might more effectively align, so as to better facilitate delivery of EC education to children with special needs, may be useful.*

### Keywords

Early childhood education; ECE; inclusion; Te Whāriki, special needs children

### Introduction

A range of policy and legislative initiatives in New Zealand have been introduced to increase the participation and achievement of children with special needs within the education system. Yet despite these measures, and research evidence to suggest that regular school environments can provide the rich, complex and varied educational elements needed to promote the learning and development of children in this group, examples of early childhood setting personnel ignoring or denying the rights accorded children in this group, and their whānau, can still be found (Gordon-Burns, Purdue, Rarere-



Brigs, Stark, & Turnock, 2010; Ministry of Education, 2011). Further, considerable variation in how early childhood centres meet their legislated obligations and responsibilities continues to be uncovered by research studies (Gordon-Burns, Gunn, Purdue and Surtees, 2012).

*Te Whāriki New Zealand Early Childhood curriculum* document, is designed to promote the care and education of all children in all early childhood settings, including children with special needs (Ministry of Education, 1996b, p. 11). This philosophy includes four foundational principles—Empowerment, Holistic Development, Family/Community and Relationships. These interrelate with five conceptual strands—wellbeing, belonging, contribution, communication and exploration. The great strength of *Te Whāriki* is that it does not include a prescriptive teaching “content and method” (Alvestad, Duncan, & Berge, 2010, p. 5) approach to educational practice. Instead the conceptual strands offer teachers the chance to develop their own unique set of teaching/learning skills, suitable for the environment they work in. At practice level early childhood teachers are encouraged to ‘weave together’ the principles and conceptual strands in a way that honours the particular setting in which they deliver early childhood education (Blaiklock, 2010). Yet, while *Te Whāriki* provides a strong vision and conceptual basis for inclusion (Macartney, 2008), it has also been suggested that it may be difficult to interpret as a guide for practice due in part to the absence of explicit formulation of aims, goals and educational content (Bronstrom, 2003, cited in Stephenson 2009; Cullen & Carroll-Lind, 2005). Only two paragraphs are allocated to including children with special needs within the one hundred pages *Te Whāriki* contains. These are as follows:

Care and education for children who have special needs is provided within the diverse range of early childhood services. The curriculum assumes that care and education will be encompassed within the principles, strands and goals as set out for all children in early childhood settings. Activities will be age appropriate and developmentally appropriate and will enable children with special needs to be actively engaged in learning. An Individual Development Plan or Individual Educational Plan (IDP or IEP) will be developed for any children who require resources alternative or additional to those usually provided within an early childhood education setting. Objectives for an IDP or IEP will be realistic, useful and of value to the child and family. The programme will provide activities to meet the specified objectives, and the equipment necessary to promote independence. *Te Whāriki* is designed to be inclusive and appropriate for all children and anticipates that special needs will be met as children learn together in all kinds of early childhood education settings. The programmes of each centre will incorporate strategies to fully include children with special needs. (Ministry of Education 1996b, p. 11)

While this statement outlines a valuable spirit-and-intention outline, the only practical indicator of exactly how the educational requirements of children with special needs are to be managed is contained in the requirement that an IEP or IDP be developed. Thus, much depends on the skill of the teachers and others involved to ‘weave together’ sets of sometimes very complex educational processes and practices within this framework in ways that are ‘realistic, useful and of value’ for each child with special needs (Alvestad, Duncan et al., 2010). How well does content of the *Te Whāriki* statement about ‘special needs’ noted above guide ECE teachers on this journey? This question underpinned the initial idea that led to the development of this research study.

## Rational, methodology and method

This article details responses made by a group of early childhood educators’ to questions asked about their understanding of the term ‘special needs’ and their experiences of implementing inclusive practices for children with disabilities/special needs in early childhood settings within the philosophy and structure of *Te Whāriki*. The research was conducted for the final component of the second author’s Masters in Education degree. The second author is an experienced Head Teacher of a kindergarten in South Auckland and an advocate of inclusive practices. In developing the parameters of this study she initially drew on a number of recollections about practices she herself had witnessed in this area in ECE centres. One pivotal recollection is briefly outlined below:

