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**Using a community of practice lens
to examine interaction
in inclusive early intervention programmes in
New Zealand**

A thesis presented in partial fulfilment of the requirements
for the degree of Doctor of Philosophy
in Educational Psychology

Massey University, Albany Campus, Auckland
New Zealand

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2011

Declaration

I declare that this thesis represents my own work except where the acknowledgement is made, and that this material has not been included in a thesis or report submitted to Massey University or any other university for a degree or other qualification.



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ABSTRACT

In New Zealand, the parent(s), teachers, early intervention specialists and education support worker, who support a child with a disability in a regular early childhood centre, decide together on the child's individual plan (IP). They are referred to throughout this thesis as an 'IP group'. This study examined the way members of three IP groups interacted during their planning process.

The quality of collaboration among professionals from diverse disciplines and parents involved in inclusive early intervention has raised concerns here and overseas. Using communities of practice to support closer understandings has been advocated, although this approach does not appear to have been applied in an inclusive early intervention context. In this study, the model of community of practice was used as a tool with which to analyse the way in which the IP groups worked together. The IP groups, while not themselves communities of practice, were conceptualised as social systems, which allowed for a holistic view to be taken of how the groups planned their interventions.

Data taken from planning meetings and interviews was analysed per group using dimensions from a community of practice model. Common themes relating to the ways participants in each group interacted with one another were identified and discussed. These issues comprised the effects of an uneven knowledge base on power within the groups, the influence of beliefs about inclusion and the teaching process on what the groups chose to do, the groups' communication repertoires, evidence of situated learning for individuals through participation in the groups, and limitations to the way the groups evaluated their work.

The use of the model of community of practice as a tool for analysis not only drew attention to these interactions within the IP groups, but demonstrated the interdependence of the elements that supported or hindered those interactions. The use of the model in this way is a contribution of this study, as are the insights into the complex and interdependent issues affecting the successful delivery of programmes by early intervention groups in New Zealand.

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1 CHAPTER OVERVIEW

This thesis is a study of interactions between people who meet to plan a child's inclusive early intervention programme.

Inclusive early intervention programmes for young children with significant disabilities in New Zealand are provided in regular early childhood education centres prior to school entry. Each child with an inclusive early intervention programme has a team of adults from diverse backgrounds whose task it is to prepare an individual plan (IP) that will support that child's potential as a learner in their early childhood education setting. This team generally comprises the child's parent(s), teachers, early intervention specialists, and education support worker (teacher-aide). Because these people meet together as a group to agree on the child's individual plan (IP), that group is referred to collectively throughout this thesis as an 'IP group'.

The aim of this study was to contribute to our understanding about current inclusive early intervention practice in New Zealand. This was done by examining the interactions among members of three IP groups as they shared their various perceptions and knowledge about a child's learning, and planned together for that child. In order to understand the complexity and interrelated nature of the factors that impacted on their ability to work together, the model of community of practice (Lave & Wenger, 1991; Wenger, 1998a; Wenger, McDermott, & Snyder, 2002) was used as an analytical tool with which to examine how they worked.

Consequently, the study's question was: *What can be learnt about the way disparate members of an IP group interact when their work together is viewed through the lens of community of practice?*

The rationale for using the model of community of practice is detailed in Chapter Two, sections 2.3 and 2.4, which also review the relevant literature. The model provided new and valuable insights into the complex and interrelated factors influencing interaction within the groups.

This chapter has four sections. The rationale for the study is stated (1.1). In order to provide an understanding of the context of this enquiry, descriptions of the early childhood education curriculum and early intervention provision in New Zealand are outlined, together with a brief discussion about their differences (1.2). Findings from two studies of my own that relate to issues raised in the previous sections are described (1.3). The final section provides an overview of the thesis (1.4).

1.1 RATIONALE FOR EXAMINING THE INTERACTIONS OF THE IP GROUP

The rationale for examining the interactions of IP groups that contribute to inclusive early intervention programmes in New Zealand was two-fold. Firstly, a significant body of literature has emphasised the need for parties involved with early intervention work, to work collaboratively. Secondly, while there have been calls in New Zealand for improved team work (Carroll-Lind & Cullen, 2003; Liberty, 2000), and for a more inclusive teacher attitude to children with early intervention programmes (MacArthur, Dight, & Purdue, 2000), there has not yet been an in-depth examination of the interaction within IP groups in New Zealand. This study was designed to address this gap in our knowledge.

Team work among early intervention specialists themselves and with teachers and parents has been identified as an essential feature of best practice (Bagnato & Neisworth, 1999; Bruder & Dunst, 2005; Mellin & Winton, 2003; Odom & Schwartz, 2002; Park & Turnbull, 2003). The success of inclusive early intervention programmes is generally dependent on good collaborative work (Buysse, Wesley, & Able-Boone, 2001; Odom, 2000). Parents/whānau¹ have been recognised as key players in early intervention provision (Able-Boone, 1996; Bruder, 2000; Dunst, 2000; Soodak & Erwin, 2000). The recommendation for early intervention services to be more family-centred, and for families and professionals to share responsibility for the child's programme, was a key finding of an extensive literature review of early intervention services in New Zealand and overseas (Ministry of Education, 2007).

¹ whānau: Māori word for family, including concepts of extended family and community

The same review also drew attention to the fact that much of the literature available on early intervention has been dominated by material from the United States. While that material was a valuable resource, the review argued that where there were issues unique to the New Zealand early intervention context, there was a need for New Zealand-based research.

A situation that is unique to inclusive early intervention programmes in New Zealand is that early intervention programmes, based on a directive skills-acquisition approach, are included within the socio-cultural context of the New Zealand early childhood education curriculum, *Te Whāriki* (Ministry of Education, 1996).

The socio-cultural learning theory that underpins *Te Whāriki* foregrounds the learning context, social and cultural, with which the learner is interacting. A socio-cultural view of learning emphasises the *collective* foci of personal, interpersonal, and cultural (institutional) traditions (Rogoff, 1997, 2003). Rogoff has argued that the individual is not the sole unit of analysis in a learning situation because, "individual and cultural processes are *mutually constituting* rather than defined separately from each other" (Rogoff, 2003, p. 51). The importance of socio-cultural learning theory in explaining learning in the workplace was also demonstrated by Lave and Wenger (1991), and underpins the rationale in this study for selecting community of practice as a tool for studying interactions within the IP groups (see 2.3, 2.4).

The view of the learner, as inseparable from their social and cultural learning context, contrasts with a model of developmental psychology on which traditional early intervention programmes are based. A developmental psychology model focuses on the individual learner's ability and developmental readiness to ingest information from their environment and from more knowledgeable people. The developmental model describes universal developmental stages in children, and views context as "an explanatory variable" (Dahlberg, Moss & Pence, 1999 p. 100).

These contrasting approaches have the potential to impact on the construction of a child's IP in an inclusive setting. By investigating the way IP groups interacted during planning, it was thought that this study could provide useful information about how or

whether this difference in learning philosophies was accommodated, as well as further issues that might bear on their effectiveness.

1.2 BACKGROUND TO EDUCATION PROVISION FOR INCLUSIVE EARLY INTERVENTION IN NEW ZEALAND

This section expands on the factors mentioned above, where the provisions of early childhood education and early intervention programmes differ in their education philosophy and focus. While in the event this issue did not greatly impact on the way the IP group interacted (see 7.1.2) a discussion of this puts the study in context.

This section outlines the early childhood education curriculum, *Te Whāriki*, which provides the environment in which inclusive early intervention programmes are run (1.2.1). It then describes the Ministry of Education, Special Education's inclusive early intervention provision (1.2.2). Differences between these two provisions in education philosophy and focus are discussed briefly (1.2.3).

1.2.1 The New Zealand early childhood education curriculum: *Te Whāriki*

Te Whāriki is unique to Aotearoa, New Zealand. It is based on a socio-cultural construct of learning, informed by Māori cultural beliefs (Te One, 2003). The curriculum comprises four overarching principles of learning: empowerment, holistic development, family and community, and relationships. These principles are interlinked with five strands which are considered to be the essential areas of learning: well-being, belonging, contribution, communication, and exploration. Within each strand, general goals for the child's learning *environment* (as opposed to skills-related goals for the child) are described. Thus *Te Whāriki* is predicated on principles that encompass the learning process rather than a set of prescribed skills.

Basic to an understanding of *Te Whāriki*, is the socio-cultural premise that children are "active co-constructors of meaning" (Smith, 2006, p. 27). The teacher's role is not only to suggest new ideas to the child and to extend their thinking, but by their engagement with the child to become part of the child's learning experience. As with the early childhood education centres of Reggio Emilia (Malaguzzi, 1998), the reciprocal relationship of teacher and child is expected to be central to learning in New Zealand

early childhood education centres. Teaching and learning become one, as expressed by the Māori word *ako*.

By working to a socio-cultural curriculum, teachers in New Zealand assume confidence in the child as a natural and active learner constantly interacting with their environment. The teacher may aim to extend a child's learning experience by making suggestions/asking questions that allow the child to examine their understanding of a situation and develop their idea further, at the point of what Vygotsky (1978) has termed as the child's "zone of proximal development". Bruner (1996) coined a metaphor for this process, *scaffolding*, which is now in common usage. Teachers also use a process of co-construction, where the teacher has no specific direction or endpoint of the learning in mind, but focuses on the shared meanings of teacher and learner (Jordan, 2004). Frequently, co-construction and scaffolding interlink during the teaching process, as noted by Simmons et al. (2005). Skills are not disregarded in these processes, but they are considered to be embedded within the learning experiences. There is rich evidence of fascinating and thoughtful child-led discussions to be found in the teacher/child interactions (Alcock, 2005; Carr 1998, 2001; Carr, May, & Podmore, 2002; Jordan, 2004; Ministry of Education, 2004; Robbins, 2002).

An innovation in New Zealand's socio-cultural early childhood education programme has been the introduction of a way of assessing children's learning experiences: learning stories (Carr, 2001). This narrative assessment process has been designed to focus attention on the interaction taking place between the child and their learning context.

The learning stories are also designed to illustrate the child's learning disposition(s), and across time, their progress. Learning dispositions are seen as 'habits of mind', i.e. ways of responding to situations that become habitual (Katz 1988), and have interested a number of educationalists as a way of considering learners within a socio-cultural philosophy (Broadfoot, 2001; Carr & Claxton, 2002; Claxton, 2002; Dweck, 1999; Katz, 1993). Carr (2001) identified a set of dispositions which she linked to the strands in *Te Whāriki*: taking an interest in learning opportunities (belonging), being involved in those learning opportunities (well-being), setting learning challenges and persisting with difficulty (exploration), communicating with others about what is learnt (communication), and taking responsibility for learning (contribution). In her research

on how children were learning, Carr (1998) found that children's progress became apparent across a set of learning stories: the actions in the learning stories became more frequent, the stories became more complex, and the situations in which the illustrated learning occurred became more varied.

Using learning stories is one of the current ways that teachers in New Zealand are encouraged to think about learners and reflect on the education programme they are providing. Children's learning stories are collated in profile books that are available for the child and parents to read. Frequently the parent's comments are added to the stories.

1.2.2 Inclusive early intervention provision

Early intervention teams were set up nation-wide in New Zealand in the early 1990s to support inclusive early intervention, first under the Special Education Service (SES), and subsequently as part of the Special Education group (GSE/SE) within the Ministry of Education. The specialist early intervention teams employed by the Ministry of Education comprise early intervention teachers, speech language therapists, and, where relevant, psychologists and advisors on children with hearing impairments.

In New Zealand, enrolment in a regular early childhood education centre is available to all children with early intervention programmes, hence the term *inclusive* early intervention. The work of the early intervention specialists employed by the Ministry of Education is, with the exception of some speech language programmes, largely indirect and advisory, following an "itinerant collaborative/consultative model" (Odom et al., 1999). The job of the early intervention specialist team is to assess the educational needs of children with significantly delayed development who are referred to the Ministry of Education's early intervention service. Following their assessment, the specialist team convenes a meeting with the child's parents and teachers to set goals and advise on strategies for implementing the child's individual programme (IP).

The main assessment tools used by the early intervention specialists are developmental checklists designed to assess a young child's mastery of specific skills, referred to by Losardo and Notari-Syverson (2001) as curriculum-based criterion-referenced assessment. Criterion-referenced assessment tools measure an individual's performance against a standardized criterion of normal developmental patterns of skills acquisition.

Most of these assessments also aim to identify the next step in a normative developmental sequence and include suggestions for activities to help a child master this next skill (hence the term curriculum-based).

The measure most frequently used in inclusive early intervention programmes in New Zealand is *The Assessment, Evaluation, and Programming System for Infants and Children (AEPS)* (Bricker 1992). This approach requires the specialist to identify the skills a child uses within the context of the child's natural activities. This child-friendly method of assessment, designed to be applied in a dynamic rather than standardised manner, has differentiated the tool from many earlier developmental assessment checklists. Engaging with children in their own environment and using with familiar activities with which to assess them, has been referred to as *authentic assessment* (Bagnato, 2007). However, the *AEPS* and other similar assessment tools are still criterion referenced, and focus on identifying the developmental skills that the child is using.

1.2.3 Differences between New Zealand early childhood education and inclusive early intervention programmes

With the advent of *Te Whāriki*, Cullen (1996) expressed concerns at the tensions that might arise as teachers moved from what had been a developmental perspective on their work where children *acquire* knowledge to a socio-cultural approach where children *interact* with knowledge. In fact, while many teachers have become increasingly comfortable with a socio-cultural perspective on their teaching (Cullen, 2003), early intervention specialists have largely continued to work within a skills-focused developmental framework, as described above (Dunn, 2002, 2004, 2008).

There have been modifications to the inclusive early intervention programme in order to fit better with the early childhood curriculum, but these have been relatively superficial. For example, assessment is now expected to be authentic (Ministry of Education, 2010), and early intervention specialists typically incorporate teachers' and parents' views about the child into their reports. Early intervention assessment reports list the child's skills under the early childhood curriculum strands, as recommended by Thornburn and Corby (2002). However, the assessment is not *conceptualised* according to the

curriculum, but simply describes where the child is ‘up to’, based on a normative model of child development.

As would be expected from their name, early intervention programmes imply the requirement for a teacher to intervene directly to help a child learn. Bricker and Cripe (1992 p. 33) have written:

“Personnel cannot expect change to occur by simply permitting children to engage in a variety of activities that have no direction or underlying structure.”

Interventions that are based on teaching functional skills in natural contexts are promoted, together with a preference for embedding learning activities within a child’s interests (Odom, Brown, Schwartz, Zercher, & Sandall, 2002). Nevertheless, the teacher in this frame has pre-planned the endpoint of the learning experience. This is a different process from knowing a possible endpoint and providing the scaffolding for this (see 1.2.1).

Implicit in this process is an assumption that the non-typically developing child is an unsuccessful learner requiring extensive adult direction (Dahlberg et al., 1999; Dunn, 2002). The implied message to early childhood teachers from this approach is that children with an inclusive early intervention programme need ‘different’ teaching from their normally developing peers, so as to remedy their deficits.

1.3 TWO FIELD STUDIES

This section reports data from my field experiences working on two projects. These were the development of the teacher resource, *Kei Tua o te Pae: Assessment for Learning* (Ministry of Education, 2004) (1.3.1), and a survey of attitudes among six groups involved with inclusive early intervention, (Dunn, 2008) (1.3.2). Both these studies illustrated some of the difficulties and misunderstandings among groups providing inclusive early intervention services. As a psychologist working in the early intervention field these issues impacted on my professional practice, and I was motivated to investigate IP group interactions further.

1.3.1 The *Kei Tua o te Pae* Project and attitudes to children

The resource, *Kei Tua o te Pae: Assessment for learning* (Ministry of Education, 2004), comprises exemplars of learning stories that illustrate aspects of the assessment/teaching process. Teachers from 40 early childhood centres around New Zealand, contributing their learning stories, were asked to include learning stories featuring children in their centres with inclusive early intervention programmes. The stories that these teachers sent in for this latter group described the children as being 'present', 'accepted', and 'happy'. There was nothing to show the children as active learners, and there was no teacher reflection on their learning dispositions.

As a result of this I was asked to coordinate a project to develop exemplars of inclusive assessment with teachers and education support workers in the Waikato district. Multiple examples of children with inclusive early intervention programmes featuring as active and energetic learners were collected for *Book 9, Inclusive Assessment, Kei Tua o te Pae: Assessment for learning*, (Ministry of Education, 2004). However, when I interviewed my colleagues in the inclusive early intervention service to provide background information, some of the early intervention teachers working with those children persisted in describing them as lacking skills and motivation to learn (Dunn, 2004).

Of the ten IP meetings that we transcribed during this project, nine had their goals based solely on developmental skill attainment. There was a distinct pattern to the meetings. The meetings would start with an enthusiastic description of what the child was doing. But then, rather than building on these successes, as would be expected in the context of New Zealand early childhood education thinking, the meetings consistently defaulted to what the child could not do. At this point IP goals were set, with discussion focussed on strategies to overcome the child's shortfalls (Dunn, 2004).

1.3.2 A survey of groups involved with inclusive early intervention programmes

Prior to the present thesis, I had interviewed the parents, teachers, early intervention specialists, and education support workers involved with inclusive early intervention programmes for six children, a total of 24 people, to see how they saw their task (Dunn, 2008). I found an interesting range of agreement and discrepancies.

Participants envisaged inclusive early intervention as presence and participation in an early childhood centre, and all reported that they believed that the early childhood teacher had the primary responsibility for the child's learning while the child was at the centre. Participants agreed that the meetings to construct the child's IP performed a helpful communicative function. Information about the child given at these meetings was most valued, although participants' perceptions of the same child as a learner were, in several cases, entirely contradictory. Teachers did not relate the goals set for the child at the meetings to what they were doing with the child. They said that they had not really thought about how to incorporate the IP goals into their work with the child.

The participants shared some views on what constituted desirable outcomes of intervention, for example, successful transition to school. However they had mixed views on how to achieve this.

To summarise, members of these IP groups were not necessarily thinking along the same lines. These differences, together with those highlighted by the work on the assessment exemplars, suggested to me that it would be valuable to further investigate interaction among the people who make up an IP group.

1.4 OVERVIEW OF THE THESIS ORGANISATION

The thesis is divided into nine chapters. This introductory chapter has stated the thesis' aims, and has provided contextual and background information to explain why it has been undertaken, and its general organisation. Chapter Two reviews literature that addresses issues that have been raised in Chapter One, and extends the discussion to consider the use of the model of community of practice in examining group interaction. Chapter Three describes the design of the study and the methods used to collect and analyse the data. Chapters Four, Five, and Six describe the findings from each of the three IP groups under consideration separately. Chapter Seven discusses the results in terms of the issues arising from themes across the groups. Chapter Eight concludes this thesis, outlining the study's contribution and indicating possible directions arising from the findings.

CHAPTER TWO

REVIEW OF THE LITERATURE

2 CHAPTER OVERVIEW

The previous chapter described the rationale that led to my decision to research further into the way that people involved with inclusive early intervention in New Zealand interacted. This chapter reviews theoretical and research-based literature relating to this intention and explains why I decided to conceptualise these groups as communities of practice.

The chapter has four sections:

Section 2.1 expands on the challenges to inclusive early intervention arising from a lack of shared understandings among parents, teachers, and early intervention specialists both in New Zealand and overseas. Papers which call for the need to promote collaborative approaches groups are outlined. Section 2.2 describes ways in which practitioners have tried to extend collaboration in inclusive early intervention programmes. Building a community of practice is advocated for as a way for participants in inclusive early intervention programmes to co-construct and share new knowledge. Section 2.3 examines the theory of community of practice more closely, discussing key features of the model and its support for collaborative practice. Section 2.4 describes the use made of the model in both its conceptual and reified form, and explains how the present study relates to these forms.

2.1 CHALLENGES OF INCLUSIVE EARLY INTERVENTION SERVICES AND THE CALL FOR IMPROVEMENTS IN THE WAY SERVICES WORK TOGETHER

This section expands on some of the challenges faced by inclusive early intervention services here and overseas. These are attitudes to the indirect nature of services (2.2.1), barriers to inclusion (2.2.2), and goal setting for a child's individual plan (IP) (2.2.3). Calls to deal with some of the difficulties mentioned by improving collaboration among the parties providing inclusive early intervention services are noted (2.2.4).

2.1.1 An advisory model of service delivery: different understandings of what this means

The move to *inclusive* early intervention services by agencies in New Zealand and overseas in the early 1990s signalled a major change in the way in which services to young children with disabilities were thought about. Rather than focusing on remedial programmes provided directly by specialists in homes or segregated centres, the preference was for programmes that would include this group of children in the daily life of their communities. This included learning in mainstream education facilities alongside their typically developing peers. With this move came changes in early intervention service delivery, from direct child-based services to consultative models providing specialist advice to parents and teachers.

The move to inclusive education and advisory-style specialist provision was identified by Buysse, Wesley, and Able-Boone (2001) as having had a profound impact on services and training in early intervention provision in the United States. While there has been evidence that such moves have been of benefit to young children with disabilities (Guralnick, 1997; Odom, 2000), research has also drawn attention to problems of shared understanding among parents and professional groups in the context of these developments.

The change from a hands-on to an advisory model in inclusive early intervention service delivery has not necessarily been welcomed. Studies examining parent and teacher attitudes to this type of itinerant service has found that responses to indirect services have been varied and not uniformly positive (Dinnebeil, McInerney, & Hale, 2006). These researchers, surveying the views of 32 itinerant special education teachers, 24 early childhood educators, 31 parents, and 27 supervisors of itinerant special education teachers from across the United States on the role of the itinerant specialist teacher, found disparities in the perceptions of the four stakeholder groups regarding that role and its associated responsibilities. For example, parents varied in their opinions about the value of a consultation role, but as a group rated the tasks involved with direct service delivery to their child as the most important for early intervention teachers to focus on. Early childhood educators as a group agreed that assessment and service coordination were an essential part of the role of an itinerant early intervention teacher,

while the itinerant early intervention teachers disagreed among themselves about the importance of tasks associated with assessment and direct service.

Research in New Zealand has also suggested that the itinerant advisory role of early intervention specialists is not necessarily well understood or valued by early childhood teachers. A review of early intervention services in New Zealand found that the majority of the 820 early childhood teachers who responded to a survey about early intervention provision, identified early intervention services as the direct paraprofessional support given by education support workers. There was relatively little comment on the co-ordination of individual plans (IPs) and the availability of professional advice from itinerant specialist staff (Overall & Davies, 2007). Furthermore, the survey found that 12.6% teachers thought that the education support worker, rather than the teacher, should be responsible for 'all care' of the child they were supporting.

Parents do not necessarily agree that the move to inclusive early intervention services is in the best interest of their child. In a set of five studies focussing on family perceptions about inclusion, Beckman, Hanson, and Horn (2002) found that perceptions of their child's disability varied among families, and had little to do with normative measures of severity. These perceptions affected whether the family considered that their child would benefit from an inclusive placement. Programme quality and its relevance to their child was considered to be a more important feature than whether the programme was inclusive. Programme quality was judged by many parents in terms of opportunities for motor and cognitive learning to provide for their child's perceived deficits, rather than the social opportunities available in inclusive programmes.

2.1.2 Attitudes to inclusion

Teachers' espoused views about inclusion do not necessarily relate to their practice. Definitions of inclusion can vary according to individuals, or in some cases can sound similar, but be very different when put into practice. Odom and Schwartz (2002), summarising the findings of a major research project on preschool inclusion across the United States, noted that individual teachers conceptualised inclusion differently in terms of priorities and responsibilities, even where they belonged to the same school or organisation. Those researchers also noted that the implementation of inclusion was

influenced by a complex system of individual beliefs about the value of human diversity at a level that was difficult to change. In one of the studies linked to that research project (Lieber et al., 1998), teachers, from 23 inclusive classrooms with varying models of specialist early intervention support, appeared during interviews to share definitions of inclusion: that all children belonged in their centres, all children should be seen as individuals, the presence of children with disabilities in a class promoted empathy and readiness to help in others, and the opportunity to learn from normally developing peers was an important rationale for inclusion. However, during follow-up observations it became apparent that there was considerable variation in the way teachers interpreted these beliefs. The extent to which programmes were individualised for children with disabilities was on a continuum. Some teachers, minimising differences, insisted that the children should do the same activities as their peers and take what they could from the activity. Others adapted their programmes and/or equipment for the child, and some provided the child with direct teaching.

The pattern described by Lieber et al. (1998), of teachers saying one thing but doing another, was highlighted in interviews from a study described in Chapter One by Dunn (2008) (see 1.3.2). There, the teachers in one centre said that inclusion involved teachers working with the children with early intervention programmes as they would with any other child. However, the education support worker at that centre described several situations where she had been left to manage difficult and stressful situations with the children she worked with on her own while the teachers watched.

Teacher attitudes to inclusion have a critical effect on inclusive programme quality. Buysse, Wesley, and Keyes (1998), in a study of perceived factors influencing barriers and supports associated with inclusive early intervention in the United States, found teacher attitudes and beliefs influenced all the other factors that impacted on inclusion: early childhood programme quality, community resources, and the coordination of services for children with disabilities and their families.

Teacher attitude to inclusion has also been studied in New Zealand (Purdue, 2004). This research involved seven focus group workshop/interviews across New Zealand followed by observations and interviews in two early childhood settings across a 10 month period. The aim of this study was to find out why some early childhood teachers

practised inclusion while others virtually excluded children with disabilities, failing to engage with them, and leaving their teaching to an education support worker. The study considered teachers' use of disability discourses, and found that where teacher thinking stemmed from a medical-model, that is, where disability was seen as a condition within the child that needed special treatment, the child was more likely to be excluded from full participation in their centre. Teachers with this belief referred to children with disabilities not as learners but as 'other' (MacArthur, Purdue, & Ballard, 2003).

2.1.3 Goal setting for individual plans

Inclusive early intervention programmes can be hampered by the way the children's programmes within their centres are envisaged. The way a child's individual programme (IP) in a centre is framed can of itself be isolating. Overseas writers have found that some specialists tend to set narrow, easily measurable goals in these plans which have little relevance to the general curriculum, and sometimes require the child to be withdrawn from the rest of the class for specific teaching. They have stressed that the design of the child's IP should not restrict the child's access to activities in their centre, nor supplant the early childhood curriculum (Horn, Lieber, Li, Sandall, & Schwartz, 2000; Notari-Syverson & Schuster, 1995).

In New Zealand there is a particular challenge in framing goals so that they can fit into the socio-cultural focus of *Te Whāriki*. Despite the availability of learning story assessment that indicated programme directions that were in accordance with the curriculum, narrow task-specific goals for IPs abounded in nine of the ten transcripts of meetings for children in a project to design a book of exemplars of inclusive assessment (Ministry of Education, 2004), (see 1.3.1). This led to an interesting polarisation of views. When asked about the relationship between the learning story assessments and IP goals, the early intervention specialists said that the learning stories were not useful to them because they did not reflect the goals the child should be working on. The teachers in contrast said that the IP goals were not useful because they did not reflect the learning demonstrated in the learning stories (Dunn & Barry, 2004, p. 29-30).

2.1.4 Parent involvement

Parents expect to participate in discussions about inclusive early intervention programmes for their children. Carroll-Lind and Cullen (2003) interviewed 41 parents

of young children with disabilities from around New Zealand. One of the strong messages from their study was that parents expected to be included in the process of determining a family focus in the provision of services.

Despite family involvement in decision making being seen by major writers in the field as best practice (Bruder, 2000; Dunst, 2000; Guralnick, 2001), some research has suggested that families are not necessarily consulted by early intervention specialists as part of their service delivery. Campbell and Halbert (2002), surveying the views of 241 multiple discipline early intervention specialists, found that far from being family focussed in their approach, the majority of these practitioners blamed parents for not following-through on their (the practitioners') interventions. They also found that there was very little reflection evident on the part of the practitioners about how they might more usefully involve families.

Professionals may also miss information where families are unwilling to express views that disagree with what the professionals are saying. As part of a larger study of communicative construction of special education among professionals and administrators in a school district in the south-western United States, Canary (2008) researched the interactions of four extended families from minority ethnicities that had children with disabilities. Interviewing these families after planning meetings with professionals she found that the families rarely expressed open disagreement with professionals at the meetings, saying that they did not want to 'cause trouble'. She pointed out (Canary, 2011) that this pattern may privilege professional knowledge over the knowledge that families possess.

2.1.5 Advocating improvements in working together

Better communication among professionals, and the coordination and integration of services and support for parents, have been identified as key factors in supporting quality inclusive early intervention (Bricker, 2000). However, this can be problematic. As Odom and Schwartz (2002), summarising the findings from a major set of studies on inclusive early intervention, wrote, one of the greatest challenges to successful implementation of inclusive programmes was for professionals from different disciplines, with different skills sets and with different philosophies, to collaborate.

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The factors that can improve collaboration in inclusive early intervention are believed to include developing shared goals and philosophies about inclusive education, improving teaming among professionals, and involving the parent and community in decision making about services. In a survey by Dinnebeil, Hale, and Rule (1999), the views of 397 parents and 226 service coordinators were asked about their perceptions of collaboration. Participants identified five areas that were most in need of good collaborative practice. These were agreed programme philosophy and climate, options for service delivery, teaming approaches, administrative policies and practices, and community context. Similarly, from a synthesis of the literature on inclusive services for early intervention, Park and Turnbull (2003) identified family centeredness in the delivery of early intervention services, and professional training in inclusive philosophies, communication skills, and teaming as the areas to work on.

Pre-service specialist courses have been slow to recognise the importance of training in collaborative practice. Bruder and Dunst (2005) pointed out a disappointing lack of emphasis on service coordination and teaming practices in pre-service university programmes for early childhood special education teachers, occupation and physical therapists, and speech-language therapists working in early intervention programmes. In many places, including New Zealand, courses for these groups of professionals are run separately, and it is only when graduates enter the field that the requirement to work as a team comes to the fore.

Blue-Banning, Summers, Frankland, Nelson, and Beegle (2004) have considered how to evaluate inclusive early intervention programmes in terms of their support for a collaborative approach. By interviewing 33 focus groups, comprising parents and service providers, they listed six essential characteristics of collaborative interactions: communication, commitment, equality, skills, trust, and respect. From the focus groups' feedback they then itemised behaviours that would indicate the presence of these factors. They concluded that evaluating the presence of these behaviours, and thereby the quality of partnerships between families and professionals, would in the long term enhance programme outcomes.

One of the functions of this thesis was to re-look at how the early intervention specialists, teachers, parents and education support workers in New Zealand saw their

respective roles, thought about inclusion, and worked as a team. Different perspectives were expected (Dunn, 2008), but how those perspectives affected the interactions of the group, and the subsequent impact that might have on the child's programme, had not yet been explored.

2.2 EXTENDING AND IMPROVING WAYS OF WORKING TOGETHER

The early intervention field has tried a number of ways to improve the collaborative quality of its service delivery both in New Zealand and overseas. Examples include in-service training initiatives, joint decision making models, shared assessment practice, the development of community forums, a consultancy approach, and advocacy for the use of a community of practice model. This section overviews a range of these approaches (2.2.1), ending with the arguments that have been used to advocate for the model of a community of practice, on which this study is based (2.2.2).

2.2.1 Programmes designed to facilitate collaboration

Some attempts at achieving improved collaboration have been focused on increasing practitioners' understanding of each others' work. Childress (2004), listing ways of encouraging best practice and collaborative approaches, suggested that early intervention professionals should take opportunities to observe each other's practice in the field. This process, along with shared inter-professional and inter-agency activities, was also identified by Robinson and Cottrell (2005) as a valuable strategy in building collaborative professional teams. However, these interventions have been focused solely on building shared understandings among early intervention specialists. As Wesley (1995, p. 97) wrote, "Continuing dialogue with special educators alone is not productive if our goal is to provide early intervention services in inclusive settings." In other words, building collaboration for inclusive early intervention needed to involve all parties.

In New Zealand, where inclusive early intervention services have been the norm since 1990, training initiatives to facilitate this have largely been concerned with informing early childhood teachers about inclusive early intervention. The development of the professional development resource *Te Reo Tataki* (Ministry of Education, 2000) was designed to explain early intervention practices, and position these within the New Zealand early childhood education framework. Similarly, the exemplars of inclusive

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assessment in book 9 of *Kei Tua o te Pae: Assessment for Learning* (Ministry of Education, 2004) were designed to demonstrate to teachers how they could apply their assessment process, learning stories, for children in their centres who had early intervention programmes. A New Zealand study demonstrating how education support workers could learn to use learning stories to promote social skills very successfully in early childhood education centres was also aimed at showing how the early childhood curriculum and assessment processes could include children with early intervention programmes (Dunn, 2000).

What is noticeable about these New Zealand initiatives is that they have been a one-way process; the focus has been on encouraging early childhood teachers to include children with early intervention programmes. In other words, teachers were being given information to help them work with early intervention specialists, but not vice-versa. This approach was unlikely to achieve collaboration of all parties.

A similar criticism must be directed at some overseas moves to encourage collaboration, in this case by training early intervention educators to be skilled consultants (Buysse & Wesley, 2005; Harris & Klein, 2002; Wesley & Buysse, 2004). However skilfully a consultant works to ensure the participation of all specialists, teachers, and parents, he or she is ultimately conducting and controlling the interaction. In other words, the process can not be fully collaborative because participation is orchestrated and therefore essentially unequal.

Processes for shared decision making have been suggested. In the United States, Rush, Shelden, and Hanft (2003) described a process of '*reciprocal coaching*' taken from a business model, to promote collaboration between family members, childcare providers, and early interventionists supporting children in inclusive settings. Reciprocal coaching as a professional development process involves programme initiation, observation or action, reflection, evaluation, and continuation or resolution. The article was conceptual, and to date I have not found any supporting published application in the inclusive early intervention field.

There are, however, other examples of successful collaborative work. Hunt, Soto, Maier, Liboiron, and Bae (2004) studied a successful team-teaching model where early

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childhood and special education teachers, instructional assistants, speech-language therapists, and parents met for monthly team meetings to develop education, communication and social supports for preschoolers with disabilities. These were then jointly implemented by the educational team members and reviewed at subsequent meetings. Participants said that the collaborative process helped team members share their expertise and perspectives, and that the regular meetings increased accountability. An important feature of the meetings was that team members viewed themselves as equals.

A similar finding, that is, all parties being on an equal footing, occurred in a case study in New Zealand by Williamson, Cullen, and Lepper (2006). The researchers used a shared activity to build collaborative relationships among the professionals and parents involved with two children with inclusive early intervention programmes. All participants, including medical staff, were taught how to use the same early childhood assessment process, learning stories, and adapted the assessment process to their specific involvement. They found that they were working from a common understanding when it came to sharing their information at the child's IP meeting, and spoke about their information about the child as being equally valued.

Leadership, together with a safe environment in which to share ideas and try out different ways of working may be required to facilitate closer working relationships among diverse professional groups. Hulme and Cracknell (2010) have recommended a neutral 'third space' in which practitioners could reflect critically on their work together. They suggested that a contemplative environment, such as that found within an action research study, could encourage participants to problem-solve together.

On a macro level, Wesley (1995) has recommended the use of community forums in the United States to encourage communication in the inclusive early intervention field. Community forums, as described in that paper, were half day meetings organised by local communities, which included child care directors, teachers and assistants, local government representatives, parents, early intervention staff, and specialist therapists. Of the more than 2000 people who attended 36 forums between 1992 and 1995, there was a high rate of satisfaction with the process. Participants reported feeling better informed about inclusion. Innovative ideas were shared, and ongoing networking was

established. However, while this process provided information about inclusion, the networks that were set up did not tackle issues of interactions and joint planning where people were working together in the field with a child.

2.2.2 Establishing communities of practice to aid interactive work among early intervention teams

Enhancing programmes in inclusive early intervention by the use of the model of a community of practice has been recommended (Buisse, Sparkman, & Wesley, 2003; Buisse et al., 2001; Wesley & Buisse, 2001). These writers saw the model as having potential to inform the early intervention field because it could encourage parents, teachers, and the different disciplines involved with early intervention, to share new knowledge, and improve practice as they created and reflected on their work together. There was an expectation too that the process could involve researchers working alongside field workers in developing successful practice. Buisse et al. (2001) envisaged an extension to the idea of community forums, with online discussion groups and a conference track sharing their learning.

The idea of establishing a community of practice in the early intervention field, though discussed in some detail by these writers, was theoretical only. Buisse et al. (2003) detailed three possible models used by other researchers in the education literature as examples of what could be done (Barab & Duffy, 2000; Palincsar, Magnusson, Marano, Ford, & Brown, 1998; Perry, Walton, & Calder, 1999), but did not apply the model directly themselves. It should be noted that the three studies cited were not concerned with early intervention per se, but used a community of practice approach in the context of professional development for teachers of normally developing school aged children.

In New Zealand, Cullen (2004) commented on what she noted as tensions in implementing an inclusive policy in early childhood special education in New Zealand, despite what was thought to be an inclusive early childhood curriculum. What she suggested was the development of community-based and participatory collaborative projects towards building a community of practice for inclusive early intervention.

At this point, despite communities of practice having been mentioned as sources for improved working relationships in inclusive early intervention programmes, the application of that model does not appear to have been investigated in relation to

inclusive early intervention programmes in New Zealand or overseas. I therefore decided that such an examination would provide new knowledge for the field. To inform the study, the rest of this review discusses the relevant literature concerning communities of practice.

2.3 COMMUNITIES OF PRACTICE

This section begins, in sub-section 2.3.1, with a brief outline of a community of practice as described by the originators of the model, Lave and Wenger (1991), and further extended by Wenger (1998a), and Wenger, McDermott, and Snyder (2002). Key features of a community of practice including definitions of community, situated learning, legitimate peripheral participation, identity, a shared domain, practice and participation, and connectivity of the dimensions are discussed (2.3.2). The relationship of the model of a community of practice to how groups of people collaborate effectively is then considered (2.3.3).

2.3.1 Overview of the model of community of practice

In a set of workplace studies Lave and Wenger (1991) described how newcomers to a workplace both learned from the group they had entered, and by their presence impacted on the learning context in which they found themselves. The idea of a community of practice, although alluded to, was not developed at this stage. What was of interest to the writers was the relationship between learning and the social situations in which learning occurred. In the working environments that they examined, they saw that new workers/ apprentices were not just given instruction or taught the job by their more experienced colleagues. Instead, these *newcomers*, as they were termed, had to learn how to 'be' with the group by absorbing the mores of the working context. Lave and Wenger referred to this process as 'situated learning'. They described the way that learners became increasingly involved with the social working context as 'legitimate peripheral participation'. What Lave and Wenger were particularly interested in was the movement of the newcomers into the heart of the community as they learned both job skills and membership behaviour. As they interacted with the community this new learning became a part of their identity. Conversely, the newcomers' presence contributed to the nature of the community.

The concept of a community of practice was further developed by Wenger (1998a), and subsequently made into an operational model by Wenger, McDermott, and Snyder (2002). According to this work, the model of community of practice comprised three interwoven dimensions: the domain, the community, and the practice. These dimensions were explained by Wenger (1998a) and Wenger et al. (2002) as follows: The *domain* for a community of practice is its *raison-d'être*, the topical context or *joint enterprise* (Wenger, 1998a) in which community members engage. Domain is not envisaged as a static entity but a set of negotiated understandings that underpin the working of the community and may change as community members reflect on their practices. The *community* describes a group of people identified by a shared history in their endeavour, i.e. the work of their *domain*. Another phrase used by Wenger (1998a) was of a group of people identified by *mutual engagement*. This does not mean that the community has one voice. Indeed part of the richness of a community is ongoing debate that comes from the different viewpoints. However, there is a sense of belonging for this community as they work together in their shared *domain*. The third dimension discussed by Wenger et al. (2002) is *practice*. They pointed out that sustained interactions in a *domain* will develop a practice peculiar to that *community*, i.e. a *shared repertoire* (Wenger 1998a).

Wenger (1998b) did not envisage communities of practice as static entities. He saw them on a continuum of developmental stages and intensity of action, from the point where people begin to meet together and discover commonalities, to the point where the community is no longer active, but is remembered by the individual members as having been a significant part of their identities. He saw the earlier stages of development in terms of individuals connecting with each other as a potential community, negotiating with each other to define a joint enterprise, and then engaging in joint activities at the height of their interactions. He then saw the level of community interaction fading, but the artefacts resulting from a shared practice remaining after the individual members had ceased to meet.

By listing a set of reflective questions for each of the three dimensions, domain, community, and practice, Wenger et al. (2002, p.45/46) provided an operational model, i.e. one that could be used to set up communities, as opposed to the earlier conceptual models. However, it is important to keep in mind that the dimensions are not frozen into

a cube. Based on the conceptual models, the three facets of community of practice remain dynamic and interactive. For example, knowledge brought into the community by one of its members can be seen as an expression of the individual and therefore relating to the make-up of the community. However, that knowledge influences the belief system of the individual and this links with the individual's negotiation of the domain and their interactions within it. New knowledge for an individual may arise from the practice of the group, but by modifying an existing belief system, that new knowledge will impact on their understanding of the domain. Wenger (1998a; 2009) argued that by definition, as a social theory of learning, the component parts of the model had to be seen as interconnected. Wenger (1998a, p. 84) wrote, "Because the repertoire of a community is a resource for the negotiation of meaning, it is shared in a dynamic and interactive sense."

2.3.2 Key understandings

This next sub-section extends on the overview of community of practice by describing key understandings relating to the construct: a) changing definitions, b) situated learning, c) legitimate peripheral participation, d) identity, e) shared domain, f) practices and participation, g) connectivity of the dimensions.

a. Definitions of community of practice

As will be apparent from the description above, the idea of a community of practice emerged, developed, and changed in emphasis within the three seminal works by Lave and Wenger (1991), Wenger (1998a) and Wenger et al., (2002). It is important when reading the literature on communities of practice to clarify what aspect of the concept the writer is considering. For example,

[Community does not] imply a co-presence, a well-defined identifiable group, or socially visible boundaries. It does imply participation in an activity system about which participants share understandings concerning what they are doing and what that means in their lives and for their communities. (Lave & Wenger, 1991, p. 98)

Lave and Wenger's definition of a community of practice relates to a generalised idea. This statement contrasts with a later definition of a community of practice by Wenger et al. (2002) that has a more functional focus:

groups of people who share a concern, set of problems, or a passion about a topic..... [and who] deepen their knowledge and expertise in this area by ongoing interaction. (Wenger et al., 2002, p. 4)

This reified model describes a community of practice in the business context. The writers drew attention to the differences of communities of practice from the more usual business organisation structures of departments, operational teams, and project teams. Communities of practice were not created by the organisation, but evolved through the commitment of a group of people to learn more about a shared topic. Membership of the community depended on that shared interest. This contrasted with membership of other structures in an organisation that related directly to a shared task.

Cox (2005), in a comparative review of these three studies plus a study by Brown and Duguid (1991), highlighted differences between them in their descriptions of community, view of learning, power and conflict among community members, change processes, formal/informal structures, and diversity of membership. He suggested that it might be more appropriate to talk about *communities of practices*.

There is evidence that studies of communities of practice comprise different styles of community, and focus on a variety of issues pertaining to specific communities that were not necessarily considered in the original works. Amin and Roberts (2008) reviewed over 300 publications (studies and books) written about communities of practice between 1991 and 2007. They found that communities of practice differed according to activity type across four general dimensions: the type of knowledge that the community was engaged with (domain), the nature of the social interaction (community), the community's function in terms of producing innovative solutions to shared problems (practice). They also identified as a fourth dimension, the community's fit within management structures. Using these dimensions they grouped communities of practice that shared features within these dimensions, and found that they had four distinct activity 'types' among the communities of practice. These were communities associated with craft or task-based activities, epistemic or high creativity-type activities, professional activities, and virtual activities. In other words, the type of 'knowing in action' may affect the community's dimensions.

b. Situated learning

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Situated learning was a key concept outlined by Lave and Wenger (1991), and was the genesis for Wenger's later work on communities of practice (Wenger, 1998a). It arose from a socio-cultural understanding of learning: that learning and its context (often social) were interlinked and interactive. As with early childhood education in New Zealand, learning in a community of practice was seen as an interaction of learner and the learning context.

Lave and Wenger described the learning context as including fellow members of the work force. They described knowledge as being contextualised according to the workplace mores. Learning was seen as participatory, and in this sense was far more complex than the job description and regulations provided as guidelines for workers by an agency. According to this concept of learning in the workplace, the knowledge gained has been described by Barab and Duffy (2000, p. 50) as "a functional stance on an interaction – not a truth".

Brown and Duguid (1991) examined studies of workplace practices, and noted that job descriptions or instruction manuals did not explain the range of activities and ways of thinking that the new worker was required to assimilate in order to be part of the organization in which they were employed. Like Lave and Wenger (1991) they pointed to the socially based learning occurring within a community of practice. Learning, as Brown and Duguid described it, comprised collaborative problem solving within that community of practice.

What concerned these writers when they applied this concept to the education system was the de-contextualised nature of much of the learning taking place in schools. They advocated for students' learning content to be embedded into authentic, that is, context-based experiences, where students collaborated to solve problems (Brown, Collins, & Duguid, 2001; Brown & Duguid, 1991). One of the main points that the writers were making here was that learning and collaborative problem solving were inextricably linked.

This interrelationship between the learning content and its social processes has sometimes been lost (Barab & Duffy, 2000). These writers looked at the design of a number of apparently authentic context-based learning activities in schools that claimed

to be setting up situated learning opportunities. They pointed out that the design of these activities was entirely based on content, albeit made practical and relevant in terms of the skills being taught. Barab and Duffy (2000) termed these activities 'practice fields'. This process, they argued, by-passed a key aspect of the theory underpinning the concept of a community of practice, the provision for socially interactive learning within that activity.

c. Legitimate peripheral participation

Lave and Wenger (1991) noted how new workers were initially given minor jobs to do, and then, as they became more experienced, were given more responsibility for production within the group. The movement of the newcomers from the periphery of community activity towards the centre as they learnt the group's skills and mores was an observed pattern that identified as they looked at their workplace studies. They conceptualised the individual's learning path, as they participated more fully in their working context, in terms of them moving further towards the centre of the group.

With more studies coming available it has been argued that that picture is more complex than they described. Drawing on two extensive case studies, one based in the steel industry and one in secondary schools, Fuller, Hodkinson, Hodkinson, and Unwin (2005) demonstrated that the expected centripetal movement of the apprentice or the newly qualified teacher did not necessarily occur. The degree to which newcomers were enabled to participate increasingly in the community was determined by the attitude of existing community members, by management decisions from outside the community, and by personal factors such as health issues that impinged on individuals.

Edwards (2005) also queried the participation metaphor when used to consider the apprentice type learning to which Lave and Wenger (1991) referred. She argued that the learning outlined by their work described the socialisation of the individual into an existing belief system, and did not account for how new knowledge developed.

d. Identity

In accordance with the learning theory underpinning communities of practice, identity development and social interaction are interdependent. Belonging to a community is a necessary part of identity development because people are defined by the social and

cultural contexts to which they belong and identify. Lave and Wenger (1991) have linked the development of individual identity with the interactive learning occurring in a community of practice, envisaging the individual member's developing identity as a function of joining and interacting with the group.

Wenger (2009) explained his social theory of learning as an “encompassing process of being active participants in the *practices* of social communities and constructing *identities* in relation to these communities” (p. 210). He envisaged participation as both “a kind of action and a form of belonging” (p. 211), and conceptualised practice, community, meaning, and identity as interconnected and mutually defining.

Individuals will identify with a number of social and cultural groups, and as Duguid (2005) has suggested, the identity of a learner is modified by their interactions with their communities.

This idea has influenced educational thinking in recent years. Barab and Duffy (2000, p. 34) have urged educators to “place more emphasis on what types of interactions, and hence identities, were being created within the context of schools”. This call has been adhered to in New Zealand where recent education-based studies have focussed increasingly on the teacher's role in supporting learning that is authentic, context-based, and importantly, interactive (Hunter, 2009; Jordan, 2004; Nuttall, 2003; Sewell, 2006). Writers have tended to refer to communities of learners rather than communities of practice, which highlights the emphasis they are placing on the ideas of situated learning and identity development.

In terms of identity Hodkinson and Hodkinson (2004) have argued that an individual's learning dispositions influence the extent of their participation in a community of practice. They have used this argument to point out the limitations of the theory of community of practice. However, Wenger (1998a, 2009) has stressed that practice and identity are inevitably interlinked.

e. Shared domain

A shared domain is what defines a community of practice. If members do not either explicitly by negotiation, or implicitly by their actions, share an understanding about their joint endeavour, a community of practice cannot develop. By definition members

will be unable to mutually engage and share a repertoire where there is no shared domain.

In education studies, most researchers have tended to set up a community of practice in tandem with professional development. This means that the domain, the subject of the professional development, is already set. One frequently cited study is by Palincsar et al. (1998). In this case the writers were promoting an inquiry-based approach to science teaching, and described this as “the common enterprise for our community of practice” (Palincsar et al., 1998, p.7). To get teachers to build their community of practice, it was necessary to spend time discussing what this domain meant to them, and to question what a community of practice organised around inquiry-based science teaching might look like. In other words, while the domain of this inquiry-based approach to teaching science was initially set by the researchers, in order to develop a community of practice among the teachers they had to set up opportunities to discuss the domain in order for it to be shared. A study by Barab, Squire, and Dueber (2000), concerned with developing a learning community of pre-service and practising teachers, had also already set the domain dimension for the community – to extend classroom students’ use of the web. The set of four case studies that they described highlighted the critical importance of negotiations between pre-service teachers and practising teachers about what was understood, and indeed wanted, about the proposed technological changes. Without clarity and agreement at this point there was no mutual participation, and therefore no community of practice. Indeed, this was what occurred in one of the cases.

f. Practice and participation

Handly, Sturdy, Fincham, and Clark (2006) have been concerned about a possible confusion in terminology between the ideas of *participation* and *practice*, which they have pointed out are sometimes used interchangeably. They have suggested that the use of the term ‘practice’ when referring to communities of practice should be limited to observable ‘activity’, while the concept of participation carries the idea of *meaningful* activity, i.e. activity that is negotiated and increasingly meaningful to the learner. This distinction is thought provoking, but problematic. Defining practice as the actions of a community of practice performed without shared meaning, would seem to contradict the entire construct. The idea of practice as one of three dimensions of a community of

practice is dynamic. It can be separated out for the purposes of discussion, but it is intimately related to what is happening in the other dimensions.

Practice will include the demonstration-in-action of the community's mores or ways of thinking about things. Some of the meanings attached to the mores may not be explicit to all members, but are nevertheless the actions/rules, sometimes tacit, that define the community (Duguid, 2008). As new, or less dominant members, participate more actively in the working of the community they may become privy to these meanings. Where they do increase their understanding, this may be seen as an example of situated learning.

A terminology specific to a community may also develop as part of a community of practice's shared repertoire as they work together (Mitra, 2008). Mitra found that the building of a shared language between staff and students at a tertiary institution was an important factor in developing a successful partnership between the two groups. Considering language style and interactive 'rules' within the community's way of communicating were very relevant to gaining an understanding of what was happening.

g. Connectivity of the dimensions

Iverson (2011) has pointed out that when examining a community of practice it is essential to recognise the connectivity of the concepts of mutual engagement, shared repertoire, and negotiation of a joint enterprise. These facets of a community of practice need to be seen as parts of a greater whole. Iverson (2011) described the limitations that some researchers have found in the theory of community of practice as a failure to envisage the concept in its entirety. For example, he has argued that concerns about the lack of a precise definition of a community of practice, the static nature of a defined group, and its inability to transform made by Fuller (2007), disregard the theory's connectivity. He referred to an earlier study, Iverson and McPhee (2008), which described how mutual engagement focused on the communicative interaction of the community concerning their shared practice/ knowledge. The community's shared repertoire depended on the nature of their mutual engagement in terms of how the repertoire was shared and enacted, as well as how the joint enterprise was negotiated. The connecting mechanism of the theory was communication. Accordingly, the value of

community of practice as a theory is that it provides a means for understanding the way a group communicates and develops its knowledge base.

2.3.3 The relationship of the model of community of practice to collaborative interaction

This section includes discussion about a) the use of communities of practice to promote collaboration between researchers and practitioners, b) the potential for collusion within a community of practice, c) the use of reflective practice to support collaborative learning, and d) conflict and collaboration in a community of practice.

a. Collaboration between researchers and practitioners using the model of a community of practice

A community of practice comprises members of a social group taking on a project, sharing ideas about how to do this, and supporting each other in the doing. Collaboration is a fundamental requirement of a community of practice in action.

A concern expressed by researchers in education is the divide between researchers and practitioners, with teachers failing to see the relevance of research findings to their field work. This concern was illustrated by a review of 183 studies between 1988 and 2000 on teachers' (and doctors') use of research (Hemsley-Brown & Sharp, 2003). They reported that teachers in particular felt that the information presented in the literature was not sufficiently context-based, and did not easily generalise into the classroom. The writers concluded that teachers needed to be more closely involved with the research process. The need for teacher/researcher collaboration was also cited as one of the reasons to apply the model of a community of practice to early intervention by Buysse et al. (2003).

Teacher/researcher collaboration is emphasised in many of the studies in the education literature which are concerned with establishing communities of practice. Communities of practice among teachers have generally been set up by researchers in conjunction with professional development, introducing new skills for teachers as the domain, or subject, for that community to discuss (Palincsar et al., 1998; Barab et al., 2000). Further to this, researchers have collaborated with teachers, within the learning communities that they set up, to reflect on the professional development process that

had been used. An example is a 2-year study by Butler, Novak-Lauscher, Jarvis-Selinger, and Beckingham (2004) where teachers learnt to use 'self-regulated learning', a process of goal setting, strategic planning, and reflection on progress, both for their students and for themselves. The teachers collaborated with the researchers in designing activities that would support the interactive discussions needed to promote their students' self regulation. They also participated in defining the research procedures to be used to measure the effectiveness of the process. By the end of the two years researchers were able to fade their involvement, leaving the teachers to maintain their use of self regulated learning. Similarly, a study by Edwards (2000) described the creation of a community of practice among professionals with a common focus on supporting the learning of very young children. Initially the researchers took a leadership role by contributing relevant literature to the community's discussion and reflection. Later they gradually withdrew from the community, their role having been a catalyst for change within the community during the time that the community needed to collaborate with them.

b. Collusion rather than collaboration

In an ideal world, collaboration in a community of practice starts with '*true dialogue*', in the sense that Freire (1972) has defined it, that is, the genuine sharing of information where speaker and listener are both open to change. According to Friere's terminology, this contrasts with '*discussion*' where speaker and listener are captured by their own personal arguments. In many ostensibly collaborative situations, '*discussion*' in terms of Freire's definition prevails over '*dialogue*'. As in any community there are issues of individual loyalties and interests, power differences, and personal identity in a community of practice that can confound collaboration.

One of the concepts that is not well developed in the community of practice theory is that of how the 'old-timer' learns in a changing community. A person who is well established in an organisation may hold onto a practice that is no longer appropriate in the current climate, or, in professional communities, does not now equate with best practice as advised in the literature. Although the suggestion that the newcomer as part of their own learning will modify the community's functioning, the unevenness of power is just as likely to risk the 'enculturation' of the newcomer into outmoded practices, a point touched on by Lave and Wenger (1991) but not developed. As Cox

(2005) has indicated, it is possible to see a community of practice as essentially conservative, where the newcomer simply learns to take on the stance of the existing group, or even colludes with poor quality practice for the sake of fitting in with the rest of the group.

Collusion is an insidious part of community life. It is agreement without thought, the sort of behaviour that fosters a group support mentality, but can stifle individual learning within the group. There is mutual sympathy which feels comfortable and can bind members together, but the membership can thus avoid dealing with the issues they are faced with. An example of the potentially damaging effects of collusion was illustrated by Timperley and Robinson (2001, 2002). They examined how teachers in three schools initially attributed the causes of low academic achievement among their students to parents' and children's deficits. Once teachers started focussing on the job that *they* were doing by measuring the effects of their own teaching practices, progress began to be made. This illustrates the potentially damaging effect of collusion within a group of colleagues who, at the start of the intervention, were failing to question their own practice.

A different type of collusion was found in a study by Bullough, Draper, Smith, and Birrell (2004). They interviewed two communities of practice, long-time university-based teacher educators, and a group of distinguished teachers who had been seconded on short term tenure to the university as clinical professors to organise field experiences for teacher trainees. The function of this latter group was expected to enhance the collaboration between teachers in the field and the university-based educators. In fact what happened was that the two groups, the university educators and the seconded teachers, formed tight boundaries around their respective communities, focussing on their relative academic status. This resulted in them closing ranks rather than collaborating, which in turn inhibited the intended flow between university and field practice. This is an example of a situation where separate groups failed to explore and develop a shared domain, and instead perpetuated a separation of purpose.

c. Reflective Practice as an essential process in collaboration

What helps to keep collaboration from being distorted in this way is the use of reflective practice. When a person reflects deeply on what they have said/done in a social context,

they allow themselves to analyse the underlying drivers of their behaviour, what Argyris and Schön (1974) have called an individual's "theories in use". The individual can then consider these drivers in the context of their beliefs about their identity, i.e., their "espoused theory", to see whether they want to change their actions to fit more closely to what they claim to be doing. In a group situation, the same opportunity applies: for the group to consider whether what they are doing matches with what they want to do. It is reflection such as this that engenders innovation and creativity in practice.

This shared reflection is what advocates of a community of practice are thinking of when they talk about collaboration. Barab and Duffy (2000, p.33) wrote that the opportunity for reflection was central to problem solving in the work place:

It provides the opportunity to think about why we are doing what we are doing and even to gather evidence to evaluate the efficacy of our movesThe reflective process – an active, rigorous, and analytical process – is essential to the quality of learning.

Similarly, Ainscow (2005, p. 116), reflecting on evidence from a three-year study about developing inclusion in schools in terms of the way a community of practice might function, identified one of the levers to overcoming barriers as "interruptions to thinking", i.e. teacher reflections that challenged their existing excuses for not including children.

In terms of building collaboration, it is reflection on the community's shared values and tasks, as opposed to reflection about relationships, which appears to be most useful. Reflections on the groups' domain, that is, the community's joint enterprise and its resulting practice, predominate in studies concerned with building collaboration (Butler et al., 2004; Palincsar et al. 1998). Robinson, Anning, and Frost (2005) investigated team building among different professional groups working with 'at-risk' children. They also identified reflection on shared values and work undertaken together, as promoting team work. What they found less helpful was to encourage participants to state their discomfort with role sharing frankly as they reassembled themselves into trans-disciplinary groups. Similarly Timperley and Robinson (2002 p.146), looking at five instances of educational partnerships, made the point that it was the "mutual

recognition of progress made together on valued tasks” that strengthened the partnerships, as opposed to group members dwelling on the relationships themselves.

d. The place of conflict in the collaborative experience of working within a community of practice

Communities of practice do not stand in isolation. They are overlaid with the parts of many other communities to which individual members belong. This is seen as one of the community’s strengths. Communities of practice are thought to be able to provide a stimulus for innovative practice because of their way of synthesizing a variety of contributions from individual members (Wenger et al., 2002). Community members bring their different perspectives and diverse learning experiences from other communities to which they belong to bear on the issues that the immediate community of practice is concerned with.

The integration of diverse ideas can cause tensions within the community. Several writers have commented on the necessary presence of conflict and disagreement in communities of practice. Achinstein (2002), from a case study on teacher collaboration, found that it was the way that differences were accepted and worked through rather than suppressed that had most potential for collaborative learning. Petrone (2010) has also argued from a study of youth skate-boarders that conflict, far from being counter-productive, can provide the necessary grist for group learning.

While the positive picture is an exciting one, that is, individuals together developing a fresh practice as they learn from each other’s wider experience, this may be an overly optimistic view. Handley et al. (2006) considered the idea of a community of practice from various perspectives: individual, community, and societal. They argued that the broader socio-cultural context in which a community of practice is embedded will inevitably impact on the degree to which an individual chooses to participate in that community, and that this in turn may well limit the extent of their collaboration. Fuller et al. (2005) also found that constraints imposed on their work by the organisations in which the communities they were studying were embedded impacted on the extent to which those communities of practice could supply a learning environment for members.

Chapter Two: Review of the Literature

Contu and Wilmott (2003) have suggested that vocabulary such as ‘community’, ‘mutual endeavour’, and ‘joint enterprise’ give an unwarranted impression of a harmonious interaction within a community of practice. This was not a claim that the originators of the concept made for it. Wenger (1998a, p. 76) wrote that “homogeneity is neither a requirement for, nor the result of, the development of a community of practice”. He added that engagement in practice was more a matter of diversity.

Wenger also alluded to the likelihood of conflict within communities of practice as a facet of uneven power. He envisaged power in relation to the idea of legitimate peripheral participation. The core group of the community had the ability and knowledge resources to foster, or conversely possibly hinder, the movement of newcomers, or the less well informed, into full group participation. Wenger also pointed out that power did not necessarily equate with coercion. According to Wenger (1998a, p. 180) “power is a condition for the possibility of socially organised action.”

Power in the sense to which Wenger was referring helps to align the group so that production is more effective. It can be seen as a function of a pre-existing leadership or influence in the community.

For a community of practice to exist there needs to be a level of agreement among members as to what constitutes their shared enterprise. In this sense the group needs to be aligned. At the same time, for a community of practice to retain an interactive learning function, and remain viable it has to allow for vigorous debate and questioning of the community’s direction. Annan, Bowler, Mentis, and Phillipson (2008) have written of the tension between commonality and diversity of team member knowledge and understanding as New Zealand educational psychologists negotiate with other team members to construct interventions for children with challenging behaviour. Holding a balance between that commonality and diversity required active dialogue. This was so that team members could both maintain their relationships, and contribute to and learn from each other in ever-changing environments.

2.3.4 Community of practice as a lens through which to conceptualise group interactions

This section explains why the construct of community of practice provided a valuable way of considering interaction within a group.

The construct of community of practice arose from a study of learning in the workplace by Lave and Wenger (1991) (see 2.3.1). The study demonstrated socio-cultural learning theory in action: that the individual learner and their social and cultural milieu (in that case the workplace) were mutually dependent. The subsequent description of the way that a group of people functioned together maintained that concept of individual/contextual interaction. Wenger (1998) described community of practice as comprising three overlapping dimensions, community, domain, and practice. Figure 1 illustrates this overlap.

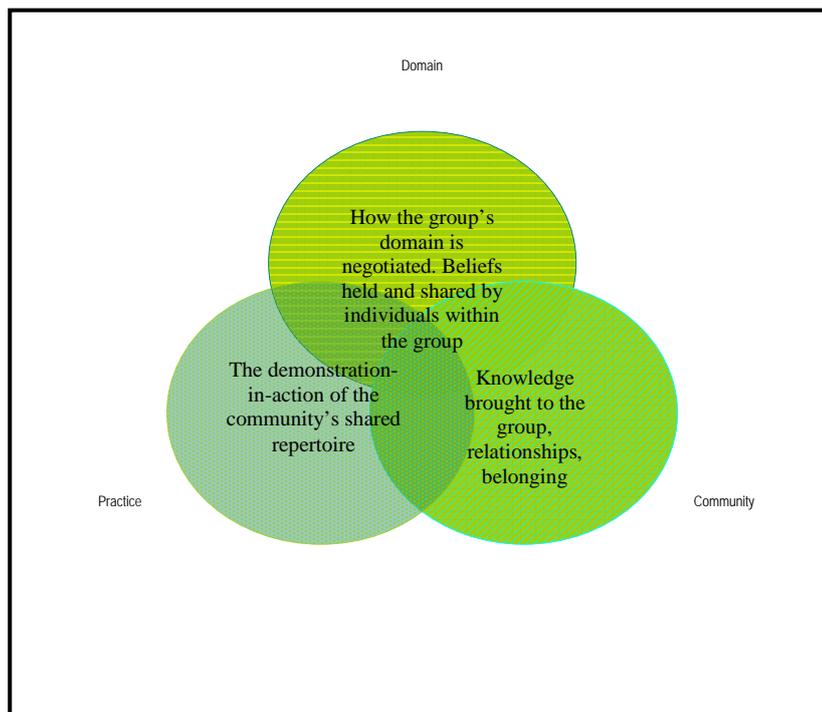


Figure 1. The interactive nature of community of practice

Summarising earlier discussion, the dimension of *community* provides a focus on the knowledge brought to the group, relationship building, individual identity development through interaction with group, the sense of belonging, but also issues of uneven power within the group (Duguid, 2005; Lave & Wenger, 1991; Wenger, 1998, 2009). The *Domain's* focus highlights the beliefs held and shared by individuals within the group

and the opportunity for learning from each other, a potential for disagreement, and a tension between maintaining commonality and diversity of beliefs and knowledge, (Achinson, 2002; Annan et al., 2008; Barab & Duffy, 2000; Wenger et al., 2002). *Practice* includes the demonstration-in-action of the community's mores or ways of thinking about things and a shared repertoire and terminology that develops through the interaction of community members (Duguid, 2008; Mitra, 2008; Wenger et al., 2002). Together, these overlapping foci provide a useful lens through which to consider the complexity of group interactions.

2.4 HOW THIS STUDY RELATES TO THE WAYS THAT OTHER WRITERS HAVE USED THE CONCEPT OF COMMUNITY OF PRACTICE

This section outline three ways of approaching the model of community of practice (2.4.1, 2.4.2, 2.4.3), and explains where this study sits in relation to these (2.4.4).

2.4.1 Use of the reified model of a community of practice

One of the ways to consider the model of a community of practice is as an organisational entity in which workers can learn together by sharing ideas (Wenger et al., 2002). This was the impetus behind the recommendations to develop communities of practice in the Early Intervention field made by (Buysse, Sparkman, & Wesley, 2003; Buysse et al., 2001; Cullen, 2004; Wesley & Buysse, 2001). Those writers advocated the application of a community of practice to promote collaboration in inclusive early intervention according to the idea of a reified community of practitioners sharing their knowledge and ideas to extend understanding in the field.

The model of community of practice was originally a conceptual construct to explain the interactions and learning processes of groups of workers (Lave & Wenger, 1991). Lave (2008 p. 283) has later pointed out that the concept of a community of practice was at first “an informal label for a knot of ideas”. She has described how, as the label “stuck”, it became a prescriptive model in some organisations for how to improve practice. Indeed, the term, a community of practice, has moved into the vernacular of many organisations as a way to organise workplace learning.

There has been an exponential growth in publications about communities of practice in the business and education communities (including both empirical studies and books) from less than ten per year between 1991 and 1998, to over 70 per year between 2004 and 2006 (Amin & Roberts, 2008, Figure 1, p. 355). These dates coincide with the reframing of the model as an organisational tool to promote collaborative learning. Conventional wisdom suggests that by identifying worker groups as communities of practice and providing them with opportunities to meet together and talk, they are more likely to share their knowledge. The expectation is that collaborative problem solving from this shared knowledge will generate new learning (Brown & Duguid, 1991; Wenger, 1998; Wenger et al., 2002). Cox (2005, p. 534) described this latter work about organisational communities of practice as “a credible manual for facilitating such groups”.

A number of education studies have advocated the setting up of new communities of practice as a facet of a group’s professional development (Barab et al., 2000; Butler et al., 2004; Edwards, 2000; Palincsar et al. 1998). Participants in these studies were not necessarily co-workers, although they were usually members of the same professional group. Their connection was built up via the professional development they were undertaking together, and the interactions described in these studies focused on their shared learning experiences. Group members might well continue their connection after the life of the project, but they were essentially communities of learners who were sharing a mutual learning experience and reflecting on it together.

2.4.2 Approaches to the conceptual model of a community of practice

In another group of education based projects that involve communities of practice, researchers have analysed how an existing community of practice works together, and compared their findings with the conceptual model, thus critiquing the theory of community of practice (Achinstein, 2002; Fuller et al, 2005; Hodkinson & Hodkinson, 2004; Petrone, 2010). As already mentioned earlier in this chapter, Achinstein (2002) and Petrone (2010) elaborated on issues of disagreement and conflict and their relevance to the conceptual model of community of practice.

Writers have also examined short falls in the model. The theory of community of practice has been criticised for not accounting for some influences on workplace

learning and learner identity, particularly in relation to an individual's membership of multiple communities (Fuller et al., 2005; Handley et al., 2006). Lave (2008) has argued that some of the concerns about the limitations of the model do not refer to a weakness of the model itself, but misunderstandings arising from its appropriation as a method of organising professional development, and the claims made about its creative and collaborative function.

2.4.3 The use of a model of community of practice as an analytical tool

A third approach that writers have taken in considering the model of community of practice is to use it as an analytical tool or lens through which to study and understand more about the operations of existing communities of practice: e.g. supervision among psychologists (Annan, 2005), a new dimension to a university faculty (Bullough et al. 2004), or to highlight an aspect of that community's behaviour: e.g. power imbalance (Mitra, 2008).

Iverson and McPhFee (2008) and have written of the usefulness of examining and comparing two communities of practice through the elements of mutual engagement, negotiation of a joint enterprise, and shared repertoire, as a mechanism for understanding the way in which knowledge is "communicatively enacted" and the impact of this on those organisation's knowledge context (Iverson, 2011, p.41).

2.4.4 The rationale for the use of the model of community of practice as an analytical tool in this study

The IP group was not a community of practice. They did not come together as learners because of their commitment to a shared interest, and their focus was not to learn together to develop their practice. They had a shared task: the development of a child's individual plan. They came together as individuals who belonged to a number of other communities of practice, not only as professionals belonging to various education bodies, but non-professionals with more general allegiances to families and the wider community (for a more detailed outline see 3.2.1b). These individuals entered the IP group with an uneven educational knowledge base with which to set an education programme, and with different philosophies of education (see 1.2.2). Nevertheless they were expected to work as a team to produce a child's inclusive early intervention programme, and this did require joint learning.

McDermott (1999) has described the difference between teams and communities of practice in the context of business organisations. He described a team as a group of people with a common goal, interdependent work, and joint accountability for results. He argued that while teams can be vehicles for shared learning, this does not necessarily occur, because their focus is on the production of short term outputs, not on capacity development. In contrast, he argued, communities of practice are loosely knit groups who choose to come together voluntarily to share their ideas and knowledge. An individual's professional identity in a community of practice is defined within the community, their focus is on developing their field, and they maintain their connection for as long as they value the learning opportunities that membership of that community offers. In contrast, as was later pointed out (Wenger et al., 2002), project teams have a predetermined ending – the completion of the project (Table 2.2, p. 42).

While McDermott's definition of community of practice (McDermott, 1999) is narrow (see 2.3.2a), for the purposes of this study his argument made a crucial point: that communities of practice are organised around shared knowledge, not outputs. This distinction is important because it embeds the concept of community of practice within its genesis, the idea of situated learning.

Members of the IP group are joined by the requirement to produce an output, the child's individual plan, and once the child moved on to school this project team is disbanded. This output is their sole reason for interacting as a group. To achieve this output however, the IP group has to share their knowledge of the child and how best to teach him/her. So while the sharing of knowledge is not the *raison d'être* for the formation of an IP group, it is a very necessary part of the way this disparate group attains their output.

Intra-group knowledge sharing can be informed by a socio-cultural theory of learning, that is, the premise that individuals learn as they interact with their social and cultural environment. This was the basis of Lave and Wenger's seminal study of situated learning among workers in the workplace (Lave & Wenger, 1991).

Chapter Two: Review of the Literature

The aim of the present study was to contribute to our understanding about current inclusive early intervention practice in New Zealand by examining how an IP team produced its output, the child's individual plan. This included consideration of the dynamics of how knowledge was combined and shared through the IP group's interactions, which had resonance with the concept of situated learning.

Rather than trying to 'form' a community of practice from IP groups as suggested by several writers (Buysse, Sparkman, & Wesley, 2003; Buysse et al., 2001; Cullen, 2004; Wesley & Buysse, 2001), I decided to consider interaction within inclusive early intervention programmes in New Zealand by using community of practice as an analytical tool within which to study the workings of the IP group. This was an innovative approach. Other studies had considered existing communities of practice from within this framework (Annan, 2005; Bullough et al., 2004; Iverson & McPhFee, 2008; Mitra, 2008). However, the IP group was not itself a community of practice, and the use of the framework of community of practice as an analytical tool in this context was new.