I have been an early childhood teacher for several years and am a Head Teacher in a kindergarten. During my teaching experience, I have seen many teachers wholeheartedly embracing children with a variety of special needs, and enabling them to fully participate in all curriculum areas alongside their peers. I have also observed practices that could easily be considered exclusionary. An example that stands out is where the mother of a child, who had a combination of learning difficulties, was told that her child was welcome to attend the centre. The child also had an educational support worker (ESW), however when the ESW did not come on specific occasions, the mother was told not to bring the child until after lunch, as teachers had difficulty managing the child. This example raised a number of questions in my mind—what message did this early childhood centre send to the mother? What did this say about the commitment of the teachers to foster the learning experiences of all children in the centre? Most importantly, what might need to change in order for everyone working in this setting to truly welcome this child and to meet the needs of herself and her family? (Vermeren, 2013, p. 6)

Secondly, the study topic was created in response to the spirit and intention of three influential policy documents that promote the concept of full inclusion in all educational settings for all children with special needs in New Zealand. The first document, *Special Education 2000* (SPE2000), was introduced by the New Zealand Government in 1996. This policy promoted a vision of “a world class inclusive education system that provides learning opportunities of equal value to all students” (Ministry of Education 1996a, p. 5). In SPE2000, inclusion is defined as equitable opportunities for learning for every child irrespective of gender, ability, age, ethnicity or background. Inclusive practice is defined as a belief all children have the right to actively participate, with support, in educational settings of their choice (Ministry of Education 1996a). In 2001, the principles contained in SPE 2000 were reinforced by the introduction of the *New Zealand Disability Strategy* (NZDS) (New Zealand Government, 2001). The overall vision of this document includes the creation of a non-disabling society through the progressive removal of barriers to participation that confront impaired adults and children in all life domain areas, including education (Stace, 2010). More recently, the NZDS has been reinforced by the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD) (2006), which makes explicit the fact that member states must ensure the full realisation of all human rights and fundamental freedoms for all disabled people on an equal basis with others, and without discrimination of any kind on the basis of disability (see Carroll-Lind & Rees, 2009). This international accord was ratified by New Zealand on 26 September, 2008 (New Zealand Government, 2010) thereby cementing the notion of the right to full inclusion for all children in regular educational settings, and the provision of greater impetus and support for implementation of SPE and the NZDS in this country.

These documents clearly articulate a vision for the adoption of inclusive practices in educational settings that lies beyond the more traditional focus on special education that guided practice in the late 1990s. However, how educators are to negotiate implementation of the aims and objectives of these documents is not covered in detail, largely because they are designed to work in conjunction with other, more targeted, sectorial policy statements. In the ECE area these include documents such as *Te Whāriki, Kei Tua o te Pae: Assessment for Learning: Early Childhood Exemplars* (Ministry of Education, 1996b.) and the *Education (Early Childhood Centres) Regulations 2008* (Parliamentary Counsel Office, 2008). These bridge the gap between the overarching conceptual frameworks of the SPE, NZDS and CRPD and the development of good practice protocols in ECE settings. How *Te Whāriki* in particular might operate as a guide to good practice for educators working in ECE settings set the rationale for the study this article reports on.

## Methodology

The research initiative—A Survey of Early Childhood Teacher’s Views about Te Whāriki and Inclusive Education—was initiated to canvass comments about Te Whāriki’s contribution to inclusive practices from a sample cohort of fully qualified teachers, teachers in training and untrained teachers from ‘not-for-profit’ kindergartens and early childhood centres in the South Auckland and Central North Island areas. The survey included a small amount of demographic information as contextual

data. However, the questionnaire was primarily designed to encourage open-ended written responses from a range of ECE educators. To this end a qualitative approach was adopted for the format and analysis of data gathered. Creswell (2008) describes this approach as a type of educational research in which the researcher, who seeks the views of participants, asks broad general questions about the area under review, collects information consisting largely of words (text) and analyses these for particular synergies or themes to be found in them. A qualitative approach also allows participants to voice their experiences free of any perspectives researchers may have, or of the influence of any past research findings (Creswell, 2008). In this methodology participants were positioned as free to answer questions in depth, at length, in a short and concise way or not at all if they so choose.

The principle drawback of this approach, as Creswell (2008) suggests, is that personal views can never be kept completely separate from interpretations. How the role of the researcher can potentially shape/influence interpretations of data was monitored during supervision meetings between the first and second author through the write-up phase. As Creswell (2008) also suggests, accuracy and credibility of the findings are also of the utmost importance in qualitative research work. In this regard it was decided that the actual wording of participant's comments were to be used to explicate emerging themes as much as possible. In the write-up of the data, individual participant remarks are noted as R (Responder) and a number reference up to 27—e.g., R1, R2, R3 etc.—used to differentiate between responders.

## Method

The questionnaire itself consisted of three parts. Section 1 included three demographic questions related to educational qualification, age and ethnicity. Section 2 included three open-ended prompt comments and a 'choice example' box of easily recognisable medical and social 'special needs' designed to gauge participants' views about what the term 'special needs' appearing in the Te Whāriki statement might mean to them. Participants were asked to select their choices within the box and to add any further examples of 'special need' they could think of. Section 3 consisted of a final overall question related to implementation of Te Whāriki. Here four sentences from Te Whāriki were included as prompts for participant consideration. This section was designed to encourage participants to reflect on their experiences as practitioners of implementing the requirements of the framework.

Prior to commencing the study, an application for Ethical Approval was prepared and approved by the University of Waikato, Faculty of Education Research Ethics Committee. The final questionnaire format was then housed on SurveyMonkey, a well-known online survey tool (see Vermeren, 2013 for full details of question content). This method was chosen as it ensured that responses were confidential and that respondent's anonymity was maintained. The decision to use an online survey tool for this study was based on the assumption that all participants had sufficient computing skills, full use and access to a computer and the Internet at their disposal. This method was also chosen because Web survey research participants are equally as likely to respond to Web as to mail surveys (Taylor & Maniar, 2007). However, a face-to-face telephone interview was offered as an alternative to the online version of the survey. In the end this option was not taken up.

ECE centres teachers and ECE centres representing diverse ethnic, cultural and socio-economic backgrounds were approached to take part in the study based on the second author's knowledge of ECE settings in the two geographical areas. Initially a covering letter outlining the objectives of the survey and an invitation to participate was sent to head teachers (HT's) and centre managers (CM's) of selected kindergartens and early childhood centres. While it was assumed that all participants would have a good working understanding of Te Whāriki, the two-paragraph excerpt from Te Whāriki on including children with special needs was included in the letter. HT's and CM's were asked to distribute survey information to staff indicating a willingness to participate. HT's and CM's returned email addresses of thirty-eight teachers, all of whom opted for the online survey.

All participants who gave email addresses were individually e-mailed a letter by the second author. This included a brief description of the rationale for the survey, the time frame for completion and a note from the second author—including contact details. The full Te Whāriki excerpt and a copy of survey questions in Word document format were sent as attachments with the email so participants could familiarise themselves with the format and content of the questions before responding online.

The letter included the electronic link to the SurveyMonkey site and instructions for completing the questionnaire. Of the 38 participants individually contacted, 71% (27 participants) responded. The high rate return is attributed to the online presentation of survey material and the personalised invitation aspect of the method used.

### Responses - Section 1 and 2

Responses revealed that survey participants came from both urban and more rural areas—18 (67%) from South Auckland, five (19%) from South Waikato, three (11%) from Hamilton and one (4%) from the Coromandel. Participants were almost equally split between those working in a kindergarten (13 people = 48%) and those working in early childhood centres (14 people = 52%). Overall, there was no discernable difference between responses made by ECE centre and kindergarten staff in any area. Responses to Section 1 by participants revealed that a clear majority of staff working in both areas were qualified teachers (92%). The predominant qualification was indicated as Bachelor of Teaching (Early Childhood). All but one identified as female, with 60% identifying as over the age of 46. Sixty-four percent identified as New Zealand Pakeha/European.

In Section 2, participants were asked to give their opinion about what circumstances they thought defined the category ‘special need/s’. Twenty-four participants (89%) responded, adding further conditions they thought might also constitute a ‘special need’. All areas included in the guideline were seen by participants as somehow indicating the presence of a condition that may require ‘special needs-related’ attention. However, some responders were not entirely sure if the terms indicated the presence of a ‘special need’ or not—as below.