The three dimensions, community, domain, and practice, allowed for an analysis of the way aspects of the group's interactions impacted on one another. It provided an operational tool to put the recorded interactions into a rational and systematic order that allowed for my subsequent analysis. Importantly, this was a way of studying how this group of people with diverse backgrounds shared their knowledge.

The thesis question was thus conceptualised as

What can be learnt about the way disparate members of an IP group interact when their work together is viewed through the lens of community of practice?

The next chapter, Chapter Three, describes how this was done.

CHAPTER THREE METHODOLOGY

3 CHAPTER OVERVIEW

The purpose of the present study was to further our understanding about participant interaction in inclusive early intervention programmes for children with disabilities in New Zealand. This was achieved by observing and describing the interaction at meetings of participants in three IP groups as they met together, together with the participants' own interpretations of those interactions. 'IP group' is the term I have applied throughout this thesis to the group of people who contribute to a child's Individual Plan (IP), designed to be run in their early childhood education centre. This group usually comprises the child's parent(s), teachers, early intervention specialists, and education support worker.

The review of the literature presented in the previous chapter provided evidence of the need for a more cohesive approach in inclusive early intervention. The review also outlined literature that examined the place and nature of workplace communities of practice, and explained the rationale of my use of this model as a tool for analysis of how the IP group worked together (see 2.4.4). The key question for the present study was: *What can be learnt about the way disparate members of an IP group interact when their work together is viewed through the lens of community of practice?*

As outlined in 2.3.1, the concept of community of practice can be subdivided into three interrelated dimensions: community (people identified by mutual endeavour), domain (their negotiated joint enterprise), and practice (how they worked together – their shared repertoire). Using the three dimensions as defined in the foundation literature on communities of practice and situated learning (Lave & Wenger, 1991; Wenger, 1998; Wenger et al., 2002) it was possible to identify issues within each dimension:

- *Community*: the knowledge base of the group and how that might affect the relative power of individuals in their group; their relationships
- *Domain*: Issues that group members might choose to explore together, the way these were negotiated, and how these issues related to the group's belief systems, as well as possible new learning for individuals that occurred through membership of the group

- *Practice*: What the group did and their shared approach to what they were doing

In addition to this was the issue of how these features of the model's dimensions might interrelate.

Chapter Three describes the methodology and procedures used to examine the work of these groups in terms of the study's questions. The chapter is divided into two sections. Section 1 explains the theoretical thinking, that is, the methodology which underpins the way that this research was approached. Section 2 details the actual procedures used.

3.1 THE THEORETICAL APPROACH TO THIS STUDY

This theoretical section begins with a discussion about the socio-cultural paradigm that underlies the study (3.1.1). The section then explains its design as a qualitative case study (3.1.2) and ethnography (3.1.3). The epistemology of the research, i.e., the position of the researcher in relation to the study, is described (3.1.4). Finally, issues of validity and reliability are discussed in the context of this study (3.1.5).

3.1.1 A socio-cultural paradigm

This study used the framework of community of practice as a lens to look at the way that groups of people involved with inclusive early intervention programmes worked together. Ideas about the socio-cultural nature of learning, where people learn via interactions within their social context (Lave & Wenger, 1991; Rogoff, 2003), underpinned the study. In that sense the study was based on a socio-cultural paradigm.

Underlying a socio-cultural paradigm is the concept of a constructivist view of the world. Constructivist-based research accepts the premise that individuals make sense of their world by *constructing* explanations about their experiences as they interact within a social system. If people learn by constructing explanations built on their many and varied contextual experiences, it can be argued that the *reality* of the world from this viewpoint is made up of multiple constructs. Thus there is no such thing as an objectively measurable reality (Guba & Lincoln, 1994).

A socio-cultural paradigm, while accepting the idea that there are multiple constructed realities in the world, considers the idea of context to be an active participant in the

construction process. Cole (1996) has referred to the Latin origin of the word context, *contexere*, meaning to weave together:

“When context is thought of in this way, it cannot be reduced to that which surrounds. It is, rather, a qualitative relation between a minimum of two analytical entities (threads), which are two moments in a single process. The boundaries between “task and its context” are not clear-cut and static, but ambiguous and dynamic.”(Cole, 1996, p. 125)

The data that informed the present study examined the insights, understandings, and interpretations of participants as they planned together within the context of their group experiences. This sort of qualitative investigation entails loose-ends and complexities of meaning which require rich detail rather than statistical explanation. The approach contrasts with positivist studies that pre-suppose an objective reality by attempting to manipulate the variables embedded in a situation prior to the data collection.

A qualitative case study methodology is particularly useful in dealing with problems of practice and extending the knowledge base in education fields (Merriam, 1988). The study was about a socially constructed context, the IP group, and interpreted people’s perceptions of what was happening through a socio-cultural-based construct, community of practice.

3.1.2 Case study descriptors

Identifying this study simply as a qualitative case study is imprecise. Creswell (2005, p. 439) defined a case study as “*an in-depth exploration of a bounded system*”. He pointed out that while some writers such as Stake (1994) have identified the case as an object of study, others, such as Merriam (1988), have seen it as an inquiry’s procedure. Creswell’s definition encompasses both of these interpretations.

However, to give a clearer picture of the features of the present study, it is worth looking further at both these ways of conceptualising the idea of case study, that is, the object of the study *and* the procedures used.

Stake (1994, p. 236) wrote,

“[a] case study is not a methodological choice, but a choice of object to be studied.”

Developing this thought about what constitutes the subject of a case study, Edwards (2001, p. 126) referred to case studies as “*units of analysis*”, i.e. they delineate the perimeter of the study rather than describing the researcher’s approach to what they are studying.

A critically important feature of the present study was that it used the model of community of practice to analyse and interpret how groups of people involved with inclusive early intervention interacted and worked together. The diagram in Figure 1 maps out the study in concentric circles, with the major focus on the central theme and the interest decreasing as the circles move outwards, as suggested by Edwards (2001).

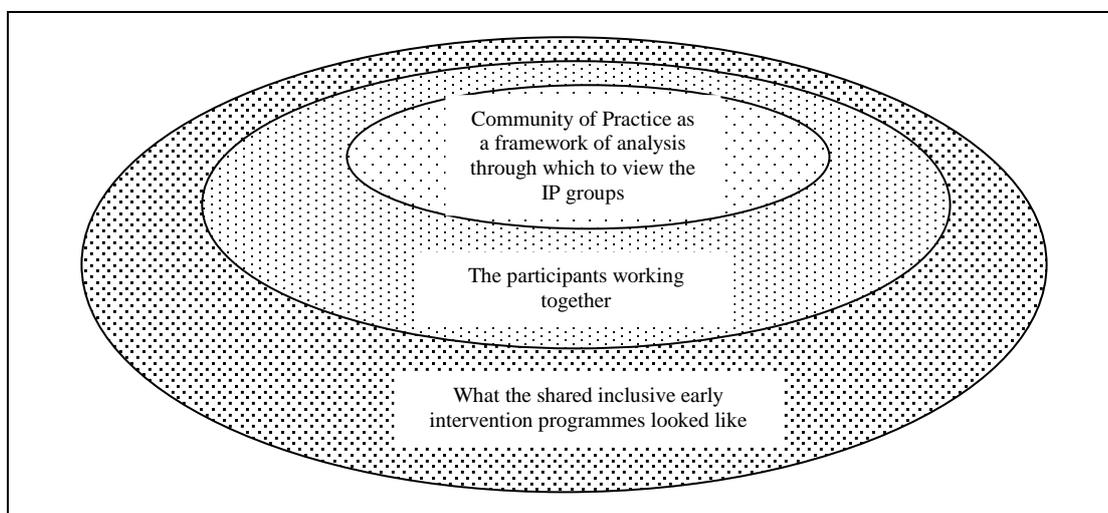


Figure 2. Focus of interest in a case study of interaction in inclusive early intervention

Because the primary focus was on the analysis of the group’s interactions *via the model of community of practice*, this study could also be considered to be instrumental. Stake (2005) has described case studies as intrinsic, instrumental, or collective (exemplary). The difference in these descriptors arises from the researcher’s focus in relation to the case, that is, the epistemology of the study. An intrinsic case study is a detailed study of an individual, group, resource, intervention etc., where the intrinsic interest is within the case itself. The case is not selected because it is representative of other cases, but because it is interesting in and for itself (Edwards, 2001). An instrumental case, on the other hand, describes a study where the focus is on an issue beyond the immediate case. Stake has pointed out that there is no hard-and-fast distinction between intrinsic and instrumental case studies. He has described the distinction as “*a zone of combined*

purpose” (Stake, 2005, p. 445). Stake’s words here are apposite for this study because the analysis of the groups’ interactions via the construct of community of practice, and the way group members worked together, were by their nature combined. Nevertheless, as shown in Figure 1, the primary focus of interest was on the analysis of their operation using the framework of community of practice.

Another descriptor for the study, again related to its focus on the analysis of the group’s interactions via the model of community of practice, is that it was *critical*. In contrast to Stake’s way of conceptualising a case study as the object studied, Merriam (1998) considered case studies as ways of describing the researcher’s approach to what they are studying. Merriam (2002) has explained that qualitative research can be *interpretive* or *critical*. An interpretative study attempts to understand the nature and meaning of how individuals interact with their social world through *their* (the participants’) interpretations of it. However, according to Merriam (2002), when a study is considering how the social aspects of a situation shape the ways that individuals construct their reality, the researcher is taking a *critical* rather than interpretive approach to the data. In this study, participants’ interpretations of their work together were re-framed in terms of community of practice dimensions. It is therefore more accurate to describe the approach to the study’s data as critical.

3.1.3 Methodologies used with other education studies involving communities of practice

The methodology used in studies about communities of practice varies according to the outcomes sought from the research. Studies that have looked at the development of communities of practice as part of professional development, such as Barab et al. (2000), Butler et al. (2004), Edwards (2000), Palincsar et al. (1998), have used action research designs, where researchers and participants developed a reified community of practice together. The researchers and participants have co-constructed their communities, with the study data focussed on describing the process of forming that community.

Lincoln (2001) has written that where studies are considering the reconstruction of a social ‘reality’, it is important to decide whether the construct itself is of primary

interest, or whether, as in the case of the studies referred to above, the main interest centres on the way the participants move towards that reconstruction.

In this study the use of community of practice as an analytical tool with which to consider how the people involved with inclusive early intervention worked together was central to the study (see Figure 1), so that it was the construct itself that had the primary position.

Studies that have analysed the operations of communities of practice have used ethnographic designs (Achinstein, 2002; Hodkinson & Hodkinson, 2004; Mitra, 2008; Petrone, 2010). Ethnographic studies examine a culture, in the wider sense of that term, and look for shared patterns of behaviour, beliefs, and language that develop as members of a group interact over time (Creswell, 2005). While this study was not about a community of practice, but how a group's interactions might be considered via that lens, an ethnographic approach was still useful as a method of analysing the data from the group. The dimensions and general issues had been set (see the start of this chapter), but how the participants interacted from within that perspective was still to be discovered.

3.1.4 The study's epistemology

Epistemology is about the relationship of the researcher to the research: the extent to which the researcher is a part of the data that s/he is examining. To understand a qualitative study it is important to be able to see where the researcher stands in the acquisition and interpretation of the findings (Guba & Lincoln, 1994).

Briefly, in this study, the researcher set up participant groups and arranged for them to meet regularly across a year. The meetings were facilitated for participants, recorded by the researcher, and the detailed meeting notes were circulated after each meeting. Participants were interviewed individually after every second meeting by the researcher. This was the data collection phase. The data from the meetings and interviews was analysed using the model of community of practice. For a more detailed description of the research process used, see sub-section 3.2.6.

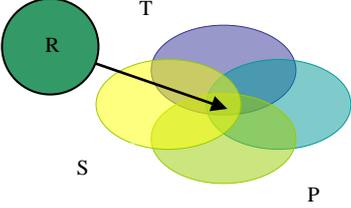
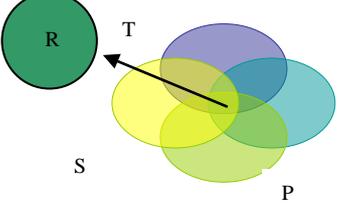
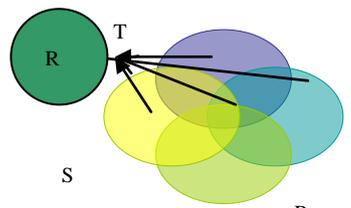
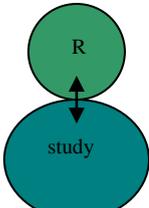
Process		Key: R- researcher; P- parents; T-teachers; S- specialists; E education support worker
Study set-up Outside organiser	Researcher organises an introductory meeting and dates for the group to meet and share their ideas.	 <p>A Venn diagram with five overlapping circles representing different roles: R (researcher, green), S (specialists, yellow), T (teachers, purple), P (parents, light green), and E (education support worker, light blue). R is positioned to the left of the other four circles, which are clustered together. An arrow points from R towards the center of the cluster.</p>
Data Collection Participant-observer	Researcher facilitates discussion where needed and provides notes on meetings to be authenticated by the group and discussed further at the following meeting.	 <p>A Venn diagram similar to the first one, but with an arrow pointing from the center of the cluster of S, T, P, and E circles towards R, indicating the researcher's role as a participant-observer.</p>
Data Collection Participant observer	Researcher interviews each participant. Content is not shared with group unless participant wishes. Transcripts are authenticated. Content informs further questions	 <p>A Venn diagram similar to the previous ones, but with multiple arrows pointing from each of the S, T, P, and E circles towards R, representing individual interviews.</p>
Data Analysis Critical interpreter	Descriptive data analysed using the lens of community of practice	 <p>A diagram showing a green circle labeled 'R' above a larger teal circle labeled 'study'. A double-headed vertical arrow connects the two circles, indicating a reciprocal relationship between the researcher and the study during the analysis phase.</p>

Figure 3. Researcher / participant / data relationship

As will be seen in Figure 2, the researcher started as an outsider organising the study set-up. As with ethnographic case studies generally, the role of the researcher during the data collection phase of this study was one of participant-observer. The researcher convened the meetings and recorded what participants were saying. During their interviews participants were encouraged by the researcher to reflect on what was happening. In the data analysis phase the researcher's role changed again, with the analysis based on the researcher's application of the construct of community of practice through which to view the participants' constructions of what happened. In this way the researcher became a critical interpreter.

3.1.5 Validity and Reliability

In considering the validity and reliability of a study, it is necessary to reflect on the ontology, that is, the nature of ‘reality’ that the paradigm underlying the study recognises. In the case of a constructivist paradigm, there are multiple realities, according to an individual’s construction of an experience (Guba & Lincoln, 1994). ‘Truth’, as a construct exists in the subjective experience of the individual, and can only be understood in the context in which it is experienced (see 3.1.1). Allowing that the findings of a constructivist study will consist of relative ‘realities’, further interpreted by the researcher’s perspective, it is nevertheless important to capture a sufficiently wide yet focussed range of those ‘realities’.

In this study there were multiple sources of information (see 3.2.4) including detailed meeting minutes and individual interviews with participants, where differences in perspective were captured and the relevance and usefulness of the meetings was checked. The meeting minutes were circulated within two days of the meeting and verified by participants at the next meeting, or altered if there was disagreement with any detail. Similarly, interview transcripts were verified or altered by each participant before use as data.

As well as the authenticated meeting minutes and interview transcripts, teachers’ learning stories collated in the child’s profile book were studied, and participants were asked to comment on these. The home-school book developed by Group 1 was examined. Ministry-led meetings, where the IP groups set out the child’s Individual Plan (IP) according to their standard protocols, were transcribed on two occasions, and all specialist reports were available for reference.

Edwards (2001 p. 124) has written of validity in qualitative studies as the “*truth-value*” in a statement, that is, a representative picture of the important features of a situation. The use of multiple sources of information is referred to as data *triangulation* (Denzin, 1978). Denzin and Lincoln (2008, p. 8) have described triangulation as “the simultaneous display of multiple, refracted realities”, which is an appropriate metaphor in light of a constructivist study.

The pragmatic aspects of a piece of research can also be considered when discussing its validity, i.e. its relevance and usefulness to a social situation, (Edward's 'truth-value' statement). The study provided participants with opportunities for learning and reflection as they discussed their shared work at meetings and during interviews. By encouraging participants to focus on an optimal programme for a child, the work was undoubtedly significant. While they were referring to validity in the context of action research, Bradbury and Reason (2001, p. 447) wrote that validity was about "*extending a useful conversation about getting valuable work done well.*" This study did this.

The role of critical interpreter, taken in respect to considering the data in this study, lent itself to the possibility of researcher bias. This was particularly so in this study. As a psychologist in the early intervention field I was working with early intervention teachers and speech-language therapists who were my professional colleagues. I also had pre-existing concerns about a mismatch between the views on teaching of early childhood teachers in New Zealand and early intervention specialists (Dunn, 2004).

From a constructivist viewpoint, it can be argued that there is no such thing as a value-free position. However, the possibility of bias is one of the reasons that discussion of the study, as with most case studies, should not lead to an over-generalisation of the findings.

Case studies such as this one are not designed to represent a larger population. What was done here was to provide sufficiently detailed information for replication (see Section 2 of this chapter). Furthermore, the way that the data was analysed was based on a well-documented model of interaction patterns among workers, that is, the dimensions comprising a community of practice. Yin (2002) has differentiated between statistical and analytic generalisation. Whereas in statistical generalisation inferences are made from a large and representational sample of the population, Yin (2002) has suggested that what case studies can do is to make an analytical generalisation. By analytical generalisation Yin was referring to the fact that case study findings can be compared with the previously developed theory on which the case is based, and from there, tentative inferences can be drawn. In this case, while the specifics of the findings related to the group of people being studied, the interactive patterns, as looked at from

within the framework of community of practice, matched up with patterns found in the studies on which the construct was based (Lave & Wenger, 1991; Wenger 1998a).

In this case study the same procedure and process of analysis was repeated with three separate groups of people working together on a child's inclusive early intervention programme. This provided a degree of replication. It also allowed the capture of recurring themes that emerged across the groups. Conclusions could thus be drawn from the study, which, if not able to be generalised to the wider population, have nevertheless indicated useful areas for discussion and further investigation in the future.

The reliability of a study is assessed by the comparison of two identical measurements of the same object across time, or by comparing the results of two observers looking at the same object. The question being asked is about the accuracy of the measurement. Yin (2002) has pointed out that sufficient detail of the process used in a case study needs to be provided for replication. The more detail that is provided about the study's process, the more possible it is to check on the reliability of the study. This is what the next section of this chapter aims to do.

3.2 PROCEDURES USED IN THIS STUDY

The previous section of this chapter has explained the theoretical thinking behind the way this study was put together. This section describes the procedures used in some detail, so that the methods are transparent and open to replication.

The section begins with the study's background, including a brief recap of the inclusive early intervention programmes in New Zealand featured in this study, and, in general terms, the make-up of an IP group (3.2.1). The selection procedure used for the participants in this study is then outlined (3.2.2). Project meetings (3.2.3) are described, and ethical considerations relating to the participants, together with the actions taken, are discussed (3.2.4). Finally, data collection (3.2.5) and data analysis (3.2.6) are described.

3.2.1 Background for the study

It is helpful to be aware of the background of this study in terms of the general features of inclusive early intervention programmes in New Zealand and the make-up of the IP group.

a. Inclusive early intervention programmes

The general features of inclusive early intervention programmes in New Zealand were outlined in Chapter One to provide a background to this study (see 1.2.2). Important features mentioned were the fact that most children enrolled with the Ministry of Education for early intervention programmes in New Zealand attend mainstream early childhood education facilities, where their programmes are undertaken. The role of early intervention specialists is largely itinerant and advisory, and, in contrast with early childhood educators, early intervention specialists use criterion-based assessment. The difference of approach between teachers and early intervention specialists has implications for the way the children are seen and taught (see 1.2.3).

b. The IP group

This study involved four groups of people who usually attend meetings to design the child's Individual Plan (IP): parents, teachers, early intervention specialists (i.e. early intervention teachers and speech language therapists), and education support workers. Other team members e.g. psychologists, neuro-developmental therapists, advisors on deaf, may also have input into the IP group on occasion, depending on the specific needs of the child. However, for the purposes of this study the four groups named above comprised the IP group.

While members of these groups share a task, they are not of themselves a community of practice, but are a team (see 2.4.4). They usually come from disparate backgrounds, and identify with differing communities of practice. The next paragraphs briefly overview and compare their likely working relationships.

For many parents of children with disabilities the challenge of supporting their child's placement in an inclusive early childhood education centre is often stressful (Swick & Hooks, 2005). Depending on the extent of the child's disability, and whether this has already been identified, the parents' first contact with the education system may well be

with an early intervention teacher who will introduce the child and their family to the early childhood education centre. Often, what parents want for their children from early childhood education is what Guralnick has referred to as social competence development (Guralnick, 1997, 2001). Put more simply, they want their child to be able to make friends with other children.

Parents' involvement with the IP group continues for the length of time that their child attends a particular early childhood education centre. If they change centres or move area at least some of the personnel in the IP group they join will also change. Their roles in the group are generally assumed to be to provide information about their child and state their preferences in terms of their child's programme goals (Dunn, 2008).

Teachers are employed by the organisations that own their centre, for example, kindergarten associations, private trusts, day-care franchises etc. They follow the early childhood education curriculum, *Te Whāriki*, (see 1.1.1), and their identity as teachers is likely to have been influenced by a socio-cultural understanding of how children learn. Their willingness to welcome the presence of a child with an early intervention programme is likely to be influenced by their views on disability (Purdue, 2004).

Teachers may belong to several IP groups at any one time, or none, depending on the presence of children with disabilities in their centres. Being part of such a group is unlikely to be central to their main focus as educators. At some centres all the teachers involved with the IP groups, while at others, only the head teacher or a designated teacher attends meetings.

Early intervention teachers are experienced early childhood teachers with further specialist education in disability and developmental assessment. While they will have been introduced to *Te Whāriki*, they may not have used that curriculum during their teaching years, nor undertaken their teacher education according to that model. Their community of practice is with others of their discipline, although they will also be influenced by the wider early intervention community of professionals.

Early intervention specialists in New Zealand have an itinerant, advisory role (see 1.1.2), and visit the child at home as well as at their early childhood centre. Early

intervention teachers usually work in tandem with speech-language therapists, who assess the child's speech-language development and contribute this information to the specialist assessment report. Sometimes the speech-language therapist will also work directly with the child in a therapeutic role, often in a clinic setting. Speech-language therapists relate to their own discipline of speech language therapists in education, which extends beyond the early childhood sector into schools. Early intervention teachers and speech-language therapists are employed by the Special Education sector of the Ministry of Education, and work to standards set out by their employer (Ministry of Education, 2006).

For early intervention specialists, i.e. early intervention teachers and speech-language therapists, participation in IP groups is central to their work, and they will belong and have belonged to many such groups. The group meetings are often convened and led by the early intervention teachers. Early intervention specialists are likely to have an on-going relationship with teachers from centres in the geographical area that they cover across a number of IP groups. From their angle of work, the least permanent members in their involvement with IP groups in general are the parents.

Education support workers, usually without teacher qualifications, and paid by the hour at a low level, are employed on contract by the Ministry of Education to support the child in their early childhood centre for part of the time that that child is present. They follow the programme outlined in the child's IP, reporting back on their work vis-à-vis the child's goals. Education support workers are recruited and supervised by the early intervention teachers. They are also expected to adhere to the requirements of the particular early childhood centre they are working in, and to follow the head teacher's instructions, giving them two potential communities to which they could relate.

Education support workers are members of an IP group as long as the rest of the IP group believe they are needed. Their involvement may be terminated at any point, either because the child no longer meets criteria for support, or because of budget constraints. Education support workers may be members of more than one IP group in one or more centres.

3.2.2 Selection and engagement of participants and centres

The study was based in the Waikato district of New Zealand, which is where I am employed professionally by the Ministry of Education as a psychologist. Ethical issues concerned with managing the dual role of researcher and psychologist are discussed below (see 3.2.4).

Three early childhood education centres were selected to participate in the project. The criteria for selection was that the centres had at least 80% of staff fully qualified as early childhood education teachers, an ongoing population of children with disabilities attending their centre, and that teachers used narrative assessment (learning stories) routinely with all children, including those with early intervention programmes. The centres were based in separate towns in the region to ensure a spread of specialists. This was because pairs of early intervention teachers and speech-language therapists in the Waikato district in which the study was based work to a 'patch' system, covering certain towns.

The process of getting permission for people to join the project is illustrated in Table 1. Early intervention specialist staff indicated their interest in the project informally. The Regional Special Education Manager and, subsequently, the Special Education Service Manager were approached for permission for the specialists' involvement, via interview and letter, outlining the length of the study, data collection methods, and their expected time commitment. Once permission was granted, three pairs of early intervention teachers and speech-language therapists were formally approached for their informed consent to participate via an information sheet. On the advice of the Massey University Ethics Committee the wording of the information sheets for each group of participants was varied slightly to be more user-friendly and focussed towards the group being approached. A follow-up interview was held, at which they signed an informed consent agreement.

The specialist staff suggested early childhood centres in the areas that they worked in that met the centre criteria outlined above, and teaching staff in those centres were approached informally to indicate their interest. Permission was then obtained from their managers by interview and letter, again indicating the expected time commitment for the teaching staff. With their permission, the teachers were then approached

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formally with an information sheet, and follow-up meeting at which they signed an informed consent form.

The managers/employers of both teachers and early intervention staff saw the research as an opportunity for professional development for their staff. Because the research discussion would be centred on a child already on their case load, the involvement of the early intervention teachers and the speech language therapists in this research was seen by their service manager as part of their core work, and thus not requiring release time.

Once there was written agreement to participate, the teachers and early intervention specialists at each centre were asked to select a child at the centre on whom to focus the study. The only provisos were that the child should already be receiving an inclusive early intervention programme in the centre, was likely to remain there across the school year, and was unlikely to require my professional involvement as a psychologist. An information sheet was then given by the teacher to the parent of that child regarding their involvement in the research. If the parent said that they were happy to be involved, the researcher arranged to meet with them to answer questions and ask them to sign an informed consent form. Their informed consent included permission to use their child's data.

Once the parent had agreed to participate, the education support worker working with the child was provided with an information sheet, and a meeting arranged. I was concerned that as the last people to be approached, the education support worker should not feel coerced to join the group. I made it clear during my meeting with them that their choice as to whether or not to be involved would not impact on whether the study with the people involved with that child would go ahead. In one case, one of the education support workers for the child in Group 2 chose not to be involved. Arrangements were made by the Ministry of Education Special Education to pay the education support workers for their time at the rate they would normally be paid if working with the child directly. Funding for these payments was provided, from a Ministry of Education regional research fund.

Table 1

Process of selecting an IP group

Meeting with the Ministry of Education Special Education regional and service manager and subsequently with early intervention staff to request involvement with the study. Information sheets were provided, and informed consent signed.
<i>Informed consent</i>
Early intervention specialists working in three different towns were asked to indicate early childhood education centres with well qualified staff and an ongoing population of children with disabilities. They then approached centre teachers informally to see whether they would be interested.
If they were, I contacted their managements asking for permission for the centre's involvement with the study, by phone/meeting and then follow-up letters.
<i>Informed consent</i>
I met with the teachers re their involvement and provided them with Information sheets requesting informed consent.
<i>Informed consent</i>
I asked teachers to approach a parent with an Information sheet about the research.
If the parent was agreeable I arranged to meet them at their home or at the centre to answer any questions about the research and to obtain their informed consent.
<i>Informed consent</i>
With informed consent from the parents, I approached the education support worker concerned, explained the research, and provided them with an Information sheet and informed consent form.
<i>Informed consent</i>
Introductory meeting convened

For a detailed description and comparison of the selected centres, children, and participant groups (see Appendix A, Table 2). Unforeseen difficulties for the teachers in Group 3 at the start of the project year (fortunately before parents were approached) resulted in this group waiting until the next year before starting.

3.2.3 Project planning meetings

For participants, the project comprised an introductory meeting plus a further seven planning meetings spread across the school year. Two hours were allowed for each meeting. IP groups who wished to continue with their previous formal Ministry-led meetings could do so, but the project planning meetings were held over and above these. After meeting 2, 4, and 7, participants were interviewed for approximately thirty minutes individually, using a semi-structured interview format. Interviews were held at home, the early childhood centre, or the special education office, according to the individual participant's choice. Further information regarding the interviews is found in the next section on data collection.

While the planned schedule comprised seven meetings there were some variations on this. Participants in Group 1 decided to hold six rather than seven meetings because of

time commitments, while participants in Group 2 decided that their seventh meeting should be held over to the following year. Group 3's meetings, already a year later than Groups 1 and 2, had to be halted after the fifth meeting. This was because the family, due to personal and unavoidable circumstances, moved to another area. For a breakdown of the actual dates of the study, see Appendix B, Table 3).

The project for each IP group began with an introductory meeting where the groups discussed their hopes for the child they were concerned with, some of the issues they might wish to explore together, and agreed dates for subsequent meetings.

All meetings were held at the speech-language therapist's clinic for Group 1, and at the early childhood education centres during non-contact time for Groups 2 and 3. These arrangements had been negotiated with participants prior to the study. Participants were provided with folders in which to keep their meeting minutes.

Participants chose the directions for discussion at the set of meetings following the introductory meeting. My role as researcher during this phase of the project is best described as participant-observer (see 3.1.4), but with the emphasis on observation. Participant observation is a form of observation where the researcher plays an active part in what is going on as they observe. Yin (2002) has pointed out that the dual role of participant-observer can be difficult to maintain without leaning to one role or the other. In this study, my role was to attend each meeting of the IP group participants, noting and recording in detail what was being said. The minutes were circulated shortly after the meeting, and reviewed at the start of the following meeting.

3.2.4 Ethical considerations

Qualitative studies are generally expected to conform to best practice in four main ethical areas: informed consent, avoidance of deception, privacy/confidentiality, and accuracy of data (Christians, 2005). Codes of ethics support researchers to check that their projects do not harm participants. Accordingly, approval was sought and received from the Massey University Human Ethics Committee – MUHECN 06/075.

As well as ensuring that participants had informed choice to join the study, issues of confidentiality and cultural sensitivity had to be addressed. It was important that the

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quality of the child's programme was in no way jeopardised as different ways of working were explored by the participants. The need to maintain confidentiality raised an ethical issue about how to disseminate the study's findings to the participants. Participants were assured that they would have access to a summary of the report.

Participants made an informed choice about whether or not to be involved in the research. The information sheets distributed to participants pointed out that they could withdraw from the research at any stage, although their data to that point might be retained. The centres were to be numbered and the participants identified by their positions, for example, parent, teacher etc. Where there were more than one individual for a position, individuals were to be numbered, for example, Teacher1.

Because the mother and both education support workers in the third group were Māori, I arranged for a supervision session with the kaitakawaenga at my work place to check through the meeting and interview procedures being planned for any inappropriate processes. The kaitakawaenga is a Maori colleague whose role it is to guide non-Maori staff on our connections with Maori clients. From this advice I approached the mother and then the first education support worker individually prior to the meetings to discuss whether they would prefer to start and finish the meetings formally, that is, with a prayer, and whether there were other procedures I could use to ensure they felt supported.

Issues of group confidentiality were discussed and agreed to by all participants at the first meeting. Exceptions were where individuals closely concerned with the IP group, but not part of the research group, were concerned. These included parent spouses in all three groups, for Group 1, the other teachers working with the child, and for Group 2, the third teacher and the second education support worker. Each group was asked whether they wanted to share discussion information with these other people and if so, how they wanted to do this. It was agreed that the notes from the meeting could be made available to these people, passed on by the parent in the case of spouses, and by teachers present to the other teachers and the second education support worker in the case of Group 2.

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Interviews were confidential. On occasions I asked the person whether they would be prepared to share the information with the group, but this was entirely up to the individual participant. The person typing the interview transcripts also signed a confidentiality clause.

My position as researcher had the potential for confusion because of my other role as field psychologist. I was already known to the teachers, early intervention specialists, and two of the education support workers as a field worker, and it was important to keep the role of researcher separate from this. My relationship with the parent was confined to the study. One condition for inclusion in the study was that the child selected would be unlikely to be referred to me for professional input. To keep the roles separate, I did not discuss the study with the colleagues involved with the research outside the group meetings and their own individual interview. Nor did I discuss any other centre-based cases that I was involved with professionally, with the teachers at the centre before or after the group meetings, but ensured that my professional visits were kept separate.

Because participants were opening themselves to different ways of working as a group, there was potential for the efficacy of the child's programme to be inadvertently compromised. This was not just an ethical issue for the research, but raised professional questions for the whole group. Any changes to the child's previous programme were embedded in discussion about the child and their progress, so that the group were unlikely to compromise the child's programme. However, once or twice during meetings I prompted participants to check whether the parent actively supported the modifications being discussed.

There was an ethical issue that I did not predict at the start of the project. This was to preserve confidentiality while giving feedback to participants on the study's findings. The information sheet to them originally said that we would meet midway and at the end of the study to discuss the findings together. I was hoping that feedback on this would add to the study's authenticity. However, an important part of the data concerned the differences in what people said in the group and what they disclosed in interview. Some comments about each other had the potential to be harmful. Consequently I informed them that I would send out a summary of the report to everyone at the end of the study.

3.2.5 Data collection

This study collected data from a range of sources, a factor which enhanced its content validity (Yin, 2002). Data collected for this study included a) the meeting minutes from participant-observation, b) interviews with participants, and c) written documentation about the child. A copy of the home-school book used by Group 1 was taken. Documents in the public domain, such as Ministry of Education Special Education operating standards for early intervention, and *Te Whāriki*, the early childhood education curriculum, were also available for reference.

a. Meeting minutes

A major data source in this study was the meeting minutes. These minutes were detailed descriptions of discussions, rather than the brief summaries that the term ‘minutes’ implies. As participant-observer, I took notes during the meetings and wrote these up in detail immediately afterwards. On the few occasions where that was not going to be possible, I taped the meeting to supplement my memory of events. Meeting notes were sent out to participants the following week with a request to check for accuracy, and were verified at the beginning of the next meeting. On one occasion there was a request to reword a statement attributed to one participant, but generally it was felt that the notes accurately reflected what had been said.

b. Interviews

A second and even more detailed source of data was the transcribed interviews. Participants in Groups 1 and 2 were interviewed individually three times. Participants in Group 3 were interviewed twice, because the project for that group had to be terminated after Meeting 5 when the family left the area. Interviews lasted between thirty and forty minutes. A semi-structured format was used to capture participants’ reflections about the development of their community. Interviews were recorded, transcribed, and sent to participants. Written permission for release and use was obtained, and alterations made where requested, prior to any part of the interview being added to the data.

As Fontana and Frey (2005, p. 697) have written, “*Interviewing is one of the most common and powerful ways in which we try to understand our fellow humans*” Interviewing is a highly skilled interaction requiring empathetic sensitivity to the person

being interviewed. Interview formats can range from structured, where the interviewer asks each person the same series of pre-established questions in the same order to a completely unstructured interview which is more like an informal conversation. The choice of interview approach depends on the nature of the information that is wanted. The structured interview is more likely to yield precise data that is easily coded within pre-established categories, but it does not allow for in-depth thought. The completely unstructured interview on the other hand, while more likely to yield spontaneous and insightful comment, can be time-consuming for both interviewer and interviewee, and risks omitting points that the researcher needs to cover. For this study, a semi-structured/guided format was designed to satisfy the needs of the inquiry with a set of pre-thought-out open-ended questions that were varied and/or extended according to the responses. A semi-structured format is generally found to be most useful in case studies (Cannold, 2001; Yin, 2002).