**Table 1. Special need guideline**

Effects	Total Responses	Number Agreed	Number Disagreed	Not Sure
Respiratory or other chronic health disorders such as glue ear, asthma eczema.	24	14 (58%)	0	10 (42%)
Trauma or emotional anxiety	24	20 (83%)	0	4 (17%)
Difficult or anti-social behaviour/ linguistic challenges	24	21 (87%)	0	3 (13%)
Physical and social conditions including poverty, poor housing, poor nutrition	24	15 (62%)	0	9 (38%)
Gifted and Talented	24	17 (71%)	0	7 (39%)
Should only include medical conditions	24	15 (62%)	0	9 (38%)
Approximate Average percentage		70%		30%

Where participants indicated *not sure*, categories that may be more readily recognised through behavioural rather than bio-medical characteristics—trauma/emotional anxiety and difficult or anti-social behaviour/linguistic challenges—seemed to be implicated. Participants were also asked to list other ‘special need’ categories they thought should be included. Additional examples offered included: Attention Deficit Hyperactivity Disorder (ADHD), victims of sexual abuse, foetal alcohol syndrome, quiet/shy children who lacked confidence, epilepsy, speech or language impairments, allergies and vision or hearing impairments. Here both bio-medical and psycho-social categories were touched on.

Section 3 asked participants to comment on how the statement in Te Whāriki related to educational provision for children with special needs. Of the 23 (89%) participants who responded to the statement two (8%) were not sure whether they thought Te Whāriki was clear enough or not, while 11 (46%) thought Te Whāriki was clear and 11 (46%) thought it was not. Each response given for Section 3 was downloaded, printed and read three times by the second author. Each reading included a form of content analysis in order to develop a deeper understanding about the information supplied.



In the initial reading common words, phrases and themes were isolated on each questionnaire paper using symbols such as ticks and crosses. Coloured highlighter pens were then used to distinguish different kinds of comments as the second reading of questionnaires was completed. Further working notes about the responses were jotted down in the margins of the page at this time. Comparisons and contrasts in information offered were noted in the third reading. Synergies in participants' ideas began to emerge as the data came together. Finally responses were organised into sub-theme areas.

### *Participants' orientation to the concept of inclusion*

In general, participants' comments attested to the benefits for ECE educators of working inclusively in their centres, as the comments below attest:

... this is the only way forward for education, especially early childhood. It supports the learning for all and to be able to live in a diverse society by teaching us all how to accept difference as normal and typical. (R2)

... it ensures that children with special needs are included in society and seen as a normal part of society. (R22)

... it gives everybody a sense of belonging. Everyone feels special and treated with respect and care. (R21)

[It] prevents centres from excluding children from their centre. (R9)

[It's] a guide-post for good practice. (R16)

... it allows all people (children, staff, parents, community) to develop a better understanding of diversity and the needs of others. (R5)

... it supports good practice in early childhood settings. (R6)

... it promotes a sense of responsibility for society as a whole and promotes understanding, empathy and tolerance of differences. (R12)

... it supports and promotes inclusive practice in our everyday teaching with all children. (R4)

These reflect the spirit and intention of all overarching policy documents noted in the first section of the article. However, responses also revealed that a number of key tensions surrounded these remarks. In the second part of this article, aspects of the tensions involved in the split regarding clarity noticed in participants responses related to Te Whāriki as a guiding statement are discussed. This theme emerged strongly in both Sections 2 and 3—echoing Curren's statement about Te Whāriki being "difficult to interpret as a guide for practice" (2003, p. 61). Three sub-themes located within a broader theme area of clarity within the process of including children with special needs are discussed below.

## **Clarity**

### *Sub-theme 1—Clarity about Te Whāriki and 'special needs'*

While many participants attested to the value of the intention of the Te Whāriki statement to develop an inclusive practices framework, particular problems about clarity regarding what the descriptor 'special needs' might cover created a number of potential problems for use of this statement as a solid guide for participants' practices.

... it doesn't clearly define what 'special needs' is so it can be adapted to any sort of need really. (R19)

... It makes the assumption that teachers will have their own understanding of what special needs are. (R8)

... it could be more explicit and perhaps list examples. (R10)

... It should also justify 'why' they have defined 'special needs' with particular children or justify the definition they have chosen to use. (R5)

... it is clear what to do with special needs children (IEP/IDP], but I could include all the children at the centre under special needs in one form or another and create an IEP for them. (R6)

To improve matters, further clarity in the document itself and the addition of clarifying examples in the text were improvements considered, as noted below:

... possibly it needs to be more specific. (R6)

... there is always room for improvement in wording. The policy must be overdue for a review. (R7)

... moving [Te Whāriki] forward to the 21 Century with wording will revise and make it more visible for new teachers and families. (R19)

... Making it more explicit, updating it, changing the wording and threading or weaving examples through the document.... (R24)

Even so, some comments reveal that further conceptual clarity in the statement may not necessarily bring about the desired outcome of development of more robust inclusive practices at ECE centre level.

... although I don't think it is clear I worry that a definition might lead to inflexibility. (R9)

... The benefits would only come for those with special needs if the policy was followed by all. Some places I have worked in are not that inclusive and some I would say even go as far as to isolate and discourage inclusive practices. (R14)

## Sub-theme 2: Clarity through the IEP/IDP Process

Rather than reliance on the overall concept of Te Whāriki itself, the IEP/IDP process named in the framework was considered by participants as the idea that most successfully clarified the divide between an existing 'special need' and best practice responses to be made by individual teachers in centre locations. Here the IEP/IDP as a way of providing insight into the problem and the use of an IEP/IDP as a means of bringing people together to address the learning issues were noted as an extremely valuable clarifying tool offered through the Te Whāriki framework.

They [the EP/IDP] are invaluable to the teachers guiding our practice and giving support whilst providing a good forum to include parents as decision makers. (R22)

The IDP gives an accurate overview of the child's strengths and abilities and where the holistic learning can be supported best by all. (R14)

IDP plans are a great way for teachers, parents and specialists to all get on the same page for children. I have had a lot of success with these because they provide for open communication where everyone is working towards a common goal. Generally, everyone is very realistic about what can be achieved and everyone feels empowered towards helping the child. (R9)

Consultation with all stakeholders was mentioned as a particularly helpful outcome of use of this process.

I have worked successfully in several centres where we have had teacher aids (ESW) and followed IDP's and IEP's developed in conjunction with GSE, parents and other necessary parties. (R5)

... these have been fantastic to bring parents, support workers, teachers and other professionals together. (R16)

... with specific IDPs, support from teachers and parents to meet goals with specific strategies have enabled the children to progress well. (R4)

However, initiation of the IDP/IEP process on its own did not always prove sufficient to overcome implementation barriers. A lack of overall clarity of purpose within the IEP/IDP processes itself could hinder the development of collaborative initiatives. Participants indicated that, in this regard, a number of factors needed to be overcome, as these brief statements indicate:

The whole team not on board with implementing the IEP. (R8)

... When the team does not work together. (R21)

... sometimes lack of knowledge in the team, lack of commitment by the team and lack of resources or funding to implement the plan. (R7)

Further, some participants highlighted that additional demands on their time could compromise their ability to fully implement an IDP/IEP.

I find it very difficult to focus on and implement IDPs on a regular basis for children with 'special needs' especially if they need a lot of one to one time. The demands of my role often limit my time available for children that may need extra support to implement their IDP. (R4)

(we need) time to provide additional individual education plans for children with special learning needs. (R13)

Problems with timely provision of support from professional agencies for the IDP/IEP process as a compounding effect featured in a number of participant's comments. Of note was the length of time it took for some agency representatives to respond to requests, as the statements below indicate:

As a teacher I realise how difficult it is to get the support needed in the first instance. (R14)

... Time, it takes too long to receive support. (R17)

Comments revealed something of the context in which delays experienced were located.

... communicating for IEP meetings that have taken 1 term to arrange, appropriate times for meetings and observation, excuses for not coming to do observations. (R19)

... sometimes the specialist i.e. speech therapists, education workers etc. are unable to make these meetings due to an over load of cases. This prevents the whole process from working properly as everyone involved in the child's learning needs to be present. (R9)

... when observations are taken and sent into the agencies, it can take up to six months (sometimes longer) before any support comes. (16)

One participant's comment showed how delays could have a significant effect on support for future educational opportunities.