The questions were designed to check participants' experiences of the meetings, and the extent to which they were party to the group decisions. They were also asked to reflect on the group decisions in terms of their individual work with the child. The interview questions followed a similar pattern across all three groups, although the content differed according to what was being discussed in the group. In the final set of questions for Groups 1 and 2 there were some individualised questions about issues that had arisen for particular participants during the course of the project. A full list of the interview questions can be found in Appendix C.

c. Written documentation

Documents concerning each child were obtained, with parent permission, and further informed the results of this study. These included copies of developmental assessment reports from the early intervention specialists from the time they started work with the child, the child's profile book containing learning stories, that is, teachers' assessment of the child's experiences at their early childhood centre from the time the child started there, and all Individual Plans (IP's) with goals and recommendations. Two of the five additional Ministry-led meetings that occurred during the life of the project were transcribed. I did not attend these meetings. Unfortunately, there were logistical problems with taping the other three meetings, with the tape recorder breaking down on

one occasion, and the record button incorrectly operated on another two. A copy of the home-school book set up by Group 1 was also provided.

3.2.6 Data analysis

The data was considered according to the lens of community of practice (see 2.3.4, Figure 1), with the dimensions of community, domain, and practice used as broad divisions within which to group the data.

The data base, NVivo 7 (QSR, 2006), was used to organise data from the interview transcripts, meeting minutes, and ministry-led meeting transcripts. This computer programme uses a hierarchical system of information classification, with first level divisions subdivided into sub-sections, or nodes. The information was first sorted into the broad divisions of community, domain, and practice, in accordance with any data relating to the issues listed in section 3. Subdivisions (nodes) were added as they appeared. An example of issues that were subsumed under *community* included the statements made concerning perception of their own and others' roles and knowledge bases within the group, relationships, the way they perceived themselves as communicators at the start of the project, and misunderstandings about each other's positions (For a full list of the initial subdivisions, see Appendix D).

Not unexpectedly there were overlaps. For example, within the *domain* sub-division there were many comments about the child. Some of these related to the participants' perceptions of the child as a learner, and some related more to participants' beliefs about learning.

There were also challenges to allocation. For example, when participants described what they had done as a result of their meeting together, what they said related to features of all three dimensions. Their comments were likely to include references to their role and/or knowledge levels (community), their beliefs about why that approach had been chosen (domain) and their actions, including the process of decision making (practice).

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Data from each IP group was treated separately. The data was exported from NVivo under the node headings, and transferred to tables, with all quotes referring to those headings inserted in full (see Appendix E).

The data was reviewed, and overlaps and/or the need for further sub-division or more precise headings were attended to. For example, in Group 1 the headings in the NVivo nodes under *Domain of espoused beliefs, values, and hopes for the child* were first re-combined under *beliefs*, and then sub-divided out into *beliefs about inclusion, teaching philosophy, reasons to collaborate, how to measure outcomes, hopes for the child, perceptions of the child as a learner, goal setting, group meetings, transition, and desired improvements to previous system*.

Participants' quotes were reduced successively in two further stages to main points with references back to the original quotations (see Appendix E, Stage 2, and Appendix F) for excerpts from this process).

These main points were then inserted into a table looking across the three groups to identify themes (see Appendix G). Headings were adjusted where necessary to get a more uniform presentation. These were again reduced to main themes to be considered across the three groups. The headings and some sample pages are found in AppendixG).

The process of narrowing down from data description to thematic data analysis in ethnographic studies is described by Creswell (2005, p. 447), as the process of "*distilling how things work and naming the essential features in themes in the cultural setting*." Yin (2002) has also written about the importance of pattern-matching in data analysis. Essentially what is done is to sift through the descriptive data looking for patterns that might be indicative of a more general issue. This is what was done in this study. For example, patterns concerning communication difficulties crossed the three groups (see 7.1.3).

The next three chapters present the results. Chapters Four Five, and Six detail the findings group by group, analysing them, via the framework of community of practice.

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Chapter Seven discusses these findings. It considers the themes affecting interaction that carry across the groups, and demonstrates the way that these themes are interrelated by applying a community of practice lens for analysis.

CHAPTER FOUR

DESCRIPTIVE RESULTS AND INTERPRETATION: GROUP 1

4 CHAPTER OVERVIEW

The last chapter explained how I set about answering the study's question: *What can be learnt about the way disparate members of an IP group interact when their work together is viewed through the lens of community of practice?*

This question was expanded in terms of the dimensional framework of a community of practice to consider the following issues:

Community: the knowledge base of the group and how that might affect the relative power of individuals in their group; their relationships

Domain: Issues that group members might choose to explore together, the way these were negotiated, and how these issues related to the group's belief systems, as well as possible new learning for individuals that occurred through membership of the group

Practice: What the group did and their shared approach to what they were doing

The procedures I used to answer these questions were to record the IP groups' discussions across a set of six to eight meetings, and to interview individual participants after every second/third meeting to find out how they felt about what they were doing in the group. I analysed responses from the interviews and planning meetings according to the three dimensions of community of practice as described by Wenger (1998) and Wenger et al. (2002).

This chapter describes the responses of participants in Group 1.

The chapter is divided into five sections. Section 4.1 explains the reference system and abbreviations used in this chapter. The reference system and abbreviations are also used for Chapters Five, and Six.

Section 4.2 lists the Group 1 participants and briefly describes the child the group were planning for. It also gives a brief overview of what this group chose to do in order to cue the reader into the situation that is going to be described. Section 4.3, 4.4, and 4.5 then describe the results following the dimensional framework of a community of

practice: community, domain, and practice. At the end of each dimension's set of issues the main points are collated.

4.1 REFERENCE SYSTEM AND ABBREVIATIONS

Throughout the results I have referenced data sources as follows:

Group 1	G1
Group 2	G2
Group 3	G3
Mother	P
Teacher	T (T1, T2 if more than one)
Speech-language therapist	SLT
Early intervention teacher	EIT
Education support worker	ESW (ESW1, ESW2 if more than one)
Interview	Int. (Int.1, Int.2 etc.)
Meeting	Meeting 1, 2, etc.
IP document	IP document plus date
Ministry-led meetings to set IP document	IP Meeting

I have also indicated the month and year of the reference.

For example, a reference to the second interview with the teacher in Group 1 is written as follows: (G1 T Int.2. 10/07). A reference to something the first teacher said at the fifth meeting for Group 3 is written: (G3 T1 Meeting 5. 10/08). If a comment at a meeting is general and not attributable to a specific person, the reference omits the person, e.g. (G2 Introductory Meeting 5/07).

4.2 BACKGROUND INFORMATION FOR GROUP 1

The project for Group 1 ran from March to December 2007, and comprised seven meetings including the introductory meeting. There were three sets of interviews to further inform the data, undertaken in July and October 2007 and February 2008.

Chapter Four: Descriptive Results and Interpretation: Group 1

The group consisted of the child's mother, teacher, a speech-language therapist, an early intervention teacher, and an education support worker. For more details of this group see Appendix F, Table 2.

The group's programme was for a boy with a formal diagnosis of autism and developmental delay. At the start of the project he was aged 4years 6 months, and not expected to start school until the beginning of 2008.

The child attended full day sessions in the preschool section of a large child care facility, where he had been since the beginning of 2006. There were five teachers based in this section, but only the head teacher of this section was released to attend the planning meetings. The education support worker worked at the early childhood centre individually with him for 6 hours a week.

At the start of the project the child played alongside other children, but took little notice of them. Left to himself at the early childhood education centre he would flit among activities without becoming purposively involved. He had a fascination for spinning objects and would play with these repetitively for a long time. He complied with routine requests, but in other situations his language understanding depended on adults being able to hold his attention. He used many single words and some short phrases. Longer statements were generally echoed from language heard from others (information taken from Ministry of Education Special Education assessment report February 2007).

The group selected three areas on which to work together. They decided to follow the child's lead in determining his programme rather than to pre-set specific goals for the child's individual programme (IP); they set up a home-school book; they taught him about boundaries in the context of preparing him for school. They also spent time learning about a programme being run in New Zealand for children with autism. They developed a shared approach to assessment that involved not only considering each other's perceptions of what the child was doing, but testing out and refining their understandings of what they were seeing.

4.3 COMMUNITY

This section is divided into four parts: the extent to which group members knew each other prior to the start of the project (4.3.1); the knowledge/ expertise among the different members (4.3.2); who were the ‘core’ members of the group and who were ‘newcomers’ (4.3.3); the relationships among group members (4.3.4); section summary (4.3.5).

4.3.1 The extent to which group members knew each other prior to the start of the project

Group 1 participants all knew each other and had worked together with this child for more than a year. The speech-language therapist and early intervention teacher concurrently worked in the teacher’s centre with other children, and the education support worker had been employed by early intervention teachers with Special Education for some years prior to the project. The teacher, speech-language therapist, and early intervention teacher had many years of experience as well as formal qualifications. Part of the early intervention teacher’s job was to supervise the work of the education support worker.

4.3.2 The knowledge that the different members brought to the group

Most participants thought of the knowledge that they brought to the group in terms of their knowledge of the child. The three professionals spoke of their respective professional viewpoints with regard to this (G1 T Int.2. 10/07; G1 EIT Int.2. 10/07; G1 SLT Int.2. 10/07), while the education support worker thought that her knowledge contribution stemmed from the amount of direct teaching time that she had with the child, and her ability to confirm what the early intervention specialists were seeing.

“I think I’m the one that probably spends the most time one on one with [the child]... I’m noting down a lot of his language and I think most of his activities. When [the early intervention teacher] and [the speech-language therapist] come to their assessments they can look back on what I’ve said ... So I think my strength lies in saying ‘Oh yes he has done that before’, or ‘No that’s the first time he has done that’” (G1 ESW Int.2. 10/07).

The mother was less clear initially about what she could bring to the group, focusing more on the information she was taking from the others (G1 P Int.1. 7/07). However, by

her second interview, she spoke of being able to contribute a picture of how her son was at home

“I see my child in his day to day environment at home which the people in the Centre –[ESW, T, also SLT and EIT] don’t see. They sort of get one side of the child and we quite often get the other. So I suppose I can contribute the bits that they are unaware of” (G1 P Int.2. 10/07).

The widest discrepancy in the group was knowledge about the teaching process. This was highlighted by the group’s decision, described in more detail in sub-section 4.4.1a, to eschew preset goals for the child’s individual programme (IP) and follow the child’s lead as they worked with him (G1 Meeting1. 5/07). Participants were divided in their understanding of the phrase ‘following the child’s lead, with the professionals having a different interpretation from the parent and education support worker.

The teacher, speech-language therapist, and early intervention teacher all spoke in interview about knowing in their minds what they might be aiming for as they worked with the child (G1 T Int.3. 2/08; G1 EIT Int.3. 2/08). A sense of direction was there, and in the words of the speech-language therapist,

“Probably I had in the back of my mind what we would expect to be coming next in the various areas that he is going to develop in. But we wouldn’t necessarily be choosing which of those skills we were going to concentrate on each time” (G1 SLT Int.3. 2/08).

The unqualified education support worker did not realise that there was a sense of direction implicit in the teaching process as the adult worked with the child. Her comment at Meeting 1, that she found it helpful to know exactly what she was meant to be working on with the child, was disregarded by the rest of the group. What she then did, to the expressed irritation of the early intervention teacher, was to stand back and let the child just do whatever he liked (G1 EIT Int.2. 10/07). The lack of knowledge in this situation was noticeable for the education support worker because it directly affected her job. But the mother also missed the idea of implicit goals in the process of following the child’s lead. She described the process as allowing the child to *“be his own person and ... feel comfortable”* (G1 P Int.1. 7/07). There was no implication of adult direction or guidance in this statement.

Participants may also have been thinking of different goals when they spoke of the child's programme. For example, the speech-language therapist in Group 1 referred to the nature of the hopes that the mother had of the child: *"I think we're often looking at skills whereas she's looking at him and how he fits in a social, ethical, moral way in society"* (G1 SLT Int.1. 7/07)

4.3.3. 'Core' members of the group and 'newcomers'

In terms of their long standing membership and superior knowledge of processes, the groups of workers described by Lave and Wenger (1991) were categorised as core members and newcomers (see 2.4.1). In Group 1, neither the education support worker nor the mother had any professional qualifications in education. In this respect they could be considered the newcomers in their group. While this lack of teaching qualifications did not appear to affect the way the mother was accepted in the group, it put the education support worker at a disadvantage in working in the group because of her teaching role with the child. The core members, that is, the teacher, speech-language therapist, and early intervention teacher, all commented on her lack of confidence (G1 T Int.1. 7/07; G1 EIT Int.1. 7/07). Part of this may have been her manner of speaking. The speech-language therapist said, *"I feel that the ESW maybe is still lacking in confidence really. She's got a lot of really valuable things to say, but she sort of apologises"* (G1 SLT Int.1. 7/07). The education support worker herself also said that she was not confident to work without goals for the child's programme being stated (G1 Meeting1. 5/07). She said that she needed to know what was 'right' (G1 ESW Int.1. 7/07).

An increased understanding of the assessment process brought the education support worker closer to the group. This will be outlined in more detail in the sub-section on new learning (see 4.4.4). By the end of the project the speech-language therapist said that she believed the education support worker had become more confident in group discussions related to assessing what the child was doing (G1 SLT Int.3. 2/08). However, both the teacher and early intervention teacher continued to see her as lacking the skills necessary for the job (G1 EIT Int.3. 2/08; G1 T Int.3. 2/08).

4.3.4 The relationships among members and the impact of knowledge differences on these relationships

Asked at interview about their relationships with others in the group, participants were generally very positive. However, in this group there were two sets of relationships that were strained, at least from the point of view of the early intervention teacher. These were her relationship with the education support worker, and her relationship with the mother. In both cases the difficulty related to knowledge differences.

As just mentioned, the education support worker did not understand that ‘following the child’s lead’ might mean something other than letting the child do whatever he liked (see 4.3.2). The early intervention teacher, despite her role as supervisor for the education support worker, did not take responsibility for clarifying this meaning for the education support worker. Instead she questioned whether the education support worker really wanted to do the job at all, and said *“I’ve always been impatient a bit with [the education support worker] I found it constantly frustrating... [explaining] the reason behind what we were trying to achieve”* (G1 EIT Int.3. 2/08).

The relationship between the early intervention teacher and the mother was also upset by a difference in knowledge base. The mother, in a periodic evaluation of services by the Ministry of Education, wrote that she thought that the early intervention teacher had an overly pessimistic view of her son’s progress because she saw him only occasionally, and on his bad days. The early intervention teacher referred to this in interview, saying that the mother’s assessment of her child’s progress was unrealistically positive because she didn’t understand the limitations of the language she was seeing him use. The early intervention teacher was concerned at what she saw as an inaccurate criticism of her work, and commented that she now had difficulty in providing her own perceptions of the child’s progress in the group:

“when they are saying all the positive stuff I find myself in the role of saying, yes but .. and yeah so?... some of the remarks from mother- a suggestion was that maybe I was only seeing him on a bad day. I don’t think I always see him on a bad day at all. But I took from that that she must already pick up that everybody saying he was doing so well... I feel a little bit restricted by that, by knowing that she obviously believes he does understand ... I think that [speech-language

therapist] and [teacher] are probably more open to what I say really. Without being offended". (G1 EIT Int.2. 10/07).

4.3.5 Community: Summary

This community was not cohesive. The education support worker was on the periphery of the group because her lack of teaching knowledge meant that she was unable to put the agreed strategy of the group into practice. There was some movement for her during the project (see 4.4.4) but she was not seen as an equally valued member. The early intervention teacher failed to recognise the underlying difficulty for the education support worker – that following the child’s lead implied un-stated goals- despite her role as supervisor. She also decided to withhold information from the mother in response to what she felt was a criticism of what she was doing. In this way she could be seen to hinder group cohesion.

4.4 DOMAIN

This section includes the stated rationales and underpinning belief systems Group 1 had for selecting the shared activities (4.4.1); the decision making process in selecting the areas to work on (4.4.2); the extent to which the reasons for the decisions were shared by the group (4.4.3); new learning for individuals that affected the way they thought about their work (4.4.4); the section summary (4.4.5).

4.4.1 The stated rationales and underpinning belief systems for selecting the shared activities

Group 1 selected three activities/ teaching approaches to undertake together: a) moving away from pre-set goals in favour of following the child’s lead, b) using a home-school book, and c) preparing the child for transition to school by teaching him to remain within boundaries.

a. Moving away from pre-set goals in favour of following the child’s lead

The rationale stated at Meeting 1, to move away from pre-set goals in favour of following the child’s lead, arose from a discussion about the variability of the child’s performance, with the speech-language therapist later pointing out that the process of

setting goals from a specialist assessment did not fit with the child's uneven performance:

"[In the past] we've set goals for [the child] and looked at where he is now and what would logically be the next step. Decided that that's the next goal and gone on from there. And the big thing for me is that we're not doing that any more and it works really well for [the child] because he's not a child that has developed in that sort of linear way where you go from A to B to C to D. He can quite easily go three steps forward and five steps back and he did do that quite frequently last year. And he's quite difficult to predict. You don't really know where he is going to go next. So for me that has been the key thing. Is not looking at goals in terms of skills but looking at where he is, where he wants to be developing, where he's interested in being and where he's seems to be moving and going with that" (G1 SLT Int.1. 7/07).

The situation that triggered the decision to follow the child's lead rather than to work to pre-set goals for the child was an anecdote that the education support worker reported during Meeting 1. She described how the child had made a light-bulb from some pieces of cardboard and a ball he had found. That shared anecdote led to a discussion about what that behaviour might indicate in terms of the child's understanding of his world. The group wondered whether he was using unrelated materials to create a new object, whether he was developing the concept of pretend play, or whether he might be learning from and copying something someone else had done (G1 Meeting 1. 5/07). Those possibilities caused the early intervention teacher and the speech-language therapist to wonder whether their usual practice of teaching to the child's goals as set out in his IP might limit the way they saw him. The early intervention teacher in particular asked whether her usual practice of getting the education support worker to keep notes for her specifically related to the goals from the child's IP was too narrow an approach. During the discussion in Meeting 1 both she and the speech-language therapist wondered whether they were missing a lot of information that would be valuable for the child's programme. The teacher then suggested that they follow the way the teachers worked, *"watching, noticing, engaging, and extending. Going with child's interests rather than a teacher directed approach"* (G1 T Int.3. 2/08). She explained that this involved working with the child's choice of activity with a broad idea in mind as to where the interaction could take them, but responding to the child's lead. The work was then

related to curriculum goals about the learning environment. She believed that this was how teachers in early childhood education helped to develop confident learners. (G1 T Int.1. 7/07), which was a shared aspiration that the group had for the child. The teacher's approach, described as 'following the child's lead', was agreed to by the meeting (G1 Meeting 1. 5/07).

The first domain area, the decision to follow child's lead rather than to work to preset goals, was underpinned by a combination of group beliefs about inclusion, how children learn, and the psychological well-being of the child. Participants agreed that the child should be valued by teachers and children at his centre, and be encouraged to feel confident to do things his way, even though what he did might sometimes be different. The group believed that the child would become increasingly independent and confident. The process used was It was considered inclusive by its nature because it was the individualised programme offered to all children via this process (G1 Introductory meeting. 3/07), and that he would find it easier to relate to and engage with other people (G1 Meeting1. 5/07). The mother said that the child could only learn if he were confident and happy (G1 P Int.1. 7/07).

At Meeting 2 the group decided not to continue with their previously held ministry-led meetings where goals were pre-set for the child's IP. Instead, they set a general goal that could accommodate much of what the child was doing. This was "*that the child would engage and interact with other people with confidence*" (G1 Meeting 2. 6/07).

b. Using a home-school book

The second shared activity was decided at Meeting 2. This was the setting up of a home-school book about what the child was doing, for everyone to read and to contribute their own information to. The discussion that triggered the idea of a home-school book was about the variability of the child's performance, and therefore the desirability for adults to let each other know what was happening for him (G1 Meeting 2. 6/07). Participants were also aware that they needed to communicate closely with each other if they were to have a cohesive programme, once they let specific goals go. At Meeting 1 the speech-language therapist had said "*We won't know what's relevant until we get together and talk*" (G1 Meeting 1. 5/07). In interview the early intervention teacher said "*We need to spend more time than we are, really seeing the same picture*"

(G1 EIT Int.1. 7/07), while the teacher also spoke of the need to document what the child was doing more accurately for the group:

“...A lot in my head at the moment. That we notice a lot and we have it in here but when it comes to passing on that information it is much easier and clearer for me and for the people who are listening to it if I have it written and if I write it at the time it happens. So I think that a key thing is for us all to be documenting on what we see.” (G1 T Int.1. 7/07).

A second function for the book was suggested at Meeting 2: to help adults talk with the child about the experiences he was having at home and his centre. This was connected to part of the general goal: that he would relate to and engage with other people.

The function of the home-school book changed subsequently, largely at the instigation of the early intervention specialists. The speech-language therapist and early intervention teacher arrived at the Meeting 3 with a set of generic line drawings representing a range of the different activities at the centre. They suggested that the education support worker should put pictures in the book of what the child had been doing, to help him understand what was being referred to when his parents talked to him about his day. They also asked the mother to note briefly what the child's responses to the pictures in the book were, so that they could see whether this approach was helpful. The rest of the group accepted this extension.

There was however a further extension to the use of the pictures, initiated, not by the group as a whole at a meeting, but unilaterally by the early intervention teacher. Rather than the child choosing any activity which was subsequently recorded in his book by a picture, she decided that the child should select an activity from the pictures presented. Having completed the activity, he was to put the relevant picture into his book. The early intervention teacher explained during interview that this process was the start of a visual timetable that the child would be required to follow. The early intervention teacher believed that the child needed to be prepared to conform to school routines.

“I think we established right from the very first meeting, that we didn't see [getting him ready for school] as the most important goal [but] there still has to be a certain amount of that because that is where he is heading” (G1 EIT Int.1. 7/07).

She explained that working to a visual time-table was a method she frequently used with children with autism as part of preparing them for school. (G1 EIT Int.3. 2/08). This process was at odds with the agreed process of following the child's lead, and as she herself pointed out, did not fit well in an early childhood education setting: *"I don't think it fits very well into an ordinary early childhood setting and you wouldn't normally do it, except for readiness for school"* (G1 EIT Int.3. 2/08).

c. Preparing the child for transition to school by teaching him to remain within boundaries

The third area that the group decided to work on together was preparing the child for school by teaching him to stay within the school boundaries. Initially the group, while acknowledging that the area was important, had not chosen transition to school as a focus for their work together (G1 Introductory Meeting. 3/07). After expressing her view during her first interview that the group did in fact need to work on this area (G1 EIT Int.1. 7/07), the early intervention teacher raised this issue again for general discussion later that month at Meeting 3. The mother then expressed her concerns about the child's safety in the unfenced playground of the school, and the group discussed setting up visual rules to teach the child to stay where he was meant to be and not wander off (G1 Meeting 3. 7/07; G1 Meeting 4. 9/07).

The idea that the child should fit in and conform to 'rules' began to come to the fore as the time for school entry approached. While thoughts of the child's safety motivated the planning, there was an underlying expectation, expressed at the introductory meeting: that the child needed to "fit in" and learn the rules of society. The potential incompatibility of this idea with the other statement made at that same meeting, that the child should be accepted as he was and be free to do things his way, was not remarked upon.

By Meeting 4 a visual time-table was agreed to in principle, although a connection between this and the use of the home-school book was not discussed (G1 Meeting 4. 9/07).

4.4.2 Selecting the areas to work on – The decision making process

Professional imperatives shaped the domain directions. The teacher initiated the decision to follow the child's lead, and the early intervention teacher had most influence on changes with the home-school book. The education support worker, whose work was closely affected by these decisions, was unable to influence them.

The decision to follow the child's lead without presetting precise goals for the child's IP was influenced by the teacher's way of working. She explained that teachers focussed on every child as a learner with their unique strengths and interests. They worked to strengthen the children's feelings of confidence, by engaging with them at the point where they were working, rather than directing the learning process (G1 T Meeting 1. 5/07). The early intervention teacher and speech-language therapist were happy to adjust to this.

“We [early intervention specialists] meet together, we plan, we have goals and work towards [them] whether or not the child is heading in that direction and then we see whether or not it works. Which... is the opposite to what they [the teachers] are doing. In early education they're looking to see what the child is doing and then they are looking to see what skills the child is learning through doing that and how they can adapt the environment to enhance those skills. And then they are looking to see whether or not that has worked and move from there, which makes a lot more sense really” (G1 SLT Int.3. 2/08).

In attempting to transform the home-school book into a way of structuring the child's programme the early intervention teacher acted unilaterally in what was a contradiction of the group decision to follow the child's lead. She saw this move as maintaining her usual practice of introducing a visual timetable prior to school entry for children with autism (G1 EIT Int.3. 2/08). She did not reflect on the fact that she was changing the function of the home-school book that everyone had agreed to. She was focussed on school transition issues, as per her usual role:

“‘Now that he is going to school’ ... I said [to the education support worker], ‘we're way past letting him can choose’. I said, ‘We need to do that [follow a visual timetable]. I know that he doesn't particularly like doing it but when he

goes to school the teacher is going to say it's reading time'" (G1 EIT Int.3. 2/08).

The person who struggled with the decision not to set specific goals, and to change the function of the home-school book was the education support worker. She protested that she found specific goals helpful because they told her what to do (G1 Meeting 1. 5/07), but her concerns were not discussed. She found the home-school book process bewildering because of the changing functions. However, because some of the changes were not discussed in the group, her confusion did not have a voice, but was interpreted as incompetence: *"we were all aware of [education support worker's], shall I say, lack of skills"* (G1 EIT Int.3. 2/08).

4.4.3 The extent to which the reasons for the decisions were shared by the group

Apart from the early intervention teacher's attempted adaptation of the home-school book to support transition to school, the choice of areas to work on was discussed and explicit. However, being discussed in the group did not mean that everyone's voice carried equal weight. A key aspect of following the child's lead, that the adults working with the child 'knew' what they were aiming for, was not stated at group meetings, but only in interview when asked directly. To the professionals this tacit goal setting may have seemed self evident, but their inability to realise that the mother and education support worker had no idea that this is what they were thinking caused confusion and had the potential to undermine the child's programme.

There did not seem to be an awareness of possible contradictions in the reasons underpinning the group's decisions. The early intervention teacher decided that the child should be introduced to a visual timetable because she believed he was going to have to do what the teacher at school wanted him to do when she wanted him to do it, despite her awareness that this might not fit with an early childhood education philosophy (G1 EIT Int.3. 2/08). Although her work was not initially discussed with the rest of the group, when it was, there was no disagreement about the idea (G1 Meeting 4. 9/07). The apparent contradiction with the idea of 'following the child's lead' was not raised by anyone.

4.4.4 New learning for group members that affected the way they thought about their work

The process of shared assessment (see 4.5.3) was a source of important new learning for the mother, education support worker, and speech-language therapist, and impacted on the ways they thought about and participated in the group's tasks.

Professional members in Group 1 developed an assessment pattern over several meetings, sharing their perceptions of what they saw the child doing, speculating on what this might mean in terms of the child's understanding, and suggesting several hypotheses. They each then re-looked at the situation, testing out what they were thinking, and discussed what they had found out at their next meeting. The mother and education support worker were not privy to some of the tacit understandings held by the professional members of the group, such as following the child's lead *with goals in mind*. However, they began to copy this assessment process, reflecting on and questioning what they were seeing. Thus they started to describe not only what they saw the child doing, but what they thought might be the significance of what they were seeing. This learning was noted by the speech-language therapist. She said that, while at the start of the project the mother and education support worker would describe the child's actions without attempting to interpret these, by the end of the project they were becoming more reflective. She believed they had learnt this from the others (G1 SLT Int.3. 2/08). For example, they would now ask whether what they were seeing was the child copying a model, or producing something spontaneously. *"I was looking a lot more along those lines of where he taking things out of sequence, or doing things where he obviously wasn't copying other children"* (G1 ESW Int.3. 2/08). Significantly, at the last meeting of the project, the mother said that she could not only clearly see where her child was at from the group's discussions, but also how he was getting there (G1 P Meeting 6. 12/07).

The speech-language therapist reflected on how she had changed the way she thought about assessment, and particularly the evidential value of anecdotal information.

"We had very specific examples of how he's changed.... those things are sort of looked at as being anecdotal. But they're not, are they. That is the evidence. Those things are just as valued, something that Mum's observed at home or something that the teacher has noticed the child is doing in an interaction with

another child. It doesn't have to be a standardised assessment....I think giving the weight to those things which we look at as anecdotes was what was really good about what we did" (G1 SLT Int.3. 2/08).

4.4.5 Domain: Summary

The group selected three activities to undertake together: moving away from pre-set IP goals in favour of following the child's lead, using a home-school book, and preparing the child for transition to school. The teacher set the first domain for the group to share. The second activity started as a shared domain which was then adapted by the early intervention teacher. Both fitted with their respective ways of working, and their beliefs about how children learn. The education support worker's views were disregarded. During the project there was evidence of an increased understanding of the assessment process for the mother, education support worker, and speech-language therapist. They realised the importance of looking at a range of information about what the child was doing, and reflecting on this.

4.5 PRACTICE

This section includes information on the extent of change in the way the group worked (4.5.1); the way the group dealt with disagreements among themselves (4.5.2); evidence of increased collaboration during shared assessment (4.5.3); suggestions for ongoing changes to practice (4.5.4); section summary (4.5.5).

4.5.1 Changes to practice

The shared repertoire that the community developed included work related to the three negotiated topics: a) moving away from pre-set goals for the child's IP in favour of following the child's lead, b) the home-school book, and c) transition to school. The speech-language therapist and early intervention teacher also shared their recent professional development with the rest of the group (d).

a. Moving away from pre-set IP goals in favour of following the child's lead

The group agreed that following the child's lead in his programme, rather than pre-setting goals for the child's IP and working towards these, was the main thing that they

had done differently during the project (G1 Meeting 6. 12/07). Changes to practice varied among the individual members of the group.

The teacher said that there was no change for her. This was the way teachers worked anyway, that is, *“making very detailed and specific records of what the child was actually doing, working with him to extend his existing skills, and then measuring what was happening”* (G1 T Int.3. 2/08). However her comments at her first interview about the need for improved documentation suggested that there had been a change in practice in terms of the frequency with which the centre teachers wrote their learning stories. Certainly only one learning story was written between the start of the year and Meeting 1 in May, whereas ten learning stories were written between May and the end of the year (child’s Profile Book).

The early intervention teacher was making a substantial change to her practice by deciding as part of the group to forgo pre-set IP goals and design the child’s programme by following his lead. Her role would normally have been to assess the child’s skills and convene a ministry-led meeting for the group to set programme goals (see 3.3.1). While she supported the idea of a change to this practice at Meeting 1, she had concerns subsequently. She talked about the need for agreed outcomes for the child:

“We’ve still got to have outcomes and recorded outcomes really. We can’t just say ‘Oh well we’re just going to go with whatever [the child] wants to do’. .. we do have to be monitoring what’s happening and there does have to be some guidance in that” (G1 EIT Int.1. 7/07).

The speech-language therapist, in contrast, was very positive about the change which, she considered, was significantly different from the way she had worked previously. This was to work from where the child was at and extend on this, rather than identify what were considered desirable goals and working towards these. She found that this process had been advocated at a workshop describing an international programme on working effectively with children with autism that she had recently attended (G1 SLT Int.3. 2/08).

The education support worker said that she found it easier to teach to the child’s interests than to get him to follow a set task (G1 ESW Int.1. 7/07). However, as

previously reported, her interpretation of the practice was not what the teacher, speech-language therapist, and early intervention teacher were envisaging (see 4.1.5).

The change that the mother made was that she and the rest of the family had stopped trying to get her son to play with them at home by directing what he should do. Now they were letting him choose an activity and to their delight he would sometimes welcome their joining him:

“Basically at home we were very much directing him. Trying to get him to actually interact with us. He has heaps of toys but we were trying to actually get him to physically play with them. Whereas when we started to decide that following his lead would be better, we tried that tack at home, and it does work... So when we’re cooking he has to cook. Occasionally we have plastic toys thrown into the cooking as well! Plastic pieces of chicken and fish go into ours! But hey, he’s happy! So now he actually sort of says, ‘Come play with me’ and he wants you to come and play”. (G1 P Int.3. 2/08).

The early intervention teacher noticed that the mother had become less directive in her interactions with the child, and believed that some of the positive language results the mother was seeing stemmed from that change (G1 EIT Int.3. 2/08).

b. Using a home-school book

The home-school book made minimal differences to the practice of the group. It ended up being used largely by the education support worker alone, and intensified her sense of isolation, not so much in the group, but at the early childhood centre (G1 ESW Int.3. 2/08). She made contributions to the home-school book between July and December, while the mother finished writing in it at the beginning of October. The teacher and speech-language therapist each wrote in the book on two occasions only, and the early intervention teacher made no entries (home-school book - hard copy).

Because different functions were progressively ascribed to the use of the home-school book, the impact of the book’s use on the work of the education support worker was not so much to change what she was doing as to confuse her practice. She expressed this as follows:

“She [the early intervention teacher] would come back and look at it and I would find I was doing it wrong. So I wasn’t sure whether, to start off with,

whether it was to give Mother information. And then it was to get [the child] to sit down with me and put the pictures in so that he would be aware what was going on. I always said to him, I'm going to put stuff in your home book. And then it was "Oh no he doesn't have to be with you when you do it" from the early intervention teacher. And sometimes "You've got to write", and sometimes I had to stick pictures in" (G1 ESW Int.3. 2/08).

Nor was the book used to set up the start of a visual time-table, as envisaged by the early intervention teacher. This was because, in her words, the education support worker *"often, very often clearly [Education support worker] didn't get it... after I felt that I had demonstrated and got it all going and then I go back in, and I would say Now how's that going? Oh well and there would always be a reason why it hadn't been done."* (G1 EIT Int.3. 2/08).

Although the teacher had originally said that she would put anecdotes into the book prior to writing them up as learning stories (G1 Meeting 3. 7/07), this stage was skipped. Instead the teachers put their learning stories into the child's profile book as usual, and the rest of the group read them there. As already commented on, the difference was that the frequency of the stories increased. For the mother, the child's profile book, containing his learning stories, superseded the home-school book. *"[The profile book] really turned into the communication book. Because they would put something in there on a regular basis... something different or interesting that he had done"* (G1 P Int.3. 2/08). The mother and teacher as well talked regularly about what the child was doing, with the mother saying that she had believed that she could be more open about what the child had been doing at home because of the relaxed relationship at the group meetings (G1 P Int.3. 2/08).

Interestingly, using the home-school book, despite its lack of impact on the work of group members, was not seen as a failure. The teacher and speech-language therapist both maintained that the idea had been a good one. The teacher rationalised this by ascribing yet another function to the book. She said that the book was a good idea for the education support worker *"because it gave her something to focus on"*, and that choosing from the pictures helped to settle the child if he was flitting around (G1 T Int.3. 2/08). The speech-language therapist said

“I don’t think it really mattered whether it worked yet. I mean the point was to set it up as something that might one day work in the future. Hopefully they will continue using that at school... but it doesn’t mean it failed” (G1 SLT Int.3. 2/08).

The mother said that she was more aware of what the child was doing during day and believed that communication had improved (G1 P Int.2. 10/07), although in the event the increase in communication was more likely to have been from the increase in the number of learning stories and talks the mother had with the teacher about what they had seen the child doing.

c. Transition to school

The group focussed on ensuring the child would be safe at school by teaching him to stay within boundaries (see 4.4.1.c). They decided to trial a stop-sign on the gate at home, and to ask the centre manager whether they could use stop signs and some white lines on no-go areas at the centre (G1 Meeting 4. 9/07). For the parents and teachers the process was new, although this practice is often used in early intervention programmes for children who find it difficult to understand play ground and classroom boundaries. This procedure went ahead, and the boundary signs were successful in ensuring the child stayed where he should. The parents planned to follow the same process with the school boundaries in the holidays before he started there (G1 Meeting 5. 11/07).