For example, we refer a child to the Speech and Language Therapist (SLT), it took them a year to come back to us, by then the child had already gone to school and it was just too late for any support they might offer. That was the frustrating aspect. (R3)

A lack of clarity due to parental lack of trust of professional processes or unrealistic expectations about the 'special needs' diagnosis were also identified as challenges for the successful outcome of an IDP/IEP process.

Sometimes parents will say they disagree with a professional opinion or diagnosis. (R22)

... It can be difficult when parents have unrealistic expectations and the people from Group Special Education (GSE) tend to support the parents' wishes rather than the educators. (R12)

Notwithstanding, teams that learned to work together well built clarity of purpose and action, as seen in the statements below.



Having IEP's for special needs children is generally successful when specialists, parents and educators discuss and agree on goals that are realistic and achievable for the children. (R12)

A team which includes EI [Early Intervention] teachers, parents, support worker and early childhood teachers ensures a holistic plan can be put in place. By working together we have been able to implement IEPs for children with special needs. (R21)

The following comments capture successes experienced when good planning is coupled with the development of flexible teaching arrangements to suit the individual needs of the child.

A child with cerebral palsy (CP) had a special chair lent to him to assist him to sit upright and watch other kids. Before he was given this chair he had to be laid down on his back, this made me wonder how he felt, not being able to see the other children or feel included in the session. (R20)

Visuals for autistic children provide immediate benefits for communicating with the child's non-verbal cues. (R8)

A child with downs syndrome was given a little square piece of material to sit on during mat times as she found it hard to maintain concentration. This bit of material encouraged her to sit still as she had to stay on the material. She enjoyed getting her piece of material before every mat time. (R20)

These comments show clear evidence of what can be achieved when ECE teachers wove together the principles of Te Whāriki to produce innovative practices.

### Subtheme 3: Promoting Clarity through Te Whāriki

For some, the presence of Te Whāriki as a guiding document was, in itself, enough to ensure that inclusive practices will take place.

I feel there are no limitations, Te Whāriki is our early childhood curriculum and as a teacher, I follow this through my every day teaching practice. (R15)

... None, as it ensures that you are being inclusive and you reflect on yourself as being an inclusive teacher. (R18)

Yet, at the same time, questions about the issue of clarity—or what the words of Te Whāriki actually meant—continued to intrude as qualifiers on comments participants made, as seen below:

... As long as the statements are clearly stated, there should not be any issues. (R3)

Individual teachers' attitude and motivation, as much as their lack of knowledge and skills, were identified as producing limitations and challenges to good practice as these examples reveal:

... Sometimes it is hard to get all staff following the specified strategies in exactly the same way. Need to be very clear on exactly how they are to be used and what circumstances etc. staff need to recognise that it is vital for the child that we are consistent at all times. Sometimes one staff member thinks they know best or more than others and acts in ways that undermine the IDP. (R5)

... I don't believe there are any limitations if the children are treated as individuals and the teacher is motivated towards including them in all areas of the curriculum. (R8)

... The attitude of other teachers has been the difficulty I have come up against—convincing them has been a challenge. People's attitudes (if they are negative or driven by values that cannot be challenged) are a limitation to the success of inclusion. (R21)

Reaching clarity through further training rather than through a reevaluation of Te Whāriki was suggested as a way to move beyond the difficulties participants felt hindered their ability to fully engage in inclusive practices.

... lack of training and staffing make inclusive policy challenging. (R11)

... we are limited by our lack of knowledge and expertise. (R1)

... Staff need to have knowledge and understand the special need and this will be different for all, depending on their own prior experiences. (R5)

... training and professional development (PD) must also be available for all teachers on teaching special needs children for it to work. (R11)

Finally, some participants queried whether ECE centres were always the best place for a child with very high dependency special needs. It was suggested that, despite enabling policies, some inclusive educational environments may not necessarily be the best placement option for every child with special needs.