The early intervention teacher also asked the education support worker to introduce a visual timetable for the child via the home-school book in preparation for transition to school. She subsequently then introduced the idea to the group at Meeting 4. Despite the use of such a timetable not apparently fitting with an early childhood education philosophy, the teacher did not express concern about its use. The mother said that she thought that this approach could be valuable (G1 P Meeting 4. 9/07). However, nothing further was reported regarding a visual timetable, and the possibility was not discussed again. It is not clear why setting up a visual timetable did not occur. Possibly the difficulty that the education support worker had in using the pictures in the home-school book meant that the process could not get underway. Certainly trying to attach the introductory part of the process to the home-school book, as the early intervention teacher did unilaterally, complicated the idea.

d. Professional development: SCERTS

During this project the early intervention teacher talked about a course that she had attended on the SCERTS programme (Social Communication Emotional Regulation Transactional Support - Prizant, Wetherby, Rubin, Laurent, and Rydell, 2006). This analysed and taught holistic development, relationships, and generalisation for children on the autistic spectrum (G1 Meeting 3. 7/07). The group asked for more information, and at Meeting 4 she talked about how the repetitive movements which children with autism, including this child, used, helped them to regulate stress. The early intervention teacher also described a self-assessment checklist from that programme, showing how people working with a child with autism could analyse the suitability of their language for that child (G1 Meeting 4. 9/07). At the request of the group everyone ran through the checklist together to see what type of transactional supports they were providing for the child as they communicated with him (G1 Meeting 5. 11/07).

The speech-language therapist also described a language programme that she was running for parents of children with autism. She offered to run the course for the centre teachers as well, as she believed it provided an opportunity for reflective professional development that was relevant to their work with all children (G1 Meeting 6. 12/07). This offer was taken up by the centre (G1 SLT Int.3. 2/08).

4.5.2 The way the group dealt with disagreements among themselves

Nearly all the difficulties faced by the group related to individual communication issues. Participants seemed to be unwilling to speak directly and frankly to each other when what they might want to say involved potential disagreement. Difficulties included several members' concerns about the education support worker's lack of teaching knowledge, the education support worker's concerns about some of what was happening at the early childhood education centre, and for the early intervention teacher, concerns about the mother's contribution and also for her the quality of the assessment being used by others in the group.

As already mentioned, the education support worker did not implement the child's programme as it had been envisaged by the professional members of the group. The early intervention teacher said that she realised from remarks made by education support worker at a meeting that she hadn't understood what was meant. Asked why she

didn't address the misunderstandings at that meeting she said "*chicken*", and also that it might damage the education support worker's self esteem if she had addressed these misunderstandings in front of the group (G1 EIT Int.3. 2/08).

Other members of the group also expressed doubts about how well the education support worker was working, but indirectly. They did not talk to the education support worker about their doubts. Instead, they framed these as a concern that the education support worker '*lacked confidence*' (G1 SLT Int.2. 10/07; G1 T Int.1. 7/07). There were oblique approaches to the situation outside of the group meetings. The teacher in interview suggested that education support workers should be given more in-service training, and wondered "*how we can best match up a suitable education support worker to the family*" (G1 T Int.1. 7/07). The mother was reported to have asked the school not to employ the education support worker as a teacher aide there for her child (G1 EIT Int.3. 2/08).

The education support worker also avoided speaking directly to the teacher about her concerns that the child was sometimes excluded from impromptu trips to the library with the other children at the centre. She raised the issue at Meeting 5 when the teacher was absent, but did not mention those concerns when the matter arose again at Meeting 6 with the teacher present. Asked about this at interview she said that the others should have said something first. "*Maybe everyone was waiting for someone else to come and say something..... I think they should have known me well enough to know that I wouldn't have jumped in first. I don't like confrontation*" (G1 ESW Int.3. 2/08). The teacher subsequently explained the situation which had involved several unplanned trips to the library when she did not have enough staff to cover for the child (G1 T Int.3. 2/08), so that the concern would have been resolved had it been raised.

The early intervention teacher was unhappy that the mother had not provided pictures for the home-school book (G1 EIT Int.2. 10/07), but again, did not speak out directly. Asked what she was going to do about this, she said that she wouldn't tackle her directly: "*I would probably just word it as 'Have you found a moment to get those things because I would like to get on to it' but I probably wouldn't say, 'You haven't done what we agreed'*" (G1 EIT Int.2. 10/07). In fact there was no evidence that the pictures were ever provided.

The early intervention teacher was also upset about the comments that the mother had made on an evaluation of her work (see 4.1.6). Rather than discussing the issue with the mother, she said that she could not now raise doubts about the child's progress openly at the group meetings because, as she saw it, only the teacher and speech-language therapist would be able to take a professional approach to the information (G1 EIT Int.2. 10/07).

The early intervention teacher was also concerned that the learning stories written by the centre teachers lacked sufficient contextual information to make it possible to judge just how much language the child actually understood independently. She said that she thought that the interpretations of the child's positive progress at meetings were inaccurate. She wanted the teachers to use more contextual comment in their learning stories, to clarify whether the child had copied what someone else had done/said, or had adapted the statement to a new context (G1 EIT Int.2. 10/07; G1 EIT Int.3. 2/08). This may have been useful feedback for the teachers, but there is no evidence that she passed these concerns on to anyone else. In fact the examples of the child's language use from the teacher, mother, and speech-language therapist, described in their interviews, may in fact have shown the early intervention teacher that her concerns were unfounded. However, she wasn't to know this because the issue was not debated.

4.5.3 Evidence of increased learning during shared assessment

The group's process of meeting together to share their assessment information led to increased learning opportunities for individuals. Despite the difficulties for the education support worker, she said that sometimes she didn't want the meetings to stop because she was learning so much. "*Once you hear other people's remarks you think 'Oh yeah that makes a lot of sense' but you hadn't realised before*" (G1 ESW Int.3. 2/08).

Speculation about the child's actions led to some insightful shared assessment in the group. Previously the teacher, speech-language therapist, and early intervention teacher would have assessed separately and then shared their assessment. In this project individuals shared what they were seeing the child do at their planning meetings, and then speculated on the possible implications of this as a group, and tested out their

hypotheses. For example, as already mentioned, the education support worker told the rest of the group about the child making a light bulb with some cardboard and a small ball. This led to speculation at Meeting 1 about the child's understanding of his world (see 4.4.1a). At the next meeting participants decided that what the child had been doing was indeed related to creative pretend play, because they had seen an increasing number of similar examples over the last few weeks (G1 Meeting 2. 6/07).

Another example of this process took place across Meetings 3 and 4. People wondered whether the child might be associating individual group members with specific topics to talk about, because he seemed to be using specific language 'chunks' with different individuals. They wondered whether this was based on the way they themselves talked with the child, or what he thought the individual expected from him (G1 Meeting 3. 7/07). This idea was checked out and the group decided this wasn't the case. What they realised was happening was that the child tended to use specific language according to the situation he was in, rather than the person he was with (G1 Meeting 4. 9/07). From this, the group realised that he did not find it easy to generalise from a specific experience, and individual members gave examples of this. From their assessments they then discussed how to optimise their work in different areas. They also discussed the importance of waiting for a response because the child had slow language processing rates (G1 Meeting 6. 12/07).

Stories from his mother showed that the child was indeed communicating at home about his experiences at the centre, as had been hoped. It tended to be the discussion about the child at the meetings that highlighted this rather than the home-school book. For example the child went home and repeatedly named a cat the family had had when he was very small who had climbed a Christmas tree. At Meeting 6, when the mother reported this, the teacher said that they had recently had a story from the 'Mog' series at the centre which also featured a cat that climbed up a Christmas tree (G1 Meeting 6. 12/07). Links with current and previous experiences were also seen at the centre. When the education support worker described what the child had been doing in the sandpit, his mother explained that he had been repeating the actions of his older brother at the beach (G1 Meeting 6. 12/07).

One of the aspects of this shared assessment process was that it democratised the contributions from all group members, whether professional or not. Information from the mother and the education support worker was not just elicited, and then written up by professionals. Instead the information and its significance was discussed in depth, with different perceptions shared and then checked out. The speech-language therapist believed that the mother was more forthcoming at the project planning meetings than she had been in a clinic setting:

“Considering she used to come here [the clinic] once a week with [the child] ... she talked freely and randomly. I suppose he’s always been there and we’ve always been focused on what we’re going to do ...I mean we’ve got the activity set out on the table and we’d do those things and then he goes and plays and we have a chat about how it went and about what’s going on at home. But we never really had the chance just to talk about what she wants long term I suppose” (G1 SLT Int.1. 7/07).

The mother explained this by saying that the comments of others at the meetings reminded her of further instances of what her child had been doing: *“Quite often the ladies will come up with things and I’ll think oh, yes that was something... they’ll probably jolt my memory more than anything else”* (G1 P Int.1. 7/07).

Sharing the picture allowed each member to feel valued as the following comments illustrate: *“This way we’re- I just feel we’re- on an even footing somehow* (G1 T Int.1. 7/07). *“... there are some things that I notice that others may not have noticed or that I’m seeing them in a different way that they haven’t thought about looking at”* (G1 ESW Int.1. 7/07). *“Everybody has such a different angle and that’s what makes the group so interesting I think”* (G1 T Int. 2. 10/07).

4.5.4 Suggestions for ongoing changes to practice

The teacher, speech-language therapist and early intervention teacher all reflected on the way the group had worked and suggested or instigated changes as a result of this.

The early intervention teacher said that she had realised the importance of allowing plenty of time to form a relationship with a parent, with no note-taking or expected outcome. She said that just asking the parents what they wanted was inadequate (G1 EIT Int.1. 7/07). She repeated this at her third interview, saying that she had been giving

other parents much longer to relax and talk about their child and their whole situation. She related this to what she had liked about the group meetings. *“We weren’t just sort of saying well this is the assessment, let’s have a look at that and let’s get some goals”* (G1 EIT Int.3. 2/08).

In their final interviews the teacher and speech-language therapist both raised the possibility of changing how their former ministry-led meetings were organised in the future. The teacher wondered whether teacher meetings could take their place. She described how the teachers at her centre met to consider a child’s profile book and how they could take the learning stories further. The teacher suggested that they should include special education staff and parents at those meetings as well (G1 T Int.3. 2/08). The speech-language therapist suggested that the meetings to set a child’s IP could be negotiated with the group responsible for each child to be as often and as long as the group wanted, and to include learning stories and stories from home as part of assessment (G1 SLT Int.3. 2/08).

4.5.5 Summary

Despite a varied knowledge base in the group and some communication difficulties, all participants in Group 1 developed a process of shared assessment for the child that allowed for different perceptions to be expressed and, importantly, examined. This domain was not negotiated, but evolved as the group worked together. It was a key process in allowing the mother and education support worker to learn a new way of thinking about the child. The process also encouraged the speech-language therapist to reflect on what assessment was.

The next chapter, Chapter Five, describes the experiences of Group 2.

CHAPTER FIVE

DESCRIPTIVE RESULTS AND INTERPRETATION: GROUP 2

5 CHAPTER OVERVIEW

This chapter describes the results pertaining to IP Group 2. It follows the pattern set up in the previous chapter. References to the data are abbreviated as in the previous chapter (see 4.1).

The study's questions about the IP groups' interactions, expanded in terms of the dimensional framework of community of practice, were

Community: the knowledge base of the group and how that might affect the relative power of individuals in their group; their relationships

Domain: Issues that group members might choose to explore together, the way these were negotiated, and how these issues related to the group's belief systems, as well as possible new learning for individuals that occurred through membership of the group

Practice: What the group did and their shared approach to what they were doing

Section 5.1 lists the Group 2 participants and briefly describes the child the group were planning for. It also gives a brief overview of what this group chose to do in order to cue the reader into the situation that is being described. Section 5.2, 5.3, and 5.4 then describe the results following the dimensional framework of a community of practice: community, domain, and practice. At the end of each dimension's set of issues the main points are collated.

5.1 BACKGROUND INFORMATION

The project for Group 2 ran from early May 2007 to February 2008, and comprised eight meetings including an introductory meeting. There were three sets of interviews to further inform the data, undertaken in July and October 2007 and May 2008.

Group 2 consisted of the child's mother, three teachers, a speech-language therapist, an early intervention teacher, and an education support worker. The third teacher left the group to go on maternity leave after Meeting 1. Teachers 1 and 2 decided not to invite

the teacher relieving for Teacher3 to join the group on the basis that she was new to the centre. For further details about the group see Appendix F, Table 2.

The group were working with a boy with Down syndrome, significant hearing loss, and language delays. At the start of the project he was aged 4 years 5 months and was not expected to attend school until sometime the following year.

The child attended a three-teacher sessional kindergarten, and just prior to the start of the project had moved to morning sessions. He had two education support workers working individually with him, sharing a total of 10 hours a week. However, only one education support worker chose to join the project.

While his language development was significantly delayed, the child could follow routine instructions in context, and had a small single-word sign-vocabulary. He played alongside other children rather than interacting with them and could be moody and non-compliant, sometimes hitting out at people (information taken from Ministry of Education Special Education assessment report 5/07).

The group negotiated to set the goals for the child's IP differently, and also planned for the child's transition to school. In addition to this they considered the impact of external benchmarks for children with disabilities. All members of this group had professional teacher education, which made for agreement on many issues. However, there was very little evidence of professional reflection and discussion about how they were working with the child. The mother's position in the group was equivocal. On the one hand she was seen to be on the periphery of the group in terms of the child's programme, and on the other hand it was she who led the discussions about transition.

5.2 COMMUNITY

This section is divided into three parts: the extent to which group members knew each other prior to the start of the project, and who were the 'core' members of the group and who were 'newcomers' (5.2.1); the knowledge/ expertise among the different members and the way they perceived their role within the group (5.2.2); the relationships among group members (5.2.3); section summary (5.2.4).

5.2.1 The extent to which group members knew each other prior to the start of the project, and who were the ‘core’ members of the group and who were the ‘newcomers’

Most individuals in the group knew each other well, and all but the mother could be said to form a core group. The mother was at the periphery of the group at the start of the project, and ‘entered’ the group during the discussions about transition to school.

The teachers, early intervention teacher, speech-language therapist, and education support worker had been working together for some years with a range of other children. The education support worker had worked extensively in the centre. The early intervention teacher had been a head teacher at a neighbouring kindergarten, so had also known the teachers previously in that capacity. Apart from the education support worker they had also been working with the mother for over a year prior to the project. The education support worker had only recently met the mother and started working with the child.

The outsider in this group was the mother, because she did not follow the programme advice of the rest of the group (see 5.2.2, 5.2.3) Teacher1 was particularly concerned about this. In Teacher1’s view the mother’s expectations for her son did not line up with everyone else’s. She said that she believed that parents were unable to be objective about their children’s education, extending this to the mother in Group 2. *“We were all working as a group. But [the parent] is - I don’t believe that a parent can ever be part of the group in a sense because it’s too much. It’s just all too much sometimes”* (G2 T1 Int.1. 7/07). She spoke of being able to be more frank about the child when the parent was not there (G2 T1 Int.1. 7/07). *“I think that having the parent there at the meeting, to discuss how we work as professionals is difficult”* (G2 T1 Int.3. 5/08). Teacher1 also suggested that it was difficult to plan for the child because descriptions of his language use and behaviour were so different at home and the centre:

“I feel that [the child] was totally different to what he was at home. I never saw him at home but I do believe from the stories that he was probably quite different...I don’t feel his voice was in the goals because I don’t think that we got to see what he was really like”. (G2 T1 Int.3. 5/08).

However, apart from Teacher1, the rest of the group talked of getting to know the mother better over the course of the project (G2 EIT Int.2. 10/07; G2 ESW Int.3. 5/08; G2 T2 Int.3. 5/08). The speech-language therapist said that she had got to see another side of the mother:

“Although we’ve known her and we’ve done quite a few home visits, I think in those meetings her voice came through as well, and she felt stronger and more in control rather than just us setting goals for her child. She was speaking for [the child] as well and I think that was very powerful for her. So I got to know her in a different way”. (G2 SLT Int.3. 5/08).

Teacher2, the speech-language therapist, and the education support worker all commented on their belief that the work they did together on transition to school enabled the mother to work more actively with them (G2 T2 Int.2. 10/07; G2 SLT Int.3. 5/08; G2 ESW Int.3. 5/08).

5.2.2 The knowledge that the different members brought to the group, and the way their roles were perceived

There were very few obvious knowledge differences in this group. Where there was a difference was in the teaching role the rest of the group had assigned to the mother, and which the mother rejected.

Everyone in this group had teacher qualifications. Apart from the teachers, speech-language therapist and early intervention teacher, the child’s mother had been a primary school teacher before her marriage, and the education support worker was currently in training to be an early childhood teacher. Everyone spoke of their professional skills as a strength that they brought to the group (G2 T1 Int.2. 10/07; G2 T2 Int.2. 10/07; G2 EIT Int.2. 10/07; G2 SLT Int.2. 10/07; G2 ESW Int.2. 10/07; G2 P Int.2. 10/07).

There were concerns and frustration about the fact that the mother did not fit the role the rest of the group had assigned her: that she should follow the advice of the professionals and work at home on the skills that the child was learning in the centre. Teacher2’s statement epitomised the general feeling about the mother’s apparent lack of cooperation: *“I felt that [the mother] had expectations of us ... I felt that she wanted everything from us and that she wasn’t giving much back”* (G2 T2 Int.1. 7/07).

The mother and education support worker described the knowledge they brought to the group not only in terms of their professional knowledge, but their familiarity with the child. The mother said that she had initially thought that her knowledge of the education system would be her chief strength in the group, but decided her knowledge of her child made a more important contribution

“[I bring] my knowledge and understanding of the education system, so an ability to communicate on a similar level to the other people within the group... And then I thought, probably my biggest strength is my knowledge about [my son] and my openness and willingness to hear about his strengths and weaknesses” (G2 P Int.2. 10/07).

The education support worker said that she believed that she knew more about the child in some respects than his mother because she had no preconceived ideas about what he could or could not do:

“My expectations of Caleb are quite high and there were things that I knew he could do that his mother didn’t know he could do Like I didn’t know Caleb very well when I first started working with him because he just kind of appeared in my area, if you like. So I thought he could pull up his pants, so I told him to. I didn’t know he couldn’t, or wouldn’t”. (G2 ESW Int.1. 7/07).

Teacher1, asked about the strengths she contributed to the group, described herself as welcoming the group into the centre. “I believe that I help everybody have a sense of belonging, a welcoming, belonging within the centre (G2 T1 Int.2 10/7).

5.2.3 The relationships among members

Knowledge differences did not impact on group relations, but the mother’s failure to conform to group expectations and her criticism of the teachers did strain relations.

At the start of the project the group sounded almost self-congratulatory, saying that they as a group were advantaged by all being skilled communicators (G2 Introductory meeting. 5/07). They believed that they had a good rapport with each other because they knew each other well already (G2 EIT Int.2. 10/07; G2 T2 Int.3. 5/08), and shared an interest in the child’s learning (G2 SLT Int.2. 10/07; G2 T1 Int.2. 10/07). Teacher1 spoke of her own good communicative and reflective skills (G2 T1 Int.2. 10/07), while

the mother saw a role for herself in helping the group to be open and frank in their communications with each other because of her readiness to accept others' perception of her child (G2 P Int. 2. 10/07). The mother said that she found it was a comfortable group to discuss things with (G2 P Int.1. 7/07).

However, as already mentioned, the rest of the group, especially the teachers, expressed frustration that the mother was not following up on the skills being taught at the centre, and would comment that the child 'always went backwards' in the holidays (G2 T1 Int.1. 7/07; G2 T2 Int.2. 10/07). In fact, the mother had refused to use signing to communicate with her son, citing the fact that he showed no interest in this and that he could make his needs known without signing (G2 IP transcript. 6/07). Teacher1 attributed her refusal to teach signing to the mother's internal problems:

"...we felt that there was something wrong with the way that [Mother] was reacting to [the child]. The way she was actually bringing him up and what her expectations were for what she wanted. I think she blocked it when [speech-language therapist] taught her some signing, and you know it seemed unnatural. I was quite taken back because I thought that was the perfect road to go down because he supposedly had all these huge ear problems, they can't hear. And he can't speak. But could he really speak? That was the thing because when I was at the zoo he was talking. He was saying lots of words and [Mother] just sort of looked at me when I told her". (G2 T1 Int.3. 5/08).

The early intervention teacher sympathised with the teachers' frustration about the mother's refusal to use signing, although she also empathised with the mother's situation as a busy dairy farmer with a two-year-old to look after as well as the child the group were concerned with (G2 EIT Int.3. 5/08). She said that she saw herself as having a pivotal role in connecting with both the teachers and the mother: *"We're collaborative in that I will talk with Mum, so we've got a collaboration going there and I will talk with the staff, the staff will talk with Mum too, so it's kind of like a triangle really"* (G2 EIT Int.2. 10/07).

The relationship between the mother and the teachers deteriorated further after the mother stated that one of the teachers had in effect partially excluded her child from attending that centre when she went to enrol him, by limiting the hours he could attend

(G2 Meeting 3. 8/07). This was denied by the teachers as entirely against their policy. The mother refused to name names (G2 Meeting 4. 9/07). Both teachers said that they thought she was not being honest:

“...the one time we did challenge her about something, she challenged us in a way that I didn’t particularly feel was right ... that was when she felt that we said that Caleb was violent. She wasn’t prepared to say who said it. And I personally had decided from then on that she obviously did not want to be challenged” (G2 T2 Int.3. 5/08).

In contrast the speech-language therapist spoke of admiring the mother’s honesty and her willingness to talk about hurtful things. She believed the mother may have been trying to change things for other parents:

“...she felt she could open up and really talk about, even hurtful things, things that she felt that didn’t go well. Maybe... knowing that she can speak up now: ‘This is your chance to change it for other parents’” (G2 SLT Int.3. 5/08).

5.2.4 Community: summary

It would have been reasonable to expect this community to be cohesive, because they had known each other and worked together for some time, and that they all had education training. However, the mother was, to some extent at least, an outsider in the group, although she seemed unaware of this. There was a general expectation that she should be following up with the child’s centre programme at home. Her failure, or in the case of the signing her refusal, to work on the child’s skills at home was seen as unsupportive and not pulling her weight in the group. She was accepted into the group as they considered transition to school (see 5.3.5b).

5.3 DOMAIN

This section includes the stated rationales and underpinning belief systems Group 2 had for selecting the shared activities (5.3.1); the decision making process in selecting the areas to work on (5.3.2); the extent to which the reasons for the decisions were shared by the group (5.3.3); new learning for individual participants that affected the way they thought about their work (5.3.4); section summary (5.3.5).

5.3.1 The stated rationales and underpinning belief systems for selecting the shared activities

The group negotiated two areas to work on together: a) setting the child's goals differently, and b) transition to school. During the project the group also decided to discuss the impact of setting benchmarks for children with disabilities (c), although this discussion did not result in a shared action.

a. Setting goals differently

The group decided to agree on over-arching goals for the child. They also decided that the teachers would set short term specific goals for the child as they worked with him. The teachers said that they would review these every fortnight at their regular staff meeting (G2 Introductory Meeting. 5/07). A combination of the child's learning patterns, the teachers' professional practices, and a generally stated dislike of the current system of setting goals for the child's IP influenced that decision.

The group's rationale for changing their practice was that the child's existing goals for his IP tended to get out of date before the next formal ministry-led meeting. This was because the child was learning new skills rapidly (G2 Introductory Meeting. 5/07). It was clear from subsequent interviews that pre-set goals for the child's IP were not well regarded. The speech-language therapist, parent, and Teacher1 believed that prescriptive goals potentially inhibited learning and teaching, and that goals should be set in the context of what the child was interested in, rather than what the adults wanted him to do

"I think that [the child] would be able to move forward and learn in areas where he is really interested in or motivated. I think that by only setting goals from our point of view we might limit him and not able to see the same amount of progress. So if he is really interested in something he goes there, picks that activity himself. He's interested, he wants to learn and we haven't limited him by setting a specific goal about something. He's chosen and we can use that to build him up and encourage him to learn". (G2 SLT Int.2. 10/07)

Teacher1 and the education support worker both said that they did not follow goals for the child's IP rigorously anyway (G2 T1 Int.1. 7/07; G2 ESW Int.2. 10/07), and Teacher2 said that she always focussed on the learner and where they were at, but was now looking more closely at this child:

“...as teachers we’re always looking for the positive. We’re always looking at the child’s interests and providing for that.... we’ve always looked at him as a kindergarten boy, I don’t mean that - but we’re actually looking a little closer at where he’s at, what his interests are, than we were when it was big goals”. (G2 T2 Int.1. 7/07).

The parent said that she believed that a less structured teaching direction would give the child more opportunity to learn in his areas of interest:

“Often achievement objectives can become learning in themselves... the way we’ve gone now, we don’t forget about the achievement objectives, but we can put them to the side a little bit, look at what he is doing and scaffold his learning where he is and where his areas of interest are. It was a way of moving away from requirements without ignoring them” (G2 P Int.2. 10/07).

Members of the group believed that this process fitted well with how the child learned. It was difficult to get him to do something before he was ready, and all participants commented that he did not respond to being guided by a teacher until he felt confident to participate. His mother said:

“He won’t actually put himself in a learning situation at first. He might stand on the outside and watch it for quite some time before he puts himself in it. ... He won’t actually take himself to do something until he is happy that that’s where he wants to go and what he wants to do” (G2 P Int.3. 5/08).

The parent, Teacher2, and the education support worker all believed that by working on the small steps the child would achieve the main goals more quickly (G2 P Int.2. 10/07; G2 ESW Int.1. 7/07; G2 T2 Int.3. 5/08).

b. Transition to school

The second area that the group worked on was preparing for successful transition to school (G2 Meeting 3. 8/07). At the start of the work there was not so much a rationale for this discussion as a link to the idea of discussing external benchmarks. As part of this discussion the mother asked how the rest of the group conceptualised her son’s transition to school, particularly in relation to a starting age (G2 Meeting 2. 7/07). The group decided to look at what their individual expectations were in terms of transition to school, and what this implied for the child’s programme (G2 Meeting 2. 7/07).

The group's view on transition was that the child should be taught like other children, and provided with the same learning opportunities and choices. It was the child who should be focussed on, and not their disability. The mother was concerned that when her child got to school he would not get to choose his learning moments in the way she believed he was able to at the centre (G2 Meeting 4. 9/07).

However, at the same meeting and with the agreement of everyone, Group 2 teachers decided to set up a number of discrete table top activities for the child to do. The child would be required to stay in one place and only use his own equipment for each activity. The teachers, education support worker, and the mother planned to work more intensively on getting the child to conform to lunchtime and toilet routines (G2 Meeting 4. 9/07).

c. Benchmarks as a discussion area

This discussion about how people in the wider community set benchmarks and expectations for children with disabilities, was initiated by the mother. There was no obvious rationale for the group to pick up on the topic other than to support the mother. She selected a question 'Where are the sources of knowledge and benchmarks outside the community?' from the model of a community of practice presented at the Introductory meeting (see Appendix I). She raised this question in the context of having just had to sign an Ongoing Reviewable Resource Support (ORRS) funding application. ORRS funding is provided for children with significant disabilities in the school sector. The mother had also just had the experience of her doctor making a comment about her son's height being above average. When she had expressed surprise, he reportedly qualified the statement as 'above average for children with Down Syndrome' (G2 Meeting 2. 7/07). The rest of the group sympathised with these experiences, and the topic was seen largely in terms of issues pertaining to transition to school, as discussed above.

At her interview after Meeting 2 the mother said that she wanted to raise awareness in the group of what it was like to experience discrimination:

"I think it's quite a controversial topic [benchmarks] in many respects, and I think it will raise awareness of things that happen, that people perhaps aren't

made aware of... perhaps if they are made aware of those experiences they would be quite horrified to think that that's how it came across. Because I know that people don't do things to intentionally offend". (G2 P Int.1. 7/07).

At the following meeting, Meeting 3, in the context of discussion about benchmarks, the mother disclosed that when she had first gone to enrol her child at the centre she had been told by someone that her child could not attend there without full cover by an education support worker. This was because the person believed that children with Down Syndrome could be violent (G2 Meeting 3. 8/07). She explained how upset she had been that someone would make assumptions about her child before they had met him, and on the basis of his disability.

5.3.2 Selecting the areas to work on – the decision making process

The first topic, setting goals differently, was introduced by the teachers and agreed to by the rest of the group including the early intervention specialists. The teachers were proposing to adjust the ministry-led programme of pre-set goals to one of following the child's lead, and to set teaching goals from what they saw the child doing. They suggested that they should be the ones to set the short-term goals. No-one questioned whether people other than the teachers should be part of this process.

The other two domains, transition to school and the benchmark discussion, were introduced by the mother. The topic of transition had the function of moving the mother into the centre of the group. The group said that they thought that exploring their different perceptions of how they saw transition to school for the child would give an insight into themselves as a community (G2 Meeting 2. 7/07).

The mother introduced the discussion about benchmarks from a personal point of view (see 5.3.1c), while for the rest of the group the topic was seen in the abstract. For example, Teacher1 defined a 'benchmark' as an ongoing guide which she as a teacher expected to move beyond rather than as a restriction of expectations (G2 T1 Meeting 2. 7/07). The early intervention teacher's comment that she expected that there would be many different views about benchmarks and that it would be interesting to consider these (G2 EIT Int.1. 7/07), was typical of the sentiment in the group as a whole. However, when the mother then spoke of her experience in enrolling the child at the centre (G2 Meeting 3. 8/07) further group discussion on the topic of benchmarks was

curtailed. The mother afterwards described the process as a “*little incident and I did feel that that was perhaps not taken very well*”, saying that she hadn’t wanted anyone to be offended (G2 P Int.2. 10/07).

5.3.3 Extent to which the reasons for the decisions were shared by the group

Reasons for selecting the first two domains, setting goals for the child’s IP differently and transition to school, were explicit and agreed with by the group. The benchmark discussion arose from the mother’s perceived need to raise awareness in the group of what it was like to be in her position (G2 P Int.1. 7/07). She did not say this directly to the group, instead introducing the discussion via some difficult experiences she had had. Whether she had wanted to talk about the centre’s exclusionary statement all along was not clear. She certainly talked about doing this at her first interview prior to Meeting 3, but whether the idea to raise this was triggered after Meeting 2, or had been there from the first is not known.

5.3.4 New learning for group members that affected the way they thought about their work

In terms of new learning, individuals in this group reflected on how they had seen things anew from other people’s perspectives. They talked about how this had extended their understanding of their work, and broadened their way of thinking.

The speech-language therapist said that she had found other people’s perspectives about the child very interesting, and that listening to what others said gave her a fuller picture of the child than just her own assessment

“I might look at, like for example the building of the tower: I might look at how [the child] is making eye contact while doing it and trying to communicate what he’s doing and Teacher2 might look at how he is problem solving. I might also see it but we look at it from different angles and I think talking about it just emphasises that. It seems like such a small thing but so many things are happening and that’s why we can all celebrate the success of that because by analysing we see it all... that exercise of looking at what he is doing and discussing it really helps” (G2 SLT Int.2. 10/07).

The education support worker talked about the new ideas she got in working with the child as she listened to the rest of the group talking about what they and he had been

doing: “*You know, it might be a better way of doing it and I might not have thought about it*” (G2 ESW Int.3. 5/08). The parent and early intervention teacher found that talking about what the child was doing raised their expectations about his capability, so that they began to demand and get more from him (G2 EIT Int.1. 7/07; G2 P Int.1. 7/07).

Teacher2 spoke of re-thinking the standard model of school entry at 5 in the light of the mother’s views on school readiness for her son (G2 T2 Int.3. 5/08).

5.3.5 Domain: Summary

Setting goals differently and working on transition to school were introduced by the teachers and the mother respectively. They were accepted by the group as useful areas to work on, and in both cases the group agreed with the philosophies underpinning what was being discussed. The issue of transition to school brought the mother from the periphery of the group onto centre stage. The benchmark discussion, as opposed to transition to school never really became a group issue but remained with the mother. Once the topic became contentious, discussion closed down.

5.4 PRACTICE

This section includes information on the extent of change in the way the group worked (5.4.1); the way the group dealt with disagreements among themselves (5.4.2); evidence of increased collaboration (5.4.3); suggestions for ongoing changes to practice (5.4.4); section summary (5.4.5).

5.4.1 Extent of change in the way the group worked

The shared repertoire that the community developed included work related to the two negotiated topics: a) setting goals for the child’s IP differently, b) transition to school, c) benchmarks.

a. Setting goals for the child’s IP differently

The plan was for the group to set general over-arching goals at formal ministry-led meetings, while the teachers set what they referred to as small short term goals arising from following child’s lead (see 4.2.8). As a way of evaluating what they were going to

be doing, the group listed the changes they would see in practice by having a two-tier system of goal setting. These changes were that short-term goals would be set, tracking of progress would be closer, the child's teaching would be more closely allied to where he was at so that the scaffolding was clearer, there would be increased expectations of what the child could do, a faster turnover of goals would be achieved, and there would be more reflection on the child's programme and his progress as a learner (G2 Introductory Meeting. 5/07; G2 Meeting 1. 5/07). However, they did not refer back to this discussion at any point during the rest of the project.

The use of the words 'short term goals' might have been expected to indicate that the teachers were going to be working from a list of goals that they were setting separately from the rest of the group, in discussion at their fortnightly staff meetings. As it turned out this was not how the teachers or the rest of the group envisaged what they were planning to do. What they were talking about when they referred to 'short term goals' were the un-stated goals in the adult's mind as they noticed, recognised, and responded to the child and what he was doing. The practice of the teachers remained the same, as did that of the rest of the group.

The speech-language therapist described the process of setting short term goals as "*knowing what progress you would like to see and then recognising his progress rather than setting the goals for the progress*" (G2 SLT Int.2. 10/07). During meetings and in interview the early intervention teacher described short term goals as '*learning opportunities*' (G2 EIT Int.1. 7/07). Asked where the short term goals came from she said "*they probably came from very experienced staff, encouraging the child's learning from where he was at exactly, at that time.*" Asked how she found out about these goals and what they were, she said,

"He was setting his own goals by playing in those areas and us interacting with him there. [I knew the goals] just by engaging with him. In the back of my mind I would have had a goal that he's working towards, but because play is such a general term I believe that you can actually scaffold his learning from wherever you are, whatever your goals are, through play, and what he was doing" (G2 EIT Int.3. 5/08).

The speech-language therapist also spoke of having goals in mind and working from where the child was at, which she believed was a better way of working with this child (G2 SLT Int.3. 5/08).

The goals for the child's IP were stated in general terms. These were that the child would: *complete an activity; use equipment with a purpose; practise and use a wider range of speech sounds; start to link pictures with the printed word.* (IP document 10/07)

When the child's mother was asked what the child's short term goals were she said,

"I think one might be taking the time to complete an activity, as the broad goal. And so within that there are little things that he can do to achieve that, such as complete a puzzle. Now because that is a broad goal that, like the others have been made aware of it, I think that people actually take the time to encourage him to complete it. Whereas before he was able to get up and walk away. Because his goals were so big that you couldn't see what the little stepping stones were. Whereas now they're smaller so those little stepping stones are more meaningful so you can say, [the child] has completed this puzzle" (G2 P Int.1. 7/07).

Similarly vague, the education support worker responded to an interview question about what she understood to be a short term goal as follows: *"I thought that if his IP goals were broken down that he would actually achieve them a lot quicker and that way he would achieve the bigger goals quicker"*. She was asked to give an example:

"he picked up the spade and went like that, [gestures throwing sand] to put the sand into there. So then I said, "OK no, this is how we do it." Teaching him to gently lift the sand like that. So like everything he is doing is a learning process. And whether that would necessarily be an IP goal, if he is learning then it is still a goal, whether it is written down or not" (G2 ESW Int.2. 10/07).

Despite the plans to record the 'short term goals' there was in fact very little documentation about what was happening. The teachers told the other members of the group that it was critically important that they read the child's profile book regularly because that was where the information about what the child was doing would be found (G2 Meeting 1. 5/07). However, only one to two learning stories were written in any

one month, and these were not particularly informative. Several of the stories lacked the teachers' reflections altogether. Where goals were written in the Profile Book they were teaching goals, infrequently recorded, and expressed in very general terms: e.g. *the teachers will encourage the child to explore new activities and offer him the support he needs to have successful outcomes* (Profile Book. 5/07).

The early intervention teacher and speech-language therapist worked with the child from time to time in an assessment/teaching capacity. Their assessment of the child was focussed on preparing an application for Ongoing Reviewable Resource Support (ORRS) for him. The main change for them was that, at the request of the teachers, they read the child's profile book (G2 Meeting 1. 5/07). The early intervention teacher did not write learning stories herself, but inserted her observations of the child's achievements, together with what others reported to her, in May and in July into his Profile Book (G2 EIT Int.3. 5/08). These were 6 statements such as 'did a parrot puzzle on his own', 'persevered with the scissors', 'followed screen printing routine' etc. (Profile Book. 7/07). The activities and indicated learning dispositions did not carry through from one list to the next and also lacked the contextual information of the learning stories.

No formal system was set up for people in the group to communicate together about what they were each doing. The early intervention teacher, the education support worker, and the teachers talked during or after session about what they saw the child doing at the centre (G2 T1 Int.3. 5/08; G2 ESW Int.3. 5/08; G2 T2 Int.3. 5/08; G2 EIT Int.3. 5/08). The education support worker described talking about smaller goals within a broad goal with the teachers, and said that unlike her previous way of working with the early intervention teacher, these goals were not written down, nor was what the child was doing in relation to them documented anywhere, but just talked about. "*I suppose it was just a general consensus*" (G2 ESW Int.3. 5/08). The early intervention teacher said that she passed on what she was seeing to the mother (G2 EIT Int.3. 5/08). As a communication system the process could be haphazard. The education support worker pointed out that she was not always there to hear what was happening, and "*people forget to tell you later*" (G2 ESW Int.3. 5/08).

b. Transition to school

The shared repertoire that the group developed in terms of transition to school was not only to do with the practical actions they took to support the transition process, but the way the rest of group interacted with the mother.

The teachers and education support worker planned to adapt the child's programme to what they thought would suit the education environment when the child got to school by encouraging the child to do more table-top activities, getting him to stay in one chair, use his own equipment rather than taking someone else's, and follow an activity through from beginning to end. The mother planned to investigate school options (G2 Meeting 4. 9/07). The teachers talked about contacting the school, and seeing if they could exchange visits with the teachers there to learn more about each other, although in the event this did not occur because the child started school earlier than the group had been expecting. Together with the mother, the group discussed managing lunches and stepping up toilet training (G2 Meeting 5. 10/07). Rearranging the lunches and stepping up the toilet training did take place (G2 Meeting 6. 11/07), this being one of the occasions the teachers and the mother did share a process. There was also an increase in table-top activities reported (G2 Meeting 6. 11/07).

Someone in the group (not specified) said that she thought that exploring their different perceptions of how they saw transition to school for the child would give an insight into themselves as a community, and everyone agreed with this (G2 Meeting 2. 7/07). However, the group did not really have different perceptions as such, but shared similar viewpoints on every issue discussed, that is, entry age, funding, school choice, and the sort of table-top skills they believed the child would need at school.

The process followed a repeated pattern. The mother would present with her concerns about an aspect of transition to the group. The rest of the group would then reflect back to her what they thought about the decisions she was making. They endorsed her views at every stage, adding their own reasons as to why what she was considering made sense. For example, the mother reported on pressures she was experiencing in the small farming community where she lived: that she should support the local school by starting her child there on his fifth birthday to keep the school's roll numbers up. The rest of the group agreed with the mother that school entry age was arbitrary. The mother believed

that the funding criteria for the application ignored the individuality of her son as a learner (G2 Meeting 2. 7/07), and the group were sympathetic with this viewpoint. There was indignation that the verifiers for Ongoing Reviewable Resource Support (ORRS) had asked the early intervention specialists for more information about the child's knowledge of colour and shape, which the group believed was irrelevant information in terms of the child's current learning. The education support worker asked rhetorically whether, in the light of this sort of question being asked, teachers might be put off teaching these skills in case children were denied funding on this basis (G2 Meeting 3. 8/07). When the mother found that the alternative school placement that she had been considering was not available, and that she would have to choose her local school, the group supported her decision to choose when the child should start according to whether she thought he was ready (G2 Meeting 5. 10/07). When it seemed that the child would have to start sooner rather than later, they applauded the plan for him to start the week of the school camp with his dad, where the child's competent physical skills would be seen by the other children before having to fit into the classroom (G2 Meeting 6. 11/07).

In the event, the group discussions had minimal impact on the transition itself. The actual transition was contrary to what the mother and the rest of the group had wanted. However, there was a shared disappointment in the group, and ongoing affirmation for the mother's thoughts over time. The school insisted that the child start on his fifth birthday because of roll-based funding issues. The school also refused to allow the child to attend the school camp in view of his disabilities. The mother was assertive at the transition meeting with the school. She told the teachers there that she was very unhappy at the way they were conducting the meeting, with them focussing on funding issues rather than on her son as a learner (G2 EIT Int.3. 5/08; G2 P Int.3. 5/08). She demanded a second meeting, although the outcome of this meeting was not very different. She said that she had been able to be assertive because she knew what a transition meeting should be like from talking with the early intervention teacher (G2 P Int.3. 5/08). It may be that the months of group support for her views also gave her confidence to speak out. But as the mother said, "*It is definitely the knowledge that gives you the power.... [but] you've still got the powers that be that are stronger*" (G2 P Int.3. 5/08).

c. Benchmarks

At Meeting 3, as part of a discussion about the limiting nature of external benchmarks for people with disabilities, the mother said that her child had been prevented from attending the early childhood centre full-time on the basis of a discriminatory picture of Down Syndrome (see 5.3.1c). The head teacher was not present at this meeting, and Teacher2 denied all knowledge of this. At the following meeting the teachers asked the mother for more details and said they were not aware of this having happened. However, the mother refused to give more information. Teacher1 said that she found it difficult to believe that anyone would have said that because it went against what the kindergarten stood for. It was generally accepted that there were differences in perceptions of events (G2 Meeting 4. 9/07). In other words, the group preferred to leave the disagreement alone.

5.4.2 The way the group dealt with disagreements among themselves

There were two disagreements that caused conflict within the group: the mother's lack of programme follow-up, including her refusal at a ministry-led meeting to use signing with her child, and her statement at Meeting 3 that a teacher at the centre had told her, when she went to enrol her child there, that he could not attend without full education support worker cover because he might be violent. With both situations the mother spoke openly in the group, but the reaction was largely covert.

At the outset of the project most people in Group 2 were frustrated at the mother's failure to work on her child's programme at home, and in particular, her refusal to insist he used signs to communicate. Teacher1 believed that the parent should work on specific tasks with the child at home for the child to do well (G2 T1 Int.1. 7/07), and this was the sentiment of most of the other members of the group. However, no-one said so to the mother. Because the matter was not actually raised directly, there was no opportunity to problem-solve or reconsider whether the group's wishes were realistic. Their responses were, variously, to ignore the mother's comments at a ministry-led IP meeting (G2 IP transcript. 5/07), to propose a questionnaire (never drawn up) for the mother to complete, that would tie her into working on the child's programme at home (G2 T1 Int.1. 7/07), and to find an alternative communication system to signing (G2 SLT Meeting 4. 9/07). Asked why no-one spoke directly to the mother the early intervention teacher said that this would have been rude. "*I suppose manners were*

holding us back, in that a direct comment to Mother would have appeared rude I think" (G2 EIT Int.3. 5/08). The belief was that it was a criticism for the group members to tell the mother directly that they expected her to work with the child at home. At one point Teacher 1 actually considered how she might word the request, "*perhaps, when the time is right, it being suggested to her that 'We have this expectation here. We would like you to have that expectation at home. Can you?'*" (G2 T1 Int.1. 7/07). The suggested wording of the request was tentative, and the request wasn't in fact made. Instead the early intervention teacher in Group 2 operated as an apologist for the mother, explaining to the teachers that the mother was under stress managing demands at home and had little energy left for working directly with her son (G2 T2 Int.2. 10/07). The early intervention teacher, during a home visit, learnt that the mother, after an operation for appendicitis, had stopped toilet training and put the child back in nappies because she was finding him too heavy to lift onto the toilet. Her response was to thank the mother for being so frank about the difficulties (G2 EIT Int.3. 5/08). She did not report any attempt to consider how they could work around this.

At the ministry-led meeting, when the mother explained that she would not use signing as recommended by the speech-language therapist, she also asked several times for something else she could work on with her child instead. She said that she would like a specific task to do at home. There was no response from any of the group to this – it was as if no-one had heard her. Nor was there any response to the reasons she had put forward for not working on signing: that her son showed no interest in this, and that he could make his needs known without signing. The speech-language therapist repeated the need for a goal about using signing at the end of the meeting, and the early intervention teacher added this to the goals (G2 IP transcript. 5/07). Later, the speech-language therapist came up with an alternative to signing for children with Down syndrome that she had just learnt about at a course, and said that she would be showing the child's teachers and parents how to work on this (G2 Meeting 4. 9/07). However, this was not a solution to the underlying conflict – the belief of the rest of the group that the mother was failing to contribute adequately to her child's programme.

The mother's statement that her son had been discriminated against when she brought him in to enrol was frank and open, and as far as she was concerned this was the end of the matter. She said that while the teachers had asked a lot of questions at Meeting 4,

there was no maliciousness - people were just asking questions because they were interested in their centre. She had not felt comfortable to name names, and had not felt this was necessary (G2 P Int.3. 5/08). However, the teachers continued to feel angry about the incident (G2 T1 Int.3. 5/08; G2 T2 Int.3. 5/08), and it soured the relationship. In their eyes the mother was untrustworthy, and this was added to their existing concerns about her failure to teach her son. The similarity of their comments suggested that they had discussed the matter together at length.

5.4.3 Evidence of successful interactions

The group worked together successfully over a) transition to school and b) assessment of the child.

a. Transition to school

Because of the unsuccessful outcome it is easy to overlook the fact that there were very positive and mutually supportive interactions over transition to school. The speech-language therapist spoke about how the group had worked together on transition to school. What she saw was a progress of ideas.

“Decisions were being made at the meeting and [the mother] took it back and thought about it and brought it back to the meeting again. And so I think it was more of a decision making process than it would have been” (G2 SLT Int.3. 5/08).

This pattern was apparent in the meeting notes, with the mother discussing with the group what she was looking for in a school. When it seemed the choice came down to the local school, planning turned to when and how the child would move into school (G2 Meeting 4. 9/07; G2 Meeting 5. 10/07; G2 Meeting 6. 11/08). In a sense the rest of the group were more of a sounding-board affirming what the mother was thinking, although they were also talking about what they were working on at the centre to help the child be ready for school.

b. Assessment

The group shared their information about what they saw the child doing, both during the meetings and informally at the centre. The parent, speech-language therapist, and Teacher1 said that they believed that the detailed discussions about the child’s progress changed the way they thought about his learning ability (G2 SLT Int.1. 7/07; G2 T1 Int.1. 7/07; G2 P Int.1. 7/07).

Group members spoke of valuing multiple perceptions. Teacher2 described the meetings as “*a collective pool of knowledge*” (G2 T2 Int.3. 5/08). The education support worker spoke about the value of listening to other people’s ideas on how to help the child: “*You know it might be a better way of doing it and I might not have thought about it*” (G2 ESW Int.3. 5/08). Teacher2 said, “*...we hear other people’s thoughts and then because of that we can put them together and work within that framework*” (G2 T2 Int.2. 10/07).

Most statements were general (see 5.4.1a), although the impact on the way people saw the child was valuable. The early intervention teacher said that her focus in assessment was now to look at the child as a learner. Her expectations of what he could do were raised, and when she worked with him now she aimed for a higher level of success and got it:

“I might have said or thought that [the child] was only capable of doing one part of a screen printing. [Since then] I have been looking much more deeply at what he can achieve and him as an active learner, and so I insisted that he come right back to square one and do this long process of screen printing. He was agreeable. He was absolutely delighted when he had finished and it was a real achievement. And it was wonderful for me too because we both had this great satisfaction that he had done a screen printing the way everyone else does a screen printing”. (G2 EIT Int.1. 7/07).

The mother found looking at her child’s successes in the profile book also raised her expectations of what he could do, and interestingly, in the light of the comments about her failing to work with the child, said that after the discussions at the meetings she went away determined to work more actively at home with him:

“I come away from [the project meetings] and I’m more open minded and relaxed for a period of time. And then the frustration slowly creeps back in to your life and the difficulties creep back in, so you then revert slowly back to your old behaviour in some respects and you have to remind yourself that there are different ways of doing things. And then as each meeting comes round again I come away personally refreshed and with a different approach to [the child] and how I deal with him.... Immediately after a meeting I would be more patient

and more able to persevere for longer periods of time to encourage him to do things". (G2 P Int.1. 7/07).

At Meeting 2, members of the group did reflect on the implications of what they were seeing the child do. After listing the child's recent learning experiences, they also noted that he was more inclined to work right through a task to the end. They concluded that he was beginning to see himself as a capable learner, and that he had more confidence in achieving an effect. They attributed this change to the fact that they were working with the child at exactly the place he needed support, moving with him as he progressed through an activity. This discussion involved several different examples and perceptions of what was happening plus a degree of reflection about the assessment, which made the process more collaborative (G2 Meeting 2. 7/07).

At Meeting 5 Teacher2 described a situation that had occurred the previous day. She, together with some of the other participants, had observed the child playing alongside some other children. On this occasion participants' comments were very detailed. They covered what they saw of the child's problem solving, degree of focus on the activity, communication used, and the impact of a previous experience on what the child did on this occasion. They referred to the goal of completing a task, the quality of hand-eye coordination being used, social interactions during the situation, the child's perseverance with the task, and compliance with a routine. In discussing what it was that had worked for the child on that occasion, suggestions covered the child's interest in the activity, the fact that the teacher had seated the child with his legs under the table, and teacher praise throughout. 'Where-to-now' included an expansion of the cognitive aspects of the activity, vocabulary building on what the child was doing, and extending the social interactions connected with the game (G2 Meeting 5. 10/07). However there were no more documented examples of collaborative assessment occurring. It is possible that this sort of discussion may have gone on informally, but no-one commented on this during their interviews.

Individuals talked about the child's voice in the goal-setting process, which was something the teachers had wanted to achieve (G2 Meeting 1. 5/07).

"We achieved the child's voice in the goal setting process to some degree. I think that's where following the child's lead comes back into it so that we could

work out our goals we had for him around his willingness to learn, and where he was at with his development” (G2 ESW Int.3. 5/08).

This view was repeated by the early intervention teacher and speech-language therapist (G2 EIT Int.3. 5/08; G2 SLT Int.3. 5/08). But, as pointed out in 5.4.1a, no-one could say precisely what they were working on.

5.4.4 Suggestions for ongoing changes to practice

There were a few suggestions for how things could work better from some group members, although no planning to implement these. The early intervention teacher said that she had found it useful to see the teachers and the parent together more frequently so that they could talk together about the child, rather than seeing them separately between ministry-led meetings as she had tended to do in the past (G2 EIT Int.3. 5/08). Teacher2 wondered whether there was some way of combining the collective discussions that the group had had with the former ministry-led meetings, although she did not specify how (G2 T2 Int.3. 5.08). The mother would have liked there to be funding for the school’s teacher aide to work alongside the education support worker at the early childhood centre for some time before he started school, watching how the child learned there (G2 P Int.3. 5.08).

5.4.5 Practice: Summary

Patterns of collaboration in practice were mixed. The group worked collaboratively on transition to school, although the outcome, in terms of achieving the transition they had all agreed was most desirable, was not successful. There was a shared enthusiasm about working with the child, and excitement about what they saw the child doing. However, there was a lack of reflective documentation about what participants were seeing. They did not develop, or try to develop, a process for sharing their assessment information or the ‘short term’ goals they were working on. This had the potential to exclude some individuals from the information. In a sense their shared understanding of teaching practices seemed to reduce critical reflection, as they assumed they all understood what they were talking about. Teacher2 said, *“by that stage we were a group. We weren’t individuals anymore when we were talking about the child”* (G2 T2 Int.3. 5/08).

The next chapter, Chapter Six, describes the experiences of Group 3.

CHAPTER SIX

DESCRIPTIVE RESULTS AND INTERPRETATION: GROUP 3

6 CHAPTER OVERVIEW

This chapter describes the results pertaining to IP Group 3. It follows the pattern set up in the previous two chapters. References to the data are abbreviated as in the previous chapters (see 4.1).

The study's questions about the IP groups' interactions, expanded in terms of the dimensional framework of community of practice were

Community: the knowledge base of the group and how that might affect the relative power of individuals in their group; their relationships

Domain: Issues that group members might choose to explore together, the way these were negotiated, and how these issues related to the group's belief systems, as well as possible new learning for individuals that occurred through membership of the group

Practice: What the group did and their shared approach to what they were doing

Section 6.1 lists the Group 3 participants and briefly describes the child the group were planning for. It also gives a brief overview of what this group chose to do in order to cue the reader into the situation that being described. Section 6.2, 6.3, and 6.4 then describe the results following the dimensional framework of a community of practice: community, domain, and practice. At the end of each dimension's set of issues the main points are collated.

6.1 BACKGROUND INFORMATION

The project for Group 3 ran from April to October 2008 and comprised six meetings including an introductory meeting. There were two sets of individual interviews undertaken in June and October 2008. This group's work ended abruptly because the mother and child were forced by personal circumstances to leave the district, and so Meeting 6 and its subsequent set of interviews did not take place. The mother left unexpectedly shortly after the second interview, and did not attend Meeting 5. Much of Meeting 5 was taken up with reflection on how the group had worked together.

The group consisted of the mother, two teachers, the early intervention teacher, the speech-language therapist, and the two consecutive education support workers, referred to here as Education support worker1 and Education support worker2. The group did not know each other very well before the project. For further details about the group see Appendix F, Table 2.

Their programme was for a boy with Dyspraxia, that is, difficulty in ordering his movements, including the fine motor movements needed for speech. He had to think out and plan for everyday tasks that most people do automatically. At the start of the project he was aged 4 years. 1month, and his school entry was set for the following year when he would be 5.

The child attended a two-teacher full-day session kindergarten for 4 days a week. He had been allocated individual education support worker time of one hour a day. The child was described as having significant difficulty with motor, communication, and cognitive understanding (Ministry of Education Special Education assessment report 3/08).

The mother and education support workers in this group were Māori. The Māori language was used very frequently at the Centre, and children there were encouraged to recite their whakapapa². Both teachers had close involvement with the Māori and Pasifika community in their area, and one of the teachers spoke Māori fluently.

The speech-language therapist's ROCK routine language programme was the shared activity that the group decided to undertake. ROCK stands for a language programme's process that involves setting up exercises that involve **R**epetitive and predictable activity patterns, **O**pportunities for the child to have a turn, **C**ues to the child to take their turn, and **K**eeping it going and keeping it fun. For the rest of this chapter, the programme will be referred to as the ROCK routine. Learning about the ROCK programme did not bring the group closer together. However, the group's discussions

² Whakapapa: Māori word for genealogy

about the child in general, particularly how he managed his agitation and calmed himself, did demonstrate effective collaboration.

6.2 COMMUNITY

This section is divided into four parts: the extent to which group members knew each other prior to the start of the project, and who were the ‘core’ members of the group and who were ‘newcomers’ (6.2.1); the knowledge/ expertise among the different members and the way they perceived their role within the group (6.2.2); the relationships among group members (6.2.3); section summary (6.2.4).

6.2.1 The extent to which group members knew each other prior to the start of the project, and who were the ‘core’ members of the group and who were the ‘newcomers’

The group as a whole did not know each other very well prior to the project. The teachers and early intervention teacher had worked together before, and the teachers had been close colleagues at the same centre for some years. However the speech-language therapist had come to the area from overseas in the last year, and the mother had only recently enrolled her child at the centre. It was the teachers who had referred the child to the early intervention team, and so the early intervention teacher had only met the mother a few times before the project began. Neither of the education support workers had worked in that capacity before.

Traditionally the core group of this community would have been the professionals, that is, the teachers, and early intervention specialists. However, at the start of the project the teachers formed the core group as such with the early intervention specialist staff and education support worker at the periphery. It was the teachers who brought the rest of the group ‘in’. When, as the project finished, the early intervention teacher described the teachers as having offered a really inclusive wrap-around service for the child, she added that the teachers were including the specialist staff too (G3 Meeting 5. 10/08).

At the start of the project the teachers saw the child, and by extension the mother, as ‘theirs’, with the presence of the early intervention specialists as add-ons. Teacher1 explained that they hadn’t needed an assessment or diagnosis to work with the child (G3

T1 Int.1. 6/08). It was important to them to establish a relationship with the family as a whole (G3 T1 Int.2. 10/08).

The early intervention teacher said that the teachers at this centre usually included education support workers as part of their own teaching team, but on this occasion, in the case of Education Support Worker1, they did not, possibly because she did not find it easy to work with the child inclusively:

“I was concerned about the ESW being a real part of the team. Mainly because most ESWs in the past have already been working in that centre and then they, with Teacher1’s recommendation, become an ESW and work jointly for [the teachers] and us in that centre. I just found tensions between, not tensions but just not quite fitting in between Education support worker1 and [the centre]... First of all she went there and did nothing but look after [the child]” (G3 EIT Int.1. 6/08).

At this centre, including the education support worker seemed to be dependent on the extent to which she fitted in with their teaching philosophy. Education support worker2, who worked inclusively with the child (G3 Meeting 5. 10/08), and expressed interest in the work of the teachers (G3 ESW Int.2. 10/08) was included.

The speech-language therapist was never really accepted by the teachers. Her approach to the group was that of an expert practitioner, and during the running of the project she provided information and training. The teachers saw her as an outsider because of her lack of knowledge of the New Zealand early childhood education curriculum, and initially included the early intervention teacher in this view: *“I don’t feel that the people from GSE really understand how we work with the children. Especially with the dispositional learning”* (G3 Teacher2 Int.1. 10/08).

6.2.2 The knowledge that the different members brought to the group, and the way their roles were perceived.

In this group the knowledge base was uneven. The teachers, speech-language therapist, and early intervention teacher were qualified and very experienced in their fields. The mother and the education support workers did not have formal qualifications, although Education support worker2 had been involved as mother-help in another centre.

Role concepts were discussed in interview by group members in terms of the givers and receivers of information. The speech-language therapist and teachers took the role of information providers, while the rest saw themselves in rather more of a learning capacity. The speech-language therapist believed that her role in the group was very important in this case because her expertise was particularly relevant for the child, who had major communication issues. She believed it was up to her to lead the discussions in the group. *“If I think the meeting is not going anywhere or someone is looking a bit awkward and shuffling... I’m not one to sit in silence very happily”* (G3 SLT Int.1. 6/08). She described herself as a person with lots of ideas and knowledge, but not a good listener (G3 SLT Int.1 6/08). In contrast, the mother in this group saw herself primarily as a listener at the meetings:

“I see myself as a listener. I listen more than I talk. I share my experiences [about my son] on his dyspraxia and needs but other than that, I listen and observe and just see what is going on in terms of helping [my son]”. (G3 P Int1. 6/08).

Both teachers said that they brought an extensive knowledge of the early childhood curriculum and a holistic focus to the group, and had had considerable experience of working successfully with children and their whanau, using an inclusive approach:

“[I am] trying to provide some relevant snippets of what’s going on when he’s here. Him as a whole person. A little bit of [what I bring to the group] too is to support or endorse our curriculum - the fact that we use Te Whāriki and we assist additional learning. I feel that part of my role is to make people aware that that is what we are doing, treating him as a whole person”. (G3 T1 Int.1. 6/08).

The early intervention teacher saw being part of the group rather than its leader as a new role for her because she had previously run the ministry-led meetings when the group met to set the child’s individual programme (IP). She said she was able to pick up information from others more easily as a participant (G3 EIT Int.1. 6/08).

Education support worker¹ spoke of her inexperience with this work. She spoke of others in the group as follows: *“they’re all very smart ladies. Confident in what they do”* and spoke deprecatingly of herself as *“probably secondary to everyone else, quite a*

minor role” (G3 ESW1 Int.1. 6/08). Education support worker 2 in contrast spoke confidently of her passion for teaching and learning as something she could contribute to the group:

“My strengths would be my passion for teaching and learning with [the child]. I think that with him, it’s just that he keeps progressing with leaps and bounds and with the ladies helping me. I’m just learning more and more”. (G3 ESW 2 Int. 2. 10/08).

6.2.3 The relationships among members and the impact of knowledge differences on these relationships

Generally speaking this group were confident that they got on well together and worked well as a team (G3 ESW1 Int.1. 6/08; G3 ESW2 Int.2. 10/08; G3 EIT Int.1. 6/08; G3 SLT Int.1. 6/08; G3 P Int.1. 6/08).

However, the teachers were concerned about the fact that the speech-language therapist knew very little about the early childhood education curriculum and showed no interest in finding out about this. They both said that the specialists came in and out of the centre intermittently without taking notice of what the teachers were doing, which they resented:

“I don’t feel that the people from GSE really understand how we work with the children. Especially with the dispositional learning. They don’t really take an interest in [the child’s] profile which is a record of his learning here at kindergarten, which is really sad.... I think they all need to know about the dispositional learning, about the guided participation, about all the things that we do with the children such as trying to get their esteem up and get them to have a go and do things for themselves instead of [the GSE people] just coming in, sitting at a game and “Do this and this” and then going away again.” (G3 T2 Int.1. 6/08).

Both education support workers were inexperienced and unqualified. Their lack of teaching knowledge affected the others’ attitudes towards Education support worker1 but not Education support worker2. When Education support worker1 contradicted what the teachers were saying about the child’s lack of connection with other children,

and pointed out that he was interacting with the others at the kai³ table, she was largely ignored (G3 Meeting 1. 5/08). Education support worker², in contrast, appeared to experience a much more supportive relationship with the centre (G3 Meeting 5. 10/08). The teachers did not offer to help Education support worker¹ with her difficulty in including others when she worked with the child in the way they would have usually, according to the early intervention teacher (G3 EIT Int.2. 10/08). The early intervention teacher was concerned about the poor relationship and hoped to help ease things as she built up Education support worker¹'s skills. However, it was not possible to see whether she was successful because Education support worker¹ left shortly after this. The speech-language therapist was dismissive about the situation, saying that she thought that Education support worker¹ never really liked the job (G3 SLT Int. 1. 6/08). In fact Education support worker¹ spoke positively about her work, although she found it difficult (G3 ESW1 Int.1. 6/08).

6.2.4 Community: Summary

The teachers were at the core of this community, and as the early intervention teacher pointed out, decided whether to include the rest of the group members. The speech-language therapist, despite her considerable knowledge, remained an outsider, albeit a well informed one, because of the expert approach she had taken and her lack of interest in how the teachers worked.

6.3 DOMAIN

The group chose to learn about and implement the ROCK routine (see 6.1) for the child. This is a language programme designed for children with an autistic spectrum disorder, but was thought to be useful for this child with dyspraxia because of its focus on language patterning (G3 SLT Meeting 1. 5/08). They also listened to a presentation by the teachers on learning stories. This was not a negotiated group decision, and will be described in the Practice component of this chapter (see 6.4.1b).

This section includes the stated rationales and underpinning belief systems that Group 3 had for selecting the shared activities (6.3.1); the decision making process in selecting

³ Kai: Māori for food

the areas to work on (6.3.2); the extent to which the reasons for the decisions were shared by the group (6.3.3); new learning for individual participants that affected the way they thought about their work (6.3.4); section summary (6.3.5).

6.3.1 The stated rationales and underpinning belief systems for selecting the shared activities

The group saw inclusion as an extremely important part of the teachers' approach to their work. Teacher1 said *"Inclusion for me means that all children have equitable opportunities, but that all children have different needs and strengths and interests. It's up to us to establish a relationship to find out what the strengths and interests are and then see how, as a [teaching] team, or as a collective, we are going to collaborate and organise ourselves to help that child, any child, to be successful in their time here"* (G3 Teacher1 Int.1. 6/08).

The teachers' inclusive approach was admired by the early intervention teacher and speech-language therapist. After it had become apparent that the teachers were not following the programme that the speech-language therapist had recommended (see 6.4.1a), the speech-language therapist still said:

"No matter what difficulties a child has got, there isn't even a feeling that they are different in any way. It's just that every child is different and special there and they kind of cater for every child's needs. And if that means putting in extra work and doing a lot of extra stuff for a child, that's never a problem. Because as I've said before, inclusive to me doesn't mean treating every child the same. It means actually giving some children a lot more to make sure that they are included. And for [these teachers] that's never even a problem..... I don't know how this centre does it actually. I think it's because [the teachers have] taken inclusiveness to the point where they don't see children difficult or different. They just see every child as needing something different" (G3 SLT Int.2. 10/08).

Initially the group decided that the selection of shared activities should be based on goals that they wanted to help the child achieve (G3 Introductory Meeting. 4/08). At that meeting the mother said that what she wanted for her child was for him to have friends, and there was general agreement that that goal was an important aspect of

inclusion (G3 Introductory Meeting. 4/08). At Meeting 1 the goal was re-phrased as ‘the child will be involved in two-way reciprocal play’ (G3 Meeting 1. 5/08).

The selection of the ROCK routine was consequently made on the basis of the speech-language therapist’s claim that the programme could be adapted to help the child achieve that goal (G3 Meeting 2. 6/08). The speech-language therapist’s selection of the ROCK routine was underpinned by her stated belief that children with dyspraxia needed intensive therapy, and that this therapy was best undertaken in the child’s natural environment, his home and early childhood centre (G3 Introductory Meeting. 4/08). Another belief, that the child needed a structured learning environment also influenced her thinking, but her views on the centre’s lack of this were not divulged to the group (see 6.3.3).

6.3.2 Selecting the areas to work on – The decision making process

The decision by the group to undertake training and to practise the ROCK routine was advocated for by the speech-language therapist on the basis of her expert knowledge. The key issue as far as most of the group were concerned, was for the child to achieve the goal of two-way reciprocal play. Two contrasting ways of achieving this were discussed, the teachers’ and the speech-language therapist’s views illustrating two schools of thought about teaching (G3 Meeting 1. 5/08).

When the group first discussed their goal for the child to have friends the teachers described how they would work on this. They said that they would watch for instances of the child taking an interest in interacting with another child, and work towards extending this disposition into engagement with those children as opportunities arose. They would demonstrate the effectiveness of what they were doing in the child’s profile book; the learning stories there should show more frequent, varied, and complex examples of successful interactions (G3 Meeting 1. 5/08).

At the Introductory meeting and Meetings 1 and 2 the speech-language therapist led the discussion about how best to teach the child from her position as an expert on dysphasia. At Meeting 1 she explained that the child was more comfortable with well-structured activities where he could predict what was going to happen. She asked the teachers to set up structured ‘games’ for him to play with one other selected child

during the day, and said that she would bring games in for the purpose. During the games the adults were to stress the social skills of making eye contact, taking turns and helping each other. She referred the group to a book on this process that had a chapter on how to foster peer interaction (G3 Meeting 1. 5/08). At Meeting 2 she suggested the group look at implementing the ROCK routine from that same book.

The group decided to follow the approach recommended by the speech-language therapist. There was no suggestion that this process could not be run in tandem with the teachers' proposal to build up interactions with the other children. However, only the teachers in the group were familiar with their own approach, and at this stage they did not suggest showing the others how they could be involved in the process. In contrast the ROCK routine sounded as if it was something everyone could do.

In interviews prior to the training, the attitude of most of the rest of the group was fairly lukewarm towards the idea of the ROCK routine. The early intervention teacher felt this was a good opportunity to share in the speech-language therapist's expertise (G3 EIT Int.1. 6/08) and Teacher2 said that anything that could help achieve the goal of the child making friends would be useful (G3 T2 Int.1. 6/08). However, Teacher2 also said that from looking at the book she felt they were already doing much of what was recommended, and Teacher1 felt that this was a clinical approach which had little to do with building friendships and inclusion:

“Well I know that the speech language therapy is really important and that all the ideas and the games are for a reason, but they just seem very clinical. When they are happening it's just [the child] and one other person, and because [the speech-language therapist] told them to do the exercises here... Children can see someone working with someone, and that means that they're invited. It doesn't mean, 'Oh I had better go away'. It means 'I'm invited too and the guided participation person that's here will help me know whether I'm going to be a part of that or not'. So that structure which is fine for that few minutes but I don't see myself doing that ten times a day or week or anything like that”. (G3 T1 Int.1. 6/08).

The mother and Education support worker¹ said they would go along with the training, but gave examples of recent situations where the child had initiated interactions already (G3 Parent Int.1. 6/08; G3 ESW 1 Int.1. 6/08).

6.3.3 Extent to which the reasons for the decisions were shared by the group

Some of the reasoning behind the speech-language therapist suggestion to run this programme was un-stated. The reasons related to her beliefs about the child's needs, what she saw as deficits in the centre, and possibly her acknowledged difficulty in listening to other people.

The speech-language therapist said that communication issues were probably at the root of every difficulty the child had, and that her expertise in communication was a critically important contribution to the group (G3 SLT Int.1. 6/08). She believed that the child needed structured activities, and suggested ways of setting this up at Meeting 1. However, what she said in interview was that not only the child concerned, but many children, liked predictable structured routines. She believed that the centre programme fell short in that respect. *"[The centre] is probably the least structured routine and predictable place I go to. They don't have structured routines and so [the child's] not in the ideal place for what his needs are"* (G3 SLT Int.1. 6/08). What she wanted to do was to change the centre programme. She said that she found that her advice to structure things more was not effective because the teachers did not agree with her. She believed that the teachers would be able to see the benefits from the 2-hour training programme and video:

"I think that they will be able to see the benefits of making things more structured and routine, whereas before the training I am banging on about getting everything structured. I think that ROCK will make it make sense. I am hoping that it will help them to implement something that will really help[the child]." (G3 SLT Int.1. 6/08).

The speech-language therapist also said that she had hoped that someone else would come up with a really good idea about teaching the child, and that she had told herself to wait and listen to others, but nothing else was offered. In fact the teachers had described how they would tackle the issue (see 6.3.2), but the speech-language therapist did not appear to have picked this up. She said, *"I also think that [the teachers] sometimes*

think that they might know differently - I am sure they do actually. And sometimes I wish they would say more” (G3 SLT Int.1. 6/08).

6.3.4 New learning for individual participants that affected the way they thought about their work

There was new learning during this project for the early intervention teacher and second education support worker which affected the way they thought about their work.

The early intervention teacher said that she had realised during the project that the teachers could implement plans for child from their own knowledge of him, regardless of whether they could label the intervention features as such. She said that from reading the child’s learning stories she realised that the teachers “*really knew him*”. It wasn’t just [specialist] staff coming in with their ideas (G3 T1 Int.2. 10/08).

At the start of the project the early intervention teacher had thought that the voice of the child should be considered in terms of the child’s experience of inclusion, and had wondered how to do this (G3 EIT Int.1. 6/08). Later at Meeting 4 she had asked “What do we mean when we talk about the child’s perspective? What does that mean for the child?” and the group decided to discuss that at the next meeting. At Meeting 5 she said that she had answered that question for herself by reading the learning stories in the child’s profile book. She pointed out how his learning stories contained many examples where the teachers had described the situation from the child’s point of view, and she could see that he was now taking the initiative and making active choices (G3 Meeting 5. 10/08).

The second education worker in Group 3, previously untrained and inexperienced, developed an understanding of her teaching role both from the teachers in the centre and, importantly, the child she was working with, as well as from the IP group. Her views about disability were particularly affected. As she looked at the child’s learning stories during her interview and admired the progress she saw, she said:

“I’m learning all the time, with the support of everyone at the centre and [the early intervention teacher and the speech-language therapist].... We can’t just say Oh so and so has a condition and leave it at that. It’s taught me that nothing is impossible for children. And it’s because the whole group is wanting the same

outcome for [the child]...[The child has] taught me so much.... nothing is impossible. He has, he's taught me that conditions are humbug you know really" (G3 ESW2 Int.2. 10/08).

She was the only one of the group to read the article on *ako* by Tamati (2005) that the teachers gave out:

"We are all learning from each other... I think it just comes naturally... I think for me personally it's me to teach [the child] but also for [the child] to teach me and we're both learning from each other..." (G3 ESW2 Int.2. 10/08)."