... That an early childhood setting may not be the best place for a child, but the policy would prevent a teacher from turning that child away. A child with a severe need may not be able to be catered for within the constraints of time and staffing limitations. (R9)

... while I personally believe in inclusion there are still many members of society that do not and sometimes even families may feel more comfortable when they are in a place where their child is the same and not 'different' to others. (R5)

... One 'special need' can stretch ratios to a point where it is not good to be inclusive for anyone. (R11)

Additional demands on teacher time could also compromise participants' ability to adequately meet the needs of all children, as noted below:

Children with special needs can take up 'too much' of the teachers' time at the expense of other children. (R12)

... Sometimes it is difficult to do our best at meeting every ones needs as 'special needs' children often need more one to one time and I question whether we can meet their needs as well as I'd like to when they have no teacher aides. (R22)

... As a teacher, it was hard to include him while also caring for all the other children. (R16)

... If I concentrate on him then I am not able to do justice to other children. (R2)

... I think it is good. But staffing must be appropriate for it to work for all children, teachers and families. (11)

Here it could be said that Te Whāriki did not offer enough of an overall conceptual guideline to counter the substance of these remarks. In this regard one participant proposed that a clause be added to Te Whāriki, as indicated in the following statement:

To say that centres will be inclusive of all children unless practical circumstances make it impractical for the child to attend. This would have to be worded very carefully to ensure centres couldn't just choose not to take children. The reasoning for this is that we need to be realistic and realise that for some children, our kindergartens and centres just cannot cope with the care required for some children, particularly with the reduction in hours for teacher aids to work with special needs children. (R9)

### *Discussion*

Participants had thought deeply about Te Whāriki and its value to them in the development of their own inclusive practices and the practices of their colleagues. The data gathered suggested that participants had clarity around the idea that inclusive education was of great value to all children.

However, how inclusive education principles were operationalized depended on a number of factors that Te Whāriki did not seem to be able to provide clarity about at all times. In particular when the idea that when ‘activities will be age appropriate and developmentally appropriate and will enable children with special needs to be actively engaged in learning’ (Te Whāriki, 1996, p. 11) could not be achieved because of perceptions of the severity of the special need, inclusion was seen as impractical and as a potential hindrance to the learning of other children in the centre.

## Conclusion

It has been suggested that while the principle of inclusion is broadly accepted, the practice of inclusion remains a contentious issue (Stamopolous, 2006). This small study reveals something of the issues of contention that may prevent ECE teachers from achieving this worthwhile educational and social outcome in all cases. The majority of ECE teachers are passionate about their profession and are more than willing to cater for the needs of all children, including those with special needs. This point clearly emerged from participants’ responses. However, the overall lack of clarity of purpose related to how inclusion is to be *managed* within Te Whāriki may mean that when teachers discuss the changes needed in order to accommodate a ‘special educational need’, barriers to inclusion can be raised. Specialists working in other services do not use Te Whāriki as a guide to good practice. In these cases the lack of collaboration between parents/whānau, specialists, support workers and teachers, due to differences of opinions and conflicting ideas around how best to meet a child’s needs, cannot be remedied through Te Whāriki. The lack of clarity in Te Whāriki regarding how to address these differences could also hinder the value of this document as a constituting force within these negotiation processes.

Coming to a shared understanding of what it means “to grow up as competent and confident learners and communicators, healthy in mind body and spirit, secure in their sense of belonging and in the knowledge that they make a valued contribution to society” (Ministry of Education, 1996b, p. 9) is much easier when children’s developmental pathways conform to well established normative parameters. There is still not enough empirical evidence to suggest that Te Whāriki is making a difference to children’s learning and development relative to other curriculum models (Nuttall, 2005, p. 20). Without this endorsement, some questions about the effectiveness of Te Whāriki as a comprehensive guide to inclusive practice remain open.

Te Whāriki is shaped by a sociocultural approach. The broad expectation is that by applying the principles outlined in Te Whāriki in full, the objectives of inclusive practice will be met. However, participants’ responses indicate that the extent to which this expectation is actually driving practices needs more detailed scrutiny. Would a more prescriptive ‘content and method approach’ clarify the difficulties participants in this survey recorded? Given that EC educators are now bound by the aims and objectives of both the NZDS and UNCRPD as well as Te Whāriki, it is suggested that conversations are needed with teachers and centre leaders about how the principles of an updated Te Whāriki inclusive education statement, which takes the aims and objectives of other overarching policy documents into account, could more effectively underpin the delivery of Early Childhood Education to all children with special needs in New Zealand

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