6.3.5 Domain: Summary

The group decided to undertake training in the ROCK routine and implement this programme. The choice was recommended by the speech-language therapist who had a tacit goal in mind: to change the way the teachers in the centre worked with the child. The speech-language therapist presented as the person in the group with new ideas and expertise. For the early intervention teacher and Education support worker² the insights into their tasks (see 6.3.4) stemmed more from their contact with the teachers' influence.

6.4 PRACTICE

This section includes information on the extent of change in the way the group worked (6.4.1); the way the group dealt with disagreements among themselves (6.4.2); evidence of increased collaboration (6.4.3); suggestions for ongoing changes to practice (6.4.4); section summary (6.4.5).

6.4.1 Extent of change in the way the group worked

Two ways of working were considered by the group: a) the ROCK routine, and b) learning stories. To a large extent these were presentations rather than shared activities, and did not really lead to a shared repertoire.

a. The ROCK routine

The group watched a video about working with a child using the ROCK routine. The examples on the video were not actually focused on making friends, which was the overt rationale for the programme. What was shown was the child being prompted by an

adult to turn-take with that adult. The speech-language therapist explained how they might use this process with the child in terms of prompting him to take turns with the other children. She strongly recommended that the group use a recording sheet to show what they were doing, and explained how to do this (G3 Meeting 3. 7/08).

From what they said, the group did not use the process as it was designed to be used much at all. Teacher1 said that she used the process as a prompt for what they were doing already – e.g. repeating instruction patterns if the child did not participate in an activity (G3 T1 Int.2. 10/08). Teacher2 said that she tried the ROCK routine out, but that it did not fit her teaching style:

“I tried. I really tried. But I found it really hard because it’s not something that I do. I don’t plan ahead. It just happens... I did try a couple of games with [the child]- running with the rope and standing on it so it would make him stop, and starting it again. You know things happen so fast at kindergarten and you just have to aware of the outcomes all the time.... you have to be aware of the outcomes you are working on for each child and notice, recognise, respond and extend. I did try to play a game with [the child]using the routine but it didn’t work. But [the child] one-sided the game. He made it into his own game to suit himself and that was a great experience”. (G3 T2 Int.2. 10/08).

Education support worker2 described the process (incorrectly) as needing to sing the instructions for the child (G3 ESW2 Int.2. 10/08). The early intervention teacher said that she hadn’t used the process herself but wished she had had the opportunity, as this was an additional skill to have (G3 EIT Int. 2. 10/08). The mother said she was following the principles, that is, using more repetition, but not the programme as such (G3 P Int. 2. 10/08).

The speech-language therapist presumably saw what she wanted to see. She said that she believed that Teacher1 and Education support worker2 were using the process, but that Education support worker2 possibly didn’t recognise that that was what she was doing. She had seen Teacher1 becoming more repetitive and predictable in her working. She said:

“[Teacher1] doesn’t do loads of writing behind it. She’s not going to do my ROCK sheets, but she’s listened. She’s taken it on board and every time I go in

there actually she's doing a ROCK routine. She's becoming more repetitive and predictable and she's incorporated it into her daily practice" (G3 SLT Int.2. 10/08).

The speech-language therapist had not seen Teacher2 using the process, but said that she assumed she would. She said that she had increased respect for teachers because they took her ideas and converted them into practice (G3 SLT Int.2. 10/08). She felt that the mother and Teacher2 were not on board during the training session, and wondered why the mother was not following the process (G3 SLT Int.2. 10/08).

No-one systematically recorded their planning in the way they had been asked to do by the speech-language therapist. Teacher1 said that she had used the recording sheet once to plan and describe the experience. She found this useful but time consuming, and said she was not going to use it again (G3 T1 Int.2. 10.08). Teacher2 wrote a learning story about a successful interaction, where she said that she had started with the ROCK routine process swinging a skipping rope but then changed it to suit the child better:

"There's pictures of him with a rope. And he's holding it up and putting it down. He's not skipping. And then the other story written in August by me was where he gave the rope to another girl, and he initiated that game. I think because it was a skipping rope... they were stopping the children and they were lifting it up and letting the children go through. And so I think maybe he learnt, not by my ROCK routine, but he learned" (G3 T2 Int.2. 10/08).

The speech-language therapist appeared to accept that people were not recording their use of the routine, and did not express concern. Instead she focussed on the teachers' inclusive practice:

"No matter what difficulties a child has got, there isn't even a feeling that they are different in any way. It's just that every child is different and special there and they kind of cater for every child's needs. And if that means putting in extra work and doing a lot of extra stuff for a child, that's never a problem.... For example, he was running around with the rest of the group of children and when I arrived yesterday to do a bit of work with him. Five children came flying across going "Hi [SLT], Hi[SLT]!" They knew I was there for[the child], but they felt I was there for them as well. You sit down and do some of the speech work and you've got them all joining in. One had got a casual arm thrown

across [the child], which he wasn't that mad on, but it wasn't a problem, and they were joining in with his speech work. One of them was saying, "Isn't he getting good at talking". And you could tell that it wasn't that they were trying to be nice to him because he's special. It was kind of like he's just one of the gang, (even though he doesn't particularly like being one of the gang!) I don't know [the Centre] do it actually. I think it's because they've taken inclusiveness to the point where they don't see children difficult or different. They just see every child as needing something different". (G3 SLT Int.2. 10/08).

However, the early intervention teacher was disappointed people didn't use the sheets, and wondered if they had whether they would have been able to be more successful with the method (G3 EIT Int.2. 10/08).

b. Learning Stories

After the ROCK routine training session, the teachers announced that they would be presenting the child's successes via the learning stories in his Profile book at the next meeting, Meeting 4, and explaining why they used this form of assessment. At the end of the meeting they gave out an article by Aroaro Tamati on *ako* (Tamati, 2005). *Ako* is a Māori word that encapsulates both the teaching and learning moment as one.

The teachers' attempt to demonstrate what they did was only partially successful, but like the speech-language therapist, the teachers believed people had taken the information on board. The mother did not attend Meetings 4 or 5, so missed this part of the project. Only Education support worker² read the article about *ako*. The early intervention teacher did find the learning stories very interesting (G3 EIT Int.2. 10/08). However, while both teachers believed that the speech-language therapist had been impressed by the child's profile book, at interview she said that she remained unconvinced about the usefulness of learning stories and believed that the logistics of time for teachers writing them was unrealistic (G3 SLT Int.2. 10/08).

6.4.2 The way the group dealt with disagreements among themselves

Most problems faced within the group concerned difficulties with communication. Concerns were not stated openly, but tackled unilaterally and obliquely.

As already pointed out, the difference in belief about how children learn best, and unspoken dissatisfaction about the teacher's programme, led the speech-language therapist to introduce a domain topic that was accepted but not really taken up by the group. Similarly, the teachers presented information about their assessment process, learning stories, because of their concerns that the early intervention teacher and speech-language therapist were uninformed about what they as teachers did. They both expressed frustration at the lack of interest shown about their work and about dispositional learning, especially by the speech-language therapist. They believed that the early intervention specialists paid lip service only to the early childhood education curriculum at ministry-led meetings (G3 T1 Int.1. 6/08; G3 T1 Int.2. 10/08; G3 T2 Int.1. 6/08; G3 T2 Int.2. 10/08). These concerns remained un-stated in the group. The teachers said in interview that they had been putting out the child's profile book for people to read at each meeting (G3 T1 Int.1. 6/08; G3 T2 Int.1. 6/08). However, there was no record of them actually asking anyone at the meetings to read the book until their presentation on learning stories.

Having finally read the profile book, the speech-language therapist was critical of learning stories in general, arguing that teachers could not logistically be expected to write them for every child:

"I think they're really nice as a record for parents to see what their children have done at kindy. But I can't see that they are hugely significant in recording progress. I think it's a huge amount to expect from the kindergarten staff to do something as theoretical as that... I don't know if I'm being a bit harsh about it, but I honestly don't see how that can be achieved.... I mean how you can keep in your head every child's progression and what learning stories you've been doing. It's a huge tall order. It's a very nice idea, but I think to really make it work you would have to have someone employed by the kindergarten whose only job was to do learning stories... I don't think you could expect people, who have also got to set up the room, manage the children, keep people safe blah blah blah, to then [write stories] – I can't see how it can be done". (G3 SLT Int.2. 10/08).

At her first interview, the speech-language therapist said that she thought that the teachers, and possibly the mother, did not agree with her suggestion to use the ROCK routine. She said that she regretted the fact that they did not argue directly with her. At her second interview, in contrast, the speech-language therapist spoke of her excellent communication with the teachers, especially Teacher1, who she believed spoke out very directly (G3 SLT Int.2. 10/08). At Meeting 5 she said that she had found at other centres that teachers did not contribute ideas in the way they did at this centre. Teacher2 suggested somewhat acidly (my interpretation of her tone) that she should read the profile books of the children she was working with in other centres, and show an interest in what those teachers were doing (G3 Meeting 5. 10/08).

6.4.3 Response to interactions and evidence of collaborative work

The group valued their time to talk together. The mother in Group 3 pointed out the value of everyone knowing and doing the same things with the child (G3 P Int.1. 6/08). Like the mother, the second education support worker in Group 3 also said that everyone could follow the same programme. *“We are all learning from each other”* (G3 ESW2 Int.2. 10/08). The early intervention teacher in Group 3 believed that the meetings allowed the group to match their goals more closely to the mother’s long term goals for her child (G3 EIT Int.2. 10/08). Teacher1, despite her philosophical disagreement with the speech-language therapist, spoke of what she had learnt from her:

“the little snippets of information from the SLT’s things, like the sounds and the clapping and the learning about those things have been good... and we do do some of that when we are reading or sounding things out” (G3 T1 Int.1. 6/08).

The early intervention teacher in Group 3 also spoke of getting a more holistic picture of the child from the perceptions of the rest of the group (G3 EIT Int.1. 6/08), and the speech-language therapist in Group 3 spoke of the opportunity to get an insight into how the child was at home and at the centre (G3 SLT Int.1. 6/08).

By the end of the project Teacher1 in Group3 said that she thought group members could represent each other regardless of role (G3 Meeting 5. 10/08).

An example of collaborative work occurred as they worked together to teach the child to keep himself calm. This was an issue discussed by the group across the time of the project. There was no agreed action taken beyond what the teachers did, but the group

maintained an interest, supported each other throughout the project, and celebrated the outcome.

At the Introductory meeting the group commented that the child particularly liked to watch and touch moving objects such as strings and skipping ropes. They also discussed the fact that he got agitated at times. At Meeting 1, the early intervention teacher suggested giving him things to touch when he seemed unhappy/frustrated (G3 Meeting 1. 5/08). The teachers reported he liked to stand in doorways with people moving past him, and the speech-language therapist explained that children with his condition (dysphasia) often had unusual sensory experiences, which was why he was fascinated by things moving such as falling leaves (G3 Meeting 2. 6/08). At some stage (not specified in the meeting minutes) the teachers gave him string, which he played with, watching how it moved. The child would use the string to calm himself or to close himself off when he got agitated. He would get string from the teacher for this purpose, use it, and return it to the teacher when he felt better. The teachers also allowed him to be outside under the tree when it rained because it gave him pleasure to watch the water falling (G3 Meeting 4. 9/08). By Meeting 5 it was reported that the child would cut his own string and work with the string without any distraction for up to fifteen minutes at a time before rejoining the other children. He knew when he needed his string, and there had been days when he wanted it and days when he didn't touch it (G3 Meeting 5. 10/08).

6.4.4 Suggestions for ongoing changes to practice

At Meeting 5 the group reflected on the way they had been working together, and discussed how to extend this.

The early intervention teacher and the speech-language therapist decided that they wanted to engage more closely with teachers in centres, rather than to be seen by the teachers as simply bringing more work in. To increase teacher involvement with their programmes, they wondered whether at ministry-led meetings they could reduce their input and deliberately wait for teachers to contribute, even if this resulted in having to stretch the silences. They would also avoid putting their own suggestions into the assessment report (G3 Meeting 5. 10/08).

The teachers said that working through *Kei Tua o te Pae: Assessment for learning* (Ministry of Education, 2004) had been valuable in guiding the way they thought about children, and the inclusive nature of their programme. However, they said that many centres in the area had not taken up the professional development available for this resource. Teacher1 said that she would see whether she could get issues about inclusion put on the agenda for the next head teachers' meeting (G3 T1 Meeting 5. 10/08).

6.4.5 Practice: Summary

The teachers and speech-language therapist were unsuccessful in influencing each other's practice and there was little in the way of a changed repertoire for the group. The early intervention teacher thought that much of what the teachers did with the programme they would have done anyway for this particular child because they saw that that was what he needed, and that they responded to that (as opposed to the ROCK routine) (G3 EIT Int.2. 10/08). Nevertheless, the group did collaborate successfully on helping the child to keep himself calm via their discussions about the child. The early intervention teacher took the opportunity to learn from both the teachers and the speech-language therapist.

The next chapter, Chapter Seven, discusses the themes that were common to the three groups.

CHAPTER SEVEN

THEMATIC PATTERNS ACROSS THE THREE IP GROUPS

7 CHAPTER INTRODUCTION AND OVERVIEW

The previous three chapters, four, five, and six, described the interactions of Groups 1, 2, and 3 respectively. These interactions were analysed according to the model of community of practice whose three dimensions of community, domain, and practice gave a framework from which the following themes arose.

This chapter discusses the main themes of thinking and behaviour running across the three IP groups. These were:

- Professional influence as an effect of the uneven knowledge base within the groups
- The way beliefs about inclusion and *Te Whāriki* affected decision making
- Authenticity of the IP groups' communication repertoire
- The influence of joint work on new learning for group members
- Group-wide learning and development

The key feature of this chapter is the analysis of the relationships between the themes listed above. The interdependence of the themes became evident when the systemic lens of community of practice was applied.

The chapter is organised into two sections: themes across the IP groups (7.1) and interdependence of the issues (7.2).

7.1 DIMENSION-RELATED THEMES ACROSS THE IP GROUPS

This section discusses the effects of professional influence in the IP groups (7.1.1), the way beliefs about inclusion and *Te Whāriki* affected decision making in the three IP groups (7.1.2); authenticity of the communication repertoire across the groups (7.1.3); the influence of joint work on new learning for group members (7.1.4); group wide learning and development (7.1.5).

7.1.1 Professional influence in the three IP groups

There was an in-balance of power in the IP groups. The professionals took the lead, with teachers being the most influential of the parties.

Lave and Wenger (1991), in their seminal study of workplace learning, grouped the workers they observed into two categories: a core membership of experienced workers, and ‘newcomers’ to the workplace. They noted that the ‘newcomers’ increased participation in the workplace as they interacted with the rest of the group and gained an understanding of their shared task (see 2.3.1). ‘Old timers’, as the existing membership was referred to, were likely to have more influence and power in that context than the ‘newcomers’. Thus there was likely to be an inherent in-balance of power in the work environment. Wenger (1998a), in developing the concept of community of practice, argued that power was not inherently coercive, but was simply the organisation of a shared enterprise by the more knowledgeable in a community of practice. Although in the present study the IP groups were not communities of practice, nevertheless it is useful to consider how and why power was distributed within the groups.

Relevant knowledge in the context of the IP group’s task of planning the child’s inclusive early intervention programme included familiarity with the child and their way of learning, teaching expertise, and an understanding of disability. Not surprisingly group members had varying levels of understanding in these areas.

The more experienced members of the IP groups were the teachers and early intervention specialists because of their ongoing working relationship and longer-standing familiarity with the group task (see 3.2.1b). However, it was acknowledged by most participants that the mothers in the present study knew and understood their children best. Also, some education support workers believed that their own direct work with the child indicated an enhanced degree of knowledge. But both the parents and education support workers tended to be less influential in their groups.

In all three IP groups it was the people with education qualifications/ professional expertise who led the discussions about the directions that the groups took. The mother in Group 2, a qualified primary school teacher, initiated her group’s discussions on transition to school. But when the education support workers in Group 1 and the first

education support worker in Group 3 disagreed with decisions/information given at their respective group meetings, they were simply over-ridden. In the case of the education support worker in Group 1, her objections were seen as indicative of a lack of confidence, and hence her personal problem.

Of the two professional groups, it was the teachers in this study rather than the early intervention specialists who dominated decision making in the IP groups. They did this by advocating for their curriculum. Even in Group 3, where a structured language programme, ROCK, was introduced by the speech-language therapist as part of the child's programme, this programme was subsequently modified to fit the way the teachers worked (see 7.1.2).

On the whole, early intervention specialists took a support role in the IP groups. As well as Group 3's ROCK programme, speech-language therapists in Groups 1 and 2 offered information about language development programmes: Learning Language and Loving it (a programme for parents and teachers of children with language delays), and a new way for teaching language for children with Downs Syndrome that did not rely on signing. The early intervention teacher in Group 1 demonstrated an assessment/programme for children with autism, SCERTS).

The level of responsibility for service delivery taken by teachers in this study was in refreshing contrast to findings in previous New Zealand studies, which had indicated a culture of exclusion among some early childhood centres (Purdue, 2004), or the expectation that the education support workers were primarily responsible for teaching the child (Overall & Davies, 2007).

Possible reasons for the teachers' dominance include a) the context of the inclusive early intervention programmes, and b) teachers' advocacy style. Also underpinning the teacher's influence was the IP groups' beliefs about inclusion and the early childhood curriculum, (to be discussed in 7.1.2).

a. The context of the inclusive early intervention programmes

Inclusive early intervention programmes are, by definition, based in early childhood education centres run by teachers. In this study the centres also provided the environment in which the planning meetings for two of the IP groups took place. Given this context the teachers might well have been expected to take a leadership role, and tellingly, Teacher1 in Group 2 described herself as hosting the IP group.

b. Comparative advocacy strengths

In this study, the teachers were clear and confident about what they could offer the child, while early intervention specialists reflected upon and expressed doubts about their own practice.

Teachers said that they could provide an inclusive individualised programme for the child in the context of their centres. Group 1's teacher expressed an awareness of the need to document what was happening for the child in more detail for the rest of the group, and the rate of learning stories increased markedly. However, apart from this, when reflecting on their work during their interviews, the teachers did not question their processes or whether they could be improved. At no point did they voice questions about whether the way they usually worked was ideal for teaching a child with a disability.

In contrast, when interviewed, the early intervention specialists in the three IP groups repeatedly reflected on and questioned their own practice, expressing doubts about their own effectiveness. The early intervention teacher in Group 3 said she thought that she may have previously been overly controlling by providing assessments and suggestions at the start of ministry-led meetings, and all three early intervention teachers said that they found it difficult to listen to everyone adequately as they ran those meetings. The speech-language therapists in Groups 1 and 2 commented on the limitations of the information to be gained from the standardised assessment tools that they used. Thus, awareness of shortcomings in their ways of working and readiness to change may have made it less likely that the early intervention specialists in this study could advocate for maintaining their way of doing things.

7.1.2 The way beliefs about inclusion and *Te Whāriki* affected decision making in the three IP groups

The teachers' dominance in the IP groups was underpinned by a set of related beliefs to which almost all group members subscribed: that the child needed to feel confident as a learner; that a key function of the child's presence in the early childhood centre was to be accepted by his peers; that by adhering to the early childhood curriculum, *Te Whāriki*, teachers could individualise the child's programme according to his needs.

The mothers in Groups 1 and 2 emphasised that their children needed to feel confident in themselves in order to learn. The dominant belief system that followed on from this was that *Te Whāriki*, the early childhood education curriculum, could of itself provide for these concerns. In all three groups the teachers believed that *Te Whāriki* was an inclusive curriculum, and that their approach to teaching was as appropriate for children with disabilities as for children who were developing typically. They believed that as teachers they should focus on the child as a learner with their strengths and interests, and not on the disability. Their job was to strengthen the children's feelings of confidence as learners. Teachers described an inclusive early intervention programme where the content was infinitely variable to fit with the child's interests, and was individualised by sensitivity to the teaching moment and the relationship of teacher and child.

The issue of how to provide a specialist element in an inclusive programme, which might indeed have been expected to be a key domain for an IP group to negotiate, was never really debated in any of the groups. At their meetings early intervention specialists in Groups 1 and 2 accepted the teacher's approach to inclusive teaching without question, eschewing pre-set IP goals. The early intervention teacher did have subsequent doubts about this approach, but did not discuss this with the rest of the group (see 7.1.3c). Participants in Group 3 moved away from a skills-focussed directive programme back to their teachers' approach, and the response to this by the early intervention specialists offers an insight into the importance of the group's concept of inclusion. When the speech-language therapist and early intervention teacher realised that the teachers were not using the programme in the structured way in which it had been envisaged, they simply accepted that the worksheets and plans were not being

done, and said that the critical issue was that the teachers included the child and individualised his programme.

7.1.3 Authenticity of the IP groups' communication repertoire

Most participants in the groups felt that communication had improved throughout the project. Discussion about the child certainly increased, and a positive picture of cumulative assessment emerged. However, also apparent, was an inhibitory communication style that pervaded the way all three IP groups operated, and which hampered their operations. The style included a) an avoidance of overt disagreement, b) a reluctance to talk directly about issues where this might be construed as criticism c) individuals working alone, d) a lack of follow-through on maintaining communication within the group, e) the use of vague terminology.

Communities of practice do not come into being because their members agree with one another, but because they have an interest in a mutual enterprise. A degree of commonality of interest and purpose is necessary to validate the community's existence, but members of the community will inevitably be influenced by the other many communities to which they belong. Conflicting views in a community of practice, far from being counter productive, can provide necessary grist for group learning (Achinstein, 2002; Petrone, 2010).

The IP groups were teams of course and not communities of practice. One of the notable features of their work together was their apparent wish to appear agreeable despite disagreement. Conflicting views remained unacknowledged. An apparent need for establishing alignment within the IP groups seemed to override one of the useful functions of a community of practice that Wenger (1998a) wrote about: the negotiation of meanings within the community. Consequently, opportunities for the members of the IP groups to learn from each other's perspectives were generally limited to situations where the different perspectives were cumulative only, as in the case of the child's assessment.

a. An avoidance of disagreement

Decisions were made by the IP groups in this study without careful questioning or debate about their efficacy. In view of differences in teaching approaches and

philosophy between early childhood teachers and early intervention specialists discussed in Chapter One, this finding was surprising, and seemed to be connected with an avoidance of debate for some early intervention specialists, rather than a change of conviction (see 7.1.3c).

A similar pattern was observed in each group. Participants first stated their agreed position: that the child should experience a sense of wellbeing and self-confidence in their centre, that contact with peers was wanted, and (in Groups 1 and 2) that their usual goal-setting process did not 'keep up' or fit with the child's learning patterns. At that point an individual in each group offered a 'solution' from her own knowledge: the teachers in Groups 1 and 2 advised their groups to follow the child's lead without pre-determining the outcome by setting specific goals; the speech-language therapist in Group 3 recommended the adoption of a structured language programme. These solutions were accepted by the rest of the group members without debate.

Part of the difficulty for the groups, and a reason why their programme delivery was not consistent, was that misunderstandings remained unvoiced. Group decisions about the programme were not understood in the same way by all participants. In Group 1, the mother and education support worker did not understand what the teacher meant when she spoke of 'following the child's lead', but went along with the decision, interpreting the meaning according to their own knowledge. The education support worker, to the concern of the early intervention teacher, assumed this meant leaving the child to do whatever he wished.

b. A reluctance to talk directly about issues where this might be construed as criticism

Members of the IP groups avoided speaking out directly about issues with which they disagreed or thought that they might disagree. While a function of this behaviour was to maintain harmony at group meetings, it also resulted in the loss of opportunities to learn from each other. For example, the early intervention teacher in Group 1 did not talk to the teachers about her views on the lack of contextual comment in their learning stories; no-one in Group 2 appeared to debate the value of signing directly with the mother; the speech-language therapist in Group 3 did not ask the teachers about the logistics of writing learning stories, but assumed the task was impossible. The teachers in Group 3 put out the child's folio of learning stories for the early intervention specialists to read at

each meeting and expressed frustration at the specialists' lack of interest in these during interview. However, they did not actually ask the specialists to read the stories.

Some people appeared to be afraid that direct requests for clarification on why an action was not taking place, might be construed as a criticism. The early intervention teachers in Groups 1 and 2, and the speech-language therapist in Group 3 all complained during their interviews that the parents were not following what they thought they should be doing. However, they said that to ask the parent in their group directly why they were not doing what had been agreed would be rude.

An ostensible concern for others' feelings seemed to pervade the groups. For example, while the teachers and early intervention teacher in Group 2 and the speech-language therapist in Group 3 were unhappy at what they saw as the two mothers' failure to follow through on their child's programme at home, they did not speak to them about this. The early intervention teacher in Group 2 said that "*manners*" held them back from confronting the mother with their concerns while the speech-language therapist in Group 3 believed that such a statement might "*overwhelm*" the mother if raised in the group. Similarly, when the early intervention teacher said in interview that she had suspected the education support worker was confused about the meaning of following the child's lead at their meeting, she said that she had chosen not to raise the matter for fear of embarrassing her. Conversely, the education support worker said that she didn't want to "*bother*" the early intervention teacher by asking for more help.

c. Individuals working alone

Covert disagreement with others in the group resulted in two of the early intervention specialists taking a unilateral approach to their work which undermined a whole-of-group approach. The private reason for Group 3's speech-language therapist to suggest introducing a language programme, disclosed in interview, was to rectify the centre's programme, which she believed lacked structure. What she advised at the planning meetings was that the programme would provide for the group's goal of promoting the child's social interactions with other children. The early intervention teacher in Group 1, disagreeing with the rest of the group about the importance of preparing the child for school, unilaterally changed the communicative function of the home-school book into a process for starting a visual time-table. Both strategies were unsuccessful. In Group 3

the language programme was adapted to fit the existing teaching approach, and the education worker in Group 1 failed to use the home-school book in the way that the early intervention teacher had asked.

d. Lack of follow-through on maintaining communication with the whole group

The need for good intra-group communication was recognised in Groups 1 and 2. Ways to achieve this, via the home-school book in Group 1 and the teachers' learning stories in Group 2, were decided upon. However, these systems were not maintained. Instead, in both groups, some members resorted to talking informally among themselves, regardless of the fact that others were excluded from the information. In Group 3 members were asked to document the progress of the language programme, and again, this did not happen.

e. Vague terminology

The language used in the groups was imprecise, with participants using a 'feel-good' vocabulary that went well with the group culture of avoiding conflict. A terminology specific to a community may develop as part of the community's shared repertoire as they work together (Duguid, 2008; Mitra, 2008). This was occurring in the IP groups too, but here the phraseology confounded the meaning. No-one asked "What does that mean to you/us?" when rather vague statements such as the child 'needing to be part of his family', 'fitting into the wider community', 'being valued in their centre' were made. A lack of shared language understanding was evident among the IP groups, 'following the child's lead' being a case in point. Definitions of the child's short term goals in Group 2 offered a similarly hazy picture, and the early intervention teacher's comments that the teachers, being skilled, would know what the short term goals were, was typically vague.

7.1.4 The influence of joint work on new learning for group members

Members of the IP groups learned new ways of thinking about their task as they worked together. There were insightful reflections reported and some changes in practice made by individuals within the groups. This resulted in what Rogoff (2003) has termed a "transformation of participation". This section discusses a) participants' learning via their shared assessment processes, b) evidence of identity development for some

individuals, and c) the generalisation of learning to other situations through participation in the IP group.

a. Shared assessment processes

Shared assessment information about the child appeared to support personal and professional learning. Teachers and early intervention specialists in New Zealand use different assessment procedures, and at the outset of the study these differences were expected to make working together more difficult (see 1.2.3). However, to the contrary, in this study the sharing of assessment information about the child's progress appeared to enhance cohesion in the IP groups. While their assessment processes may have been different, this was a situation where all IP group members contributed. Although against initial expectation, this observation is by itself a valuable result of the study.

A number of participants spoke of the way that meeting together regularly allowed them to get a fuller picture of the child in different settings and to extend the way they thought about the child. This process ensured the engagement of all participants, regardless of role and status. The extended discussions, in which participants described what they had observed and how they interpreted the child's actions, were democratic. No one individual or sector was observed to dominate these discussions. Instead, the pictures of the child from varying perspectives were incremental and cumulative.

Discussing assessment information was said to put everyone on an even footing, regardless of specialisation. This observation was similar to that of Williamson et al. (2006), who found that participants assessed a child using the same tool, learning stories, but each from their individual perspectives. In the Williamson et al. study participants also commented that their perceptions were valued regardless of role.

According to the conceptual model of community of practice, we can expect to see situated learning, that is, the knowledge that workers gain from interacting with more experienced colleagues, as an outcome of community membership. With this comes an increasing ability to participate in the community's approach to its task (Lave & Wenger, 1991). Individual members of the IP groups showed evidence of situated learning occurring too. One of the most interesting examples was found in Group 1.

Group 1 participants shared observations of the child's actions, questioned the significance of what they were seeing, suggested a number of possible interpretations according to individual perceptions, re-observed the child's actions with those possibilities in mind, and came to a joint conclusion. There, the mother and education support worker, despite not having had formal instruction about assessment and teaching processes, began to think about the significance of the child's actions in terms of his learning. They not only started to report on what they were seeing the child do, but like the professionals in the group, began to reflect on the significance of their observations, and contribute their thoughts on this at the group meetings.

b. Identity development

Related to the idea of situated learning is the concept of identity development for individuals. Barab and Duffy (2000) observed that individual community members developed a group-related identity by virtue of their interactions within their community. In Group 3 the unqualified and inexperienced second education worker demonstrated a growing alignment with the teachers in her IP group. She described during interview how she had read the article on *ako* that the teachers had handed out, and had been following the learning stories in the child's profile book. She commented on her realisation that all children, including those with disabilities, were active learners, and that disability labels were 'humbug'.

c. Generalising to other situations

Some individuals generalised their learning in their IP group back into other situations in their professional lives. For example, the early intervention teacher in Group 1 said that she had recognised the importance of forming better relationships with parents from her experiences of meeting with the IP group members regularly. She said that she had begun to allow more time for this with her case work. The speech-language therapist in Group 1 also said that she had changed the way that she worked, no longer identifying what she considered to be desirable goals and working towards these, but extending on what the child was doing. The specialist staff in Group 3 said that they had decided to hold back with putting their own suggestions at ministry led meetings in the future, and to wait instead for teachers to contribute, in an attempt to increase teacher involvement in planning inclusive early intervention programmes.

7.1.5 Group wide learning and development

Individual learning triggered by group membership needs to be differentiated from the concept of using group reflection to develop innovative ideas. Edwards (2005) has argued that studies describing individual learning in terms of participation and interaction within a communal learning environment arise from an apprenticeship model, and do not explain knowledge creation. This subsection considers whole-of-group learning for the IP groups in terms of a) programme evaluation b) one example of cumulative interactive learning: a shared plan.

a. Programme evaluation

In this study, while individual learning and change was certainly triggered by membership of the group, the IP groups did not, as teams, negotiate a novel and sustained way to provide inclusive early intervention programmes. In that they were not a community of practice this is probably not surprising. It is however interesting to think about the practice of the IP groups from the angle of group learning.

Individual participants, especially the early intervention specialists, reflected on their work throughout the study at a personal and professional level. They estimated their effectiveness in terms of new learning for the child, and new insights for themselves that had arisen from working with the others in their group. While these latter considerations were relevant, they did not constitute critical reflection on their achievements as a group. Group-level reflection about programme delivery did not take place, and a lack of debate and negotiation impeded collective learning. Collaborative learning requires group-level reflection on a shared task (Barab & Duffy, 1998; Barab et al., 2000; Butler et al., 2004; Edwards, 2000; Robinson et al., 2005; Timperley & Robinson, 2002).

The IP groups did not see themselves as organisational entities with a joint responsibility for the programme they were delivering. Members of the IP groups generally increased their understanding and respect for each other's contributions, but they did not set up and apply a system to evaluate their effectiveness in working as a group to develop a child's individual programme. The most obvious example of this was the allocation of a key community task, teaching, to an education support worker who did not have the knowledge to follow what the group planned.

b. A shared plan

There was one instance of a cumulative sharing of knowledge across several meetings in Group 3 that allowed for an innovative intervention to arise for the child they were involved with. Group members shared their observations of the way the child was fascinated by moving things and wanted to touch them. The speech-language therapist explained the significance of this in relation to his disability. The early intervention teacher suggested giving him things to touch when he seemed unhappy/ frustrated, and the teachers gave him some string to play with and watch it move. By the end of the project the child was using the string effectively to keep calm and self-regulate his emotional response. This was an example of the gradual accumulation of group knowledge that produced a creative and informed intervention.

7.2 THE INTERDEPENDENCE OF THE ISSUES IMPACTING ON THE IP GROUPS' OPERATIONS

In this study the conceptual model of community of practice was used as a tool with which to analyse the operations of the IP groups. The reason that tool was used was because its structure could encapsulate the complex and multi-faceted nature of the way a group of people work together. Importantly, the three dimensions of community, domain, and practice discussed by Wenger (1998a) were envisaged by him as interdependent (see 2.4, 2.4.3). The use of the model as a lens through which to consider an interacting group of people, allowed this study to view the interdependent nature of the issues impacting on the IP groups' operations, regardless of the fact that they were not themselves a community of practice.

Iverson and McPhee (2008) have written that the way that knowledge among a group of people is communicated and enacted is very difficult to observe. In their research they described how two communities of practice shared and acted upon their knowledge by examining the mutual engagement, negotiation of a joint enterprise, and shared repertoire of these two communities. They found that the dynamic nature of the model allowed them to evaluate contrasting aspects of the communities' organisational knowledge.

In this study the aim was to examine how a group of individuals with disparate backgrounds, the IP group, a group that McDermott (1999) would have identified as a project team, interacted. The IP group's task was to share professional and personal information about a child and his learning, and then plan together for that child. The IP group was not a community of practice. However, the dimensions of community of practice allowed for the operation of such a group to be examined holistically.

Themes arising across three such IP groups, when examined within this dynamic framework, were seen as interdependent, as expected from Wenger's model (Wenger, 1998a). The way the issues impacting on the IP groups' interactions overlap is illustrated in Figure 3. The picture is complex. It cannot be divided into its component parts because each part impacts on another.

While researchers have indicated that improving the quality of interactions among the people involved with inclusive early intervention involves a multiplicity of issues, including programme philosophy and climate, inter-personal relations between parents and professionals, professional teaming, and programme quality and delivery (Blue-Banning et al., 2004; Buysse et al., 2001; Dinnebeil et al., 1999; Odom, 2000), this study has been able to demonstrate the dynamic and mutually dependent nature of those issues. It has shown that the factors impacting on interactions within the IP groups in New Zealand need to be thought of as a whole.

What allowed this insight was the use of the model of community of practice as a tool of analysis when considering group learning. The ability for the model of community of practice to integrate its component elements, was what Wenger (2009) identified as the analytical power of that concept in terms of a social theory of learning.

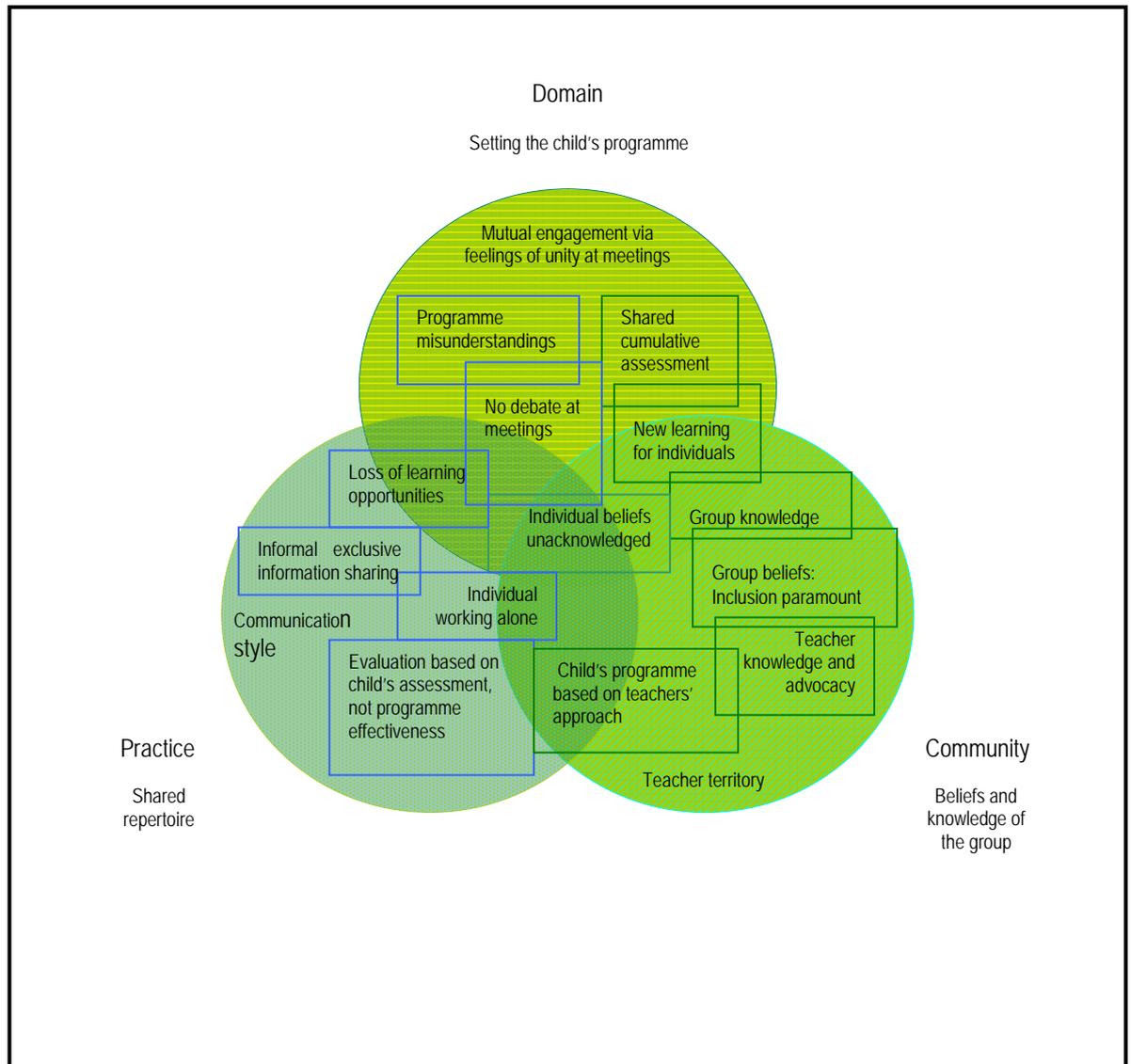


Figure4. The interdependency of issues affecting the IP groups' operation

To summarise Figure4: In the IP groups, the dominant way of thinking about the child's programme was influenced by the knowledge and confidence of the teachers on their home base, supported by a set of shared beliefs about the importance of inclusion held by all participants. At the same time, some individuals did not really understand what was meant by the teachers' approach of 'following the child's lead', and some individuals had views about the need for a directive or structured teaching approach that went counter to this philosophy. These issues were not discussed. Learning for individuals was fostered where the information was cumulative and not controversial, primarily in the context of child's assessment. This learning fed back into the pool of group knowledge. Conversely, learning was blocked, often self-blocked, by avoiding discussion and/or debate when there was a risk of intra-group disagreement. In practice,

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some individuals worked outside the auspices of the group. More significantly, the group did not choose to evaluate their programme in terms of their operation as a group, but reserved their consideration of the programme to a narrower focus, a discussion of the child's progress.

This chapter has discussed the study results in terms of factors affecting interactions within the IP groups. The final chapter includes a section on the implications of these findings for inclusive early intervention practice in New Zealand.

CHAPTER EIGHT CONCLUSIONS

8 CHAPTER OVERVIEW

In this study features of the IP groups' interactions that supported their work together were identified. These included views that were common to all participants, such as the desire for the child to have a sense of belonging and to feel confident in his early childhood centre. Similarly, most participants agreed with the teachers' view that their interactive and co-constructive approach to teaching supported the child's inclusion. This commonality of focus supported interaction within the groups' domains as they shared their cumulative information about the child. In this context individual learning flourished, and members of the IP groups reported that they could speak for one another.

In a community of practice, while a commonality of belief and purpose facilitates learning, differences of views and diversity of experience are also important ingredients in that learning environment. Participation in the community includes the negotiation of diverse views that can empower a community of practice to develop a shared repertoire that is fully responsive to its environment (Wenger et al., 2002).

The IP groups, as project teams, not communities of practice, valued harmony. It was notable that they used a communication style in which potential disagreement was avoided and opportunities to learn further from one another were missed. Furthermore, the absence of a process, formal or informal, to evaluate group effectiveness meant that these difficulties were not acknowledged and addressed. The IP groups did not take responsibility as a group for the effectiveness of their programme.

In terms of providing an insight into the working of these groups, seeing both the strengths and weaknesses of their interactions has allowed for a very useful consideration of early intervention practice in New Zealand. This insight was made possible by the use of the model of community of practice as an analytical tool. By applying this model the interdependency of features of the IP groups' interactions was demonstrated (see 7.3).

This connectivity of issues within the IP group system was the key finding of the study. It supports arguments by Iverson (2011), and Iverson and McPhee (2008) that applying the theory of community of practice allows researchers to identify the pragmatic effects of important “communicative enactments of knowledge” (Iverson & McPhee, 2008 p. 193). This study takes that thinking a step further by suggesting that viewing the workings of groups other than communities of practice can offer insights into the complexity of a group’s interactions via that lens.

This chapter begins by outlining the implications of these findings for practice in inclusive early intervention in New Zealand (8.1). It then states the contribution that this research has made to both the field and theory (8.2), notes the study’s limitations (8.3), and suggests directions for further research arising from this work (8.4). Section 8.5 provides a final conclusion to this research.

8.1 IMPLICATIONS FOR PRACTICE

The study raised three issues with implications for practice in inclusive early intervention programmes in New Zealand. These were the re-framing of professional roles (9.1.1), programme evaluation (9.1.2), and the building of communication processes as part of professional development (9.1.3).

8.1.1 Professional roles in inclusive early intervention programmes in New Zealand

The teachers in this study led programme decisions in their role as ‘hosts’ of the inclusive early intervention service. For the most part, other participants followed their suggestions. In Group 3, where participants initially chose to follow the speech-language therapist’s programme, the teachers adapted the structured programme to their usual practice, and this was accepted by the group.

This finding was surprising. As already discussed (see 7.1.1c), more debate concerning the differences in teaching approaches and philosophy between early childhood teachers and early intervention specialists was expected. Whether this easy acceptance of the teachers’ approach was peculiar to these three IP groups, or whether the communication

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difficulties within the IP groups are common across many IP groups, can not be determined from this study. It is however, an interesting and challenging finding.

Early intervention specialists work as itinerant consultants (see 1.2.2). In that capacity, from a community of practice lens, they could be said to be ‘newcomers’ entering the teachers’ group. At the same time, they are the people who currently organise a programme, albeit in consultation with parents and teachers, for the teachers to undertake in their centre for a child on their roll. Furthermore it is the early intervention specialists who, via the Ministry of Education, employ and supervise education support workers to work in the teachers’ centre with that child.

The anomaly of an outside agency taking such an all-encompassing responsibility for a programme that is run by another organisation warrants discussion. In this study the early childhood teachers saw themselves as having prime responsibility for the programme, with the specialists in a supporting role. That option may need to be examined further by the relevant organisations.

Despite not leading programme decisions, the early intervention specialists in this study continued to have valuable input into the child’s assessment and programme. They shared their expertise and knowledge about not only the child’s condition, but about a range of programmes and resources pertinent to the situation.

Whether education support workers without teaching qualifications should be required to work in a teaching capacity with some of the most vulnerable children in our education system, also raises questions for the field. Three of the four education support workers in this study had no teaching qualifications, and two were derided for their lack of teaching skills and knowledge by others in their groups. Interestingly, in reference to the idea of situated learning (Lave & Wenger, 1991), the second education support worker in Group 3 entered into an apprentice-type relationship with the teachers in the centre, reading the material they gave her, and seeing the job as a learning experience for herself. In this capacity she was able to simultaneously contribute and learn.

8.1.2 Programme evaluation

Programme evaluation involves consideration of the extent to which the actions decided upon have been undertaken as well as the extent to which the agreed actions have been effective. In addition to these immediate questions, the relevance of programme objectives and the allocation of tasks need to be renegotiated regularly if the programme is to remain relevant.

The IP groups in this study took a very narrow approach to evaluation, simply noting progress indicators for the child as they discussed their assessment. They did not have a system for directly evaluating the programme they had decided upon. Instead, their goal setting was based solely on the child's performance. Nor did they consider their effectiveness as a group (see 7.2.2a).

This lack of group accountability has implications for the work of inclusive early intervention programmes in New Zealand, and indeed, other situations where groups of people plan a programme together. Currently, individuals in an IP group have a shared responsibility to provide goals for an inclusive early intervention programme. These goals are usually centred on the child, and the skills they aim for the child to attain. However, the group's shared responsibility stops there, as it did with the three IP groups in the study. Without a system, such as the one described by Hunt et al. (2004), to reflect on their programme and to evaluate their performance *as a group*, IP groups such as those described in this study risk becoming ineffective and non-accountable. For the IP groups in this study it is possible that some of the problems arising from poor communication patterns may have been picked up by such a system.

8.1.3 Professional development regarding communication

The study drew attention to the avoidance of open debate within the IP groups in situations where there was a potential for disagreement. Because of this, opportunities to learn from each other and to create new solutions together were missed. The nature of communication did not support the negotiation of a joint enterprise. Participants in the IP groups spoke openly when they could add to each other's information, but not when they wished to challenge one another. Group members seemed to be subject to an internal 'rule' of presenting themselves as 'agreeable'. Ultimately, this stifled their

ability to develop a truly collaborative and co-constructed programme via their interactions.

The need to develop dialogic communication is indicated here. Members of IP groups need to work in a climate in which it is safe to share information that may not necessarily be agreed to by others, to be able to ask relevant questions in a positive manner without implying criticism, and to advocate for their own position without needing to 'win' a discussion. This approach to their shared work would strengthen the collaborative practice so strongly advocated for in the inclusive early intervention field (see 2.1).

8.2 THE CONTRIBUTION THAT THIS RESEARCH HAS MADE TO THEORY AND TO THE FIELD

This study has taken the first snapshot of three inclusive early intervention IP groups in New Zealand in the context of their planning. The study was able to view the IP group systemically by using the model of community of practice as a lens. This demonstration of the interdependence of factors impacting on their interactions has provided an original insight into their operation. In this way the study has made an important contribution to our understanding about current inclusive early intervention practice in New Zealand.

The rich detail produced in this study has illustrated the complexity of the issues impacting on IP groups' interactions. These included power/knowledge differences, participant learning, and communication patterns. Key to recognising the relevance of these issues to the way the IP groups worked together was the use of community of practice as an analytical tool with which to envisage their connectivity.

While Wenger (1998a, 2009) emphasised the interdependence of components of the model of community of practice (see 2.3.1), some researchers have been more concerned with the goodness of fit between the community they have been studying to the model's dimensions (Fuller, 2007; Hodkinson & Hodkinson, 2004). Where writers have used the model of community of practice to consider the connectivity of its component parts (Iverson, 2011; McPhee & Iverson, 2008), they have applied this

thinking to existing communities of practice. This study has illustrated how the model of community of practice can provide a coherent conceptualisation of an organisation that is not a community of practice but a project team.

Observing the IP groups according to the multi-dimensional model of community of practice was innovative because the groups were project teams (see 2.4.4). A useful picture of any organisation requires not only a detailed examination of its parts, but an image of the whole entity in action. The model was useful because it revealed the interconnected and interdependent nature of the issues impacting on the way the IP groups interacted. Furthermore, it was possible to examine their operation as an interlinked whole (see Fig.4, 7.2). This facilitated the new insights into the IP process.

On a practical level, the study has demonstrated how the model can usefully be applied to investigating the way that communicative processes impacted on the productivity of IP group participants. Iverson (2011) has advised that focusing on the processes of engaging, sharing, and negotiating within a group can lead to a better understanding of how knowledge is enacted in that group. In the case of this study, there is new information about the factors that facilitated and inhibited collaboration within the IP groups.

Research on inclusive early intervention in New Zealand includes information about teachers' inclusive attitudes (Purdue, 2004), parents' aspirations (Carroll-Lind & Cullen, 2003), the relevance of learning stories to early intervention programmes (Dunn, 2000), work across disciplines (Liberty, 2000), and the value of a shared assessment process (Williamson et al., 2006). This study has provided new New Zealand-focussed knowledge about planning for a child's inclusive early intervention programme within the context of New Zealand early childhood centres, which follow the New Zealand socio-cultural curriculum, *Te Whāriki*.

8.3 THE LIMITATIONS OF THE STUDY

The value of case studies such as this comes from their rich and insightful detail, and the suggestions they make for further study. It is axiomatic that they are not designed to be generalised to a wider population (Stake, 1994).

This thesis is a construct. It is a picture of interactions interpreted by participants and further interpreted by the writer by the use of another construct, community of practice. The writer's presence as participant-observer at meetings had the potential to bias participants' discussions, and, despite the measures taken to authenticate the data (see 3.1.4), the selection and analysis of that data was the writer's interpretation.

There is some corroborating evidence that issues arising from the data have validity, in that they echoed findings in other studies. These included the potential for a mismatch between stated beliefs and actions (Lieber et al., 1998), a tendency to blame parents for not following professional advice (Campbell & Halbert, 2002), the need for professional training in communicating effectively with non-professionals (Buysse & Wesley, 2005; Park & Turnbull, 2003), privileging professional knowledge over parents' views (Canary, 2011), the unifying experience of shared assessment (Williamson et al., 2006). The findings in these studies help to confirm the study's content as well-grounded in the field.

Nevertheless this qualitative case study is limited by the fact that it relied on the researcher's interpretation of the data. Had it been possible to make the detailed results available for IP group feedback, and to record their responses, without the conflicting imperative to ensure confidentiality of interview material (see 3.1.5), it could be argued that researcher bias might have been mitigated.

The important point to take from this is that the study's findings are indicative of issues, but not conclusive. The study is an artefact of the researcher, but the findings are grounded in the field. The usefulness of the analytical process in examining the IP groups' interactions via a framework of community of practice is well illustrated.

8.4 FUTURE DIRECTIONS FOR RESEARCH AND DEBATE

This study has demonstrated the way in which the model of community of practice can be applied as a tool of analysis to examine the operations of groups of people who may not themselves be a community of practice. As such, the analysis may be able to be applied in other situations and with other disparate groups that share a task, such as IP

groups in the school sector, or strengthening families groups in the social sector. This would be an interesting direction to research.

A range of factors for IP groups to investigate together with researchers, should they choose to develop inclusive early intervention practice in New Zealand further, have been provided by this study. An action research approach, with its use of reflective cycles, could support programme evaluation and the dialogic communication patterns needed for reflecting on work as a group.

In an era of increasing pressure for workers with different professional backgrounds and agencies to work effectively together, Hulme and Cracknell (2010) have looked at ways to promote collaborative problem solving. They suggested that encouraging practitioners to reflect critically on their work together in a neutral 'third space', that is, an action research environment, can be helpful in allowing individuals to gain a better understanding of each other's work and to co-construct solutions to shared issues. The present study has indicated a safe starting place: shared assessment.

This study has also raised issues for debate, particularly with regards to the respective roles of teachers and early intervention specialists. In this study, the teachers assumed primary responsibility for meeting the educational needs of the child, while the early intervention teachers and speech-language therapists provided specialist support and information. The study also showed that participants' aspirations for inclusion superseded a directive teaching model. Further research could be undertaken to consider the degree to which these findings are representative of the wider field in New Zealand.

8.5 CONCLUSION

This study achieved its aim to contribute to our understanding about current inclusive early intervention practice in New Zealand by examining the interactions of the people responsible for planning a child's inclusive early intervention programme. The model of community of practice was used as a tool to analyse their interactions.

The study illustrated the effect of an uneven knowledge base on intra group influence, and showed how group participants shared beliefs about the importance of inclusion. It also indicated a communication practice that achieved a surface commonality and

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cohesion among group members at the expense of learning opportunities for individuals and the group as a whole. Cumulative assessment information provided a platform for shared interaction and learning, but participants were unable to capitalise fully on their work together because they did not negotiate, reflect on, or evaluate their programmes.

By using the model of community of practice as a tool for analysis, this study was able to view the IP group as a system. This provided an insight into the interdependence of the factors impacting on their interactions. Both the issues detailed and the illustration of the way these issues were interrelated have made an important contribution to our understanding about current inclusive early intervention practice in New Zealand.

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APPENDICES

APPENDIX A

Make-up of the three IP groups

Table 2 A comparative description of the make-up of the three IP groups

	<u>Group 1</u>	<u>Group 2</u>	<u>Group 3</u>
Centre type	Full-time day-care run by a private trust.	Kindergarten run by a Kindergarten Association. Five mornings and three afternoon sessions, with children over 4 attending mornings.	Kindergarten run by a Kindergarten Association, ran 6-hour full day sessions 4 days a week.
Child Disabilities at a sufficiently severe level to warrant ongoing resource funding when they reached school.	Boy with a formal diagnosis of autism and developmental delay. At the start of the project he was 4 years 6 months old. Attending centre full time	Boy with Down syndrome and significant hearing loss. At the start of the project he was 4 years 5 months old. Attending morning sessions at centre.	Boy with dyspraxia, i.e. difficulty in ordering his movements, including the fine motor movements needed for speech. At the start of the project he was 4 years 1 month old. Attending full-day sessions at centre for 4 days a week.
Parent attending	1 Mother (shop owner/manager)	1 Mother ex-school teacher and now dairy farmer	1 Mother at home
Other family members	Father and elder brother (8)	Father and younger brother (2)	Father and three older siblings (9,7,6)
Teachers All fully trained	1 teacher (supervisor for four other teachers in the centre – these teachers were not able to be released to attend meetings)	2 teachers of a three-teacher kindergarten (initially three teachers attended, but when one left the remaining teachers decided not to involve the relieving teacher)	2 teachers of a two-teacher kindergarten
Early intervention specialists All employed by the Ministry of Education, Special Education All had worked in their positions for at least 5 years.	1 early intervention teacher 1 speech-language therapist	1 early intervention teacher 1 speech-language therapist	1 early intervention teacher 1 speech-language therapist
Education support workers	1 education support worker Worked with the child for six hours a week	1 education support worker Worked with child in a job-share position for ten hours a week, (proportion of time varied during project). Other education support worker did not choose to participate.	2 education support workers consecutively during the project. Both worked with the child for four hours a week

Appendices

	Untrained, but had five years experience	In training as a teacher	Both untrained. This was the first time they had done this job.
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APPENDIX B

Time Frame

Table 3 Study dates

Group 1												
Month	3	4	5	6	7	8	9	10	11	12	2	
Year	07	07	07	07	07	07	07	07	07	07	08	
Meetings	Intro		1	2	3		4		5	6		
Interviews					1			2				3
Group 2												
Month	5	6	7	8	9	10	11	12	2	3	4	5
Year	07	07	07	07	07	07	07	07	08	08	08	08
Meetings	Intro		2	3	4	5	6		7			
	1											
Interviews			1			2						3
Group 3												
Month	4	5	6	7	8	9	10					
Year	08	08	08	08	08	08	08					
Meetings	Intro	1	2	3		4	5					
Interviews			1				2					

APPENDIX C

Interview Questions

Set 1

- Tell me about your experience in participating in this group?
- How do you see your role at these meetings?
- At the meetings have you felt that your viewpoint was being listened to and valued?
- What has been the key thing you have taken from the meetings so far?
- Are there new things you have learnt?
- Has working as a group changed how you think about? Or what you do? If so in what way?
- Your group has decided to explore Where did that idea come from?
- What are your feelings about the decision? Was that important for you personally and why?
- How might this direction impinge on’s learning?
- Has there been anything arising at the meetings that you feel you need to know more about? How will you find out? Could others in the group help?
- Were there other areas you would rather have looked at / would like to look at in the future? Tell me about them.
- Are there changes you would like to see to the way the group are working?
- Anything else you want to talk about that hasn’t been covered?

Set 2

- As a member of a group working with how would you describe the strengths that you personally contribute to the group?
- What have you learnt about other group members and about that you did not previously know?
- In what ways would you say that your work as a group was collaborative? Are there ways the collaboration could be improved?
- Teachers’ inclusive attitudes are important if a child is to have a successful time in an Early Childhood Centre. What does this phrase mean to you? Can you give me examples of this for at?
- Your community has decided to What did you personally mean by this?
- You said that his progress would be documented in his learning stories, and the stories you brought to the group. The Learning Stories and stories from our group meetings are attached and dated. As you look at them, tell me what you are seeing in terms of’s progress as a learner.

Set 3

There were two questions about your group meetings:

- Could you talk briefly about the time factors involved with the meetings, pros and cons.
- From this experience of meeting regularly are there things that have arisen which you have valued and you would like to repeat? If so, how would you go about that?

The rest of the questions were individualised according to what the participant had said at previous interviews and during the meetings, to clarify previous comments that seemed unclear or contradictory

APPENDIX D

NVivo Nodes

Domain

- Gr 1 Espoused beliefs
Perceptions of child
Values
Selection of things to work on
- Gr 2 Espoused beliefs
Learning
Transition
Selection of things to work on
- Gr 3 Pictures of child
Shared activity selection
Values
Inclusion
Reasons to collaborate
Te Whāriki
Espoused beliefs

Community

- Gr 1 How the community communicated prior to the project
Relationships
Roles
- Gr 2 Relationships
Relationships with mother
Roles
Knowledge base
- Gr 3 Differences of opinion
How the community communicated prior to the project
Misunderstandings

Relationships
Roles

Practice

- Gr 1 Communication
Dealing with knowledge differences
Problem Solving
Experience of meetings
Time issues
Time frames
- Gr 2 Communication
Dealing with knowledge differences
Experience of meetings
Time issues
Time frames
- Gr 3 ROCK
Communication
Dealing with knowledge differences
Experience of meetings
New learning
Time issues
Time frames

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APENDIX E

Examples of Stage 1 and 2 data sorting Group 1 (belief systems)

Stage 1 data sorting

Belief systems about shared interests	Source
<p>Inclusion At the Centre T was trying to ensure that the child felt confident in doing things his way. This was achieved by everyone, teachers and children, accepting and valuing what he did, even though what he did might sometimes be different. This was an important aspect of inclusion from the centre teachers' point of view.</p>	T Intro meeting
<p><i>He is the same as any other child that comes into the centre. We take him where he's at and go with what he needs. Just like we would with any other child. So he isn't singled out in any way because he has higher needs or anything. He's just treated the same. Except well not the same because he's not the same as any other child, but no child is the same as any other child. But being inclusive is just including all children in a programme at the stage they're at, adjusting the programme to suit their needs.</i></p>	T Int 2
<p><i>for the teachers to believe that the child with special needs should have the same opportunity to learn and grow in all areas of development as any other child that's in the centre,</i></p>	SLT Int 2
<p><i>for that child to be able to learn along with the others and the same things as the other children are learning, albeit sometimes with extra support. And that part of that inclusion is that they should have that support so that they can do that, rather than that they should be expected to struggle for longer than everybody else.</i></p>	SLT Int 2
<p><i>Well it means we just, well I'll speak for me as a teacher. This child is the same as any other child that comes into the centre. We take him where he's at and go with what he needs. Just like we would with any other child. So he isn't singled out in any way because he has higher needs or anything. He's just treated the same. Except well not the same because he's not the same as any other child, but no child is the same as any other child. But being inclusive is just including all children in a programme at the stage they're at, adjusting the programme to suit their needs</i></p>	T Int 2
<p><i>in a normal day to day practice we have team meetings on a regular basis and we look at the children and we say how they are going and what do they need etc etc. And it's the same, except that we would get a perspective of the speech-language therapist and everybody involved in that child, the parents, everybody, to say 'Yes let's do this, let's work on this'. And it is like an IP meeting, but I guess that we're setting the goals together in a more inclusive way. Everybody would have a say and I guess in a slightly less formal way. It just seems a more holistic way of doing way</i></p>	T Int 3
<p><i>The child has always been included on our major outings, because I've had time to make sure that the ratios are OK and that there's a special person assigned to him. Only because of his tendency to wander and for my own peace of mind! And for Mum's peace of mind. That he will be safe when we go on an outing. If we are going on these [impromptu] walks and things, we wouldn't take the child unless there was a spare person to hold his hand, and just his hand. Again because of the safety factor. So he probably doesn't get included in those as much as the other children do.</i></p>	T Int 3
<p><i>unfortunately the times that we used go on those trips didn't coincide very well with when the ESW was here because her time was first thing in the mornings, which was good because she used to support him going to the koru club, and support him on the mat and be able to help him with those things, but then unfortunately she wasn't available to go on the walks, So we try to include him as much as we can, just like any other child but we do have to consider the safety aspect.</i></p>	T Int 3
<p><i>don't really know - whether he is [included] or not really. It's probably the ESW who would be the one that could say 'Well these are the times that he hasn't been to the library and these are the times are the times that he has been involved'. I don't know.</i></p>	
<p><i>Inclusion: with special needs children I think if a stranger walks in and doesn't think, well that's a special needs child.</i></p>	SLT Int 3
<p><i>I think for the teachers to believe that the child with special needs should have the same opportunity to learn and grow in all areas of development as any other child that's in the centre, and for that child to be able to learn along with the others and the same things as the other children are learning, albeit sometimes with extra support. And that part of that inclusion is that they should have that support so that they can do that, rather than that they should be expected to struggle for longer than everybody else. But also I think that, as</i></p>	ESW Int 1

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<p><i>the T is saying, he should be allowed to also be himself and to feel that he's got something to contribute.</i></p>	<p>SLT Int 2</p>
<p>Teaching philosophy <i>he needs to feel comfortable with himself. With what he's doing he's happy with. And I am confident he helps him feel comfortable. That's important.</i></p> <p><i>we run a child-based programme here, we tend to do this with all the children. It's not just what we do with this child. So we would be watching him and see what he's doing and then extend his interests. Work with him and, maybe it's language, maybe it's an activity – just take it that one step further with him. So it's seeing what he's interested in and going with that rather than using a teacher directed approach where we choose what we think he needs to do.</i></p> <p><i>you notice that he's interested because of the time that he's been watching, you make a comment and then invite him in. But now we're finding that he is tending to come in uninvited so we see that as that next step.</i></p> <p><i>It was a change with how I had worked with him at that time, but I don't whether it would be a change with how I would work with children now, having done the Hanan course. But certainly when I worked with him before we were very much looking at exactly where his language was at and what we wanted him to achieve next. So yes he can use single words, so we want him to use two word phrases etc.</i></p> <p><i>at the clinic, when he was coming, I would decide on three for four activities before he came in, set them up, and we would work on them. I wasn't following his lead at all. Although, if I went in to see him at the centre then I would look quite differently, and yes I probably would have been working on the activity that he wanted to work on. But I think I probably still would have come with my own agenda.</i></p> <p><i>I think maybe it would be good for his own learning as well to be taught .</i></p> <p><i>He's having to communicate. I think that's it. Because being at home I think we naturally sort of stop them ... and anticipate what they are asking for, whereas at the centre they are making him work.</i></p> <p><i>Even if they can't actually physically go and spend time with him at that moment they tend to just keep an eye on him. So it's quite nice actually. They are very supportive.</i></p> <p><i>You have got to give children room. Rather than always telling them what to do I think it's nice to let them take you along, I want to try and do this, and giving them a bit of freedom and letting them take the lead.</i></p> <p><i>allowing him to develop his own character rather than just sort of always dictated to by the rest of us. He's having a chance to actually be his own person and be himself and feel comfortable. I think we've said it a few times in meetings; he needs to feel comfortable with himself. With what he's doing he's happy with. And I am confident he helps him feel comfortable. That's important. That's my skill. He doesn't have that and I think it does actually make a difference to him.</i></p>	<p>P Int 1</p> <p>T Int 3</p> <p>T Int 3</p> <p>SLT Int 3</p> <p>SLT Int 3</p> <p>SLT Int 1</p> <p>P Int 1</p> <p>P. Int 2</p> <p>P Int 1</p> <p>P Int 1</p>
<p>Reasons to collaborate <i>I think if I had some more knowledge along those lines I would be able to help the child further but, I mean I'm here. This is my area, that's their area so I have just got to gradually think that I can gain more knowledge from them and some more reading and so on.</i></p> <p><i>[Nikki] gets busy and we may not be able to have her every week and I was thinking that we have some resources there and we competent enough to do it, we could carry on with these things which would end up being of benefit to lots of our children.</i></p>	<p>T Int 1</p> <p>T Int 1</p>
<p>Measuring outcomes <i>And I think that I need to start documenting ... so that I have more substance to bring to the meeting.</i></p> <p><i>I think that a key thing is for us all to be documenting on what we see.</i></p> <p><i>show how it is working and so another person could have a look at what we have been doing and say, Oh I can see where you started</i></p> <p><i>it's hard to prove anything with special needs children because you can't test them. You can't sit down and give them a test because I guess when they are assessed in a formal situation they are going to be a bit nervous</i></p> <p><i>I think it has been good, but I think that we come back to- we can't let it be too airy fairy for want of a better description. We still, and I think we should do to a certain extent, we've still got to have outcomes and recorded outcomes really. We can't just say 'Oh well we're just going to go with whatever the child wants to</i></p>	<p>T Int 1</p> <p>T Int 1</p> <p>T Int 1</p> <p>ESW Int 1</p>

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<p><i>do'. I suppose we have to at least have some idea about guiding him within that. I don't think we can just say oh we're just going to let him do – not quite whatever he likes – but we do have to be monitoring what's happening and there does have to be some guidance in that.</i></p>	SLT Int 1
<p>Hopes for the child <i>how we can best match up a suitable ESW to the family . Now I know that's a really tricky statement and I know how hard they are to find but that would be one thing that I would really like to see kind of tightened up a little bit maybe</i></p> <p><i>I would like to see everyone child we get ... So many children that we could be doing this for.</i></p> <p><i>with the likes of this ESW, probably you would have to look at here - I go in and maybe instead of constantly modelling, which I was going to do, maybe I should say 'Now you do it.'</i></p> <p>Mother and her family were encouraging the child to achieve increasing independence in doing things for himself, and also in expressing some of the values of his family, such as using good manners (e.g. please and thankyou). The EIT agreed that being part of his family like everyone else was an important aspect of fitting into the wider community</p> <p>There was general agreement that although successful transition to school was important, their goals went beyond this. They wanted the child to find a niche both inside the education system and in the wider community.</p> <p>The child was now taking more of an interest in joining in group play, and Nikki pointed out how his increasing language skills were helping him do this, and that the language group work he was participating in was valuable in building some of these skills.</p> <p>It was agreed that the child needed to develop an empathy with the feelings of others. The group felt that their work was contributing to their long term goal for the child.</p> <p>T pointed out that they were careful to maintain the child's feelings of confidence about what he chose to do. If he did something that was not socially acceptable they would try to avoid 'No' and either redirect him to an alternative activity, or extend the activity into something more productive.</p> <p>Mother and her family were encouraging the child to achieve increasing independence in doing things for himself, and also in expressing some of the values of his family, such as using good manners (e.g. please and thankyou). The EIT agreed that being part of his family like everyone else was an important aspect of fitting into the wider community</p> <p>There was general agreement that although successful transition to school was important, their goals went beyond this. They wanted the child to find a niche both inside the education system and in the wider community.</p> <p>The child was now taking more of an interest in joining in group play, and SLT pointed out how his increasing language skills were helping him do this, and that the language group work he was participating in was valuable in building some of these skills.</p> <p>It was agreed that the child needed to develop an empathy with the feelings of others. The group felt that their work was contributing to their long term goal for the child.</p> <p>T pointed out that they were careful to maintain the child's feelings of confidence about what he chose to do. If he did something that was not socially acceptable they would try to avoid 'No' and either redirect him to an alternative activity, or extend the activity into something more productive.</p>	<p>T Int 1</p> <p>T Int 1</p> <p>EIT Int 1</p> <p>Intro Meeting</p>
<p><i>perhaps we had different expectations of the child to start with. Our main focus was that we had real concerns about how he would cope with the transition into school, seeing how far behind other children he was. And even now, as I said, seeing him against other children of his age and being quite significantly behind them in both his speech and the activities, when you see him playing he's very much still around about the three year old stage. Whereas you can see the five year olds they can write, they can read partly what's on the board. And he can't do things like that.</i></p>	P Int 3
<p><i>allowing him to develop his own character rather than just sort of always dictated to by the rest of us. He's having a chance to actually be his own person and be himself and feel comfortable. I think we've said it a few times in meetings; he needs to feel comfortable with himself. With what he's doing he's happy with. And I am confident he helps him feel comfortable. That's important. That's my skill. He doesn't have that and I think it does actually make a difference to him.</i></p>	P Int 1

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<p><i>I'm not sure about accelerating his progress. But I think it means that if he's doing something he enjoys, he's going to get more out of it than trying to get him to do something he doesn't, even though there are times when he does have to do something he's not quite as keen on. If we're following his lead and following his interests he will take more of interest in what we are doing. Well that's what I feel it means.</i></p> <p><i>I've learnt more about her [mother's] perspective on him as well. The T wants him to be himself and to develop in his own way and not to have to fit a mould, and she wants ideally for his environment to be able to fit around that, whereas Mother seems to want him to fit in. And I can see where both of them are coming from really but I think Mother's perspective is that she doesn't want him to stand out. She wants him to know what to do in different situations and to know how to deal with things and to have those social skills, and to be polite and say please and thank you, and those sorts of things are quite important to her.</i></p>	<p>ESW Int 1</p> <p>SLT Int 1</p>
<p>Teaching methods</p> <p><i>I think maybe it would be good for his own learning as well to be taught .</i></p> <p><i>He's having to communicate. I think that's it. Because being at home I think we naturally sort of stop them ... and anticipate what they are asking for, whereas at the centre they are making him work.</i></p> <p><i>Even if they can't actually physically go and spend time with him at that moment they tend to just keep an eye on him. So it's quite nice actually. They are very supportive.</i></p>	<p>SLT Int 1</p> <p>P Int 1</p> <p>P. Int 2</p>
<p>Child as learner</p> <p><i>we don't want to say, for me to say that The child is autistic so therefore I need to know about autism and therefore I will know how to help him more. Because it might not be helpful for the child at the end of the day. But sometimes it could be. So it's just to know what to do with that knowledge. But I think with, one thing that I am learning a lot is what I would like to do more and I know that I can and it would be useful to all children, with the SLT ways of bringing out the language ... The little games and activities that she ... And little resource books maybe of things that would specifically help that group of children. ... and the games that we could play and the activities that we could do. Just practical things.</i></p> <p><i>another new thing really is how his Mum sees him. It's just been really interesting hearing her talk about it. She's very positive but again I think we're often looking at skills whereas she's looking at him and how he fits in a social, ethical, moral way in society and she's looking at his manners and the rights and wrongs, whereas we're looking at skills and it's really interesting to see her put him in a different space in the capsule from that point of view.</i></p> <p><i>allowing him to develop his own character rather than just sort of always dictated to by the rest of us. He's having a chance to actually be his own person and be himself and feel comfortable. I think we've said it a few times in meetings; he needs to feel comfortable with himself. With what he's doing he's happy with. And I am confident he helps him feel comfortable. That's important. That's my skill. He doesn't have that and I think it does actually make a difference to him.</i></p> <p><i>Everybody's input really and seeing their perceptions. I find that difficult sometimes because I am a little bit cynical. Because when they are saying all the positive stuff I find myself in the role of saying, yes but .. and yeah so?</i></p> <p><i>Probably not as much as I should, and I feel a bit restricted by that. Particularly perhaps by some of the remarks from Mother - a suggestion was that maybe I tended, because I was only popping in, that maybe I was only seeing him on a bad day. I don't think I always see him on a bad day at all. But I took from that that she must already pick up that everybody saying he was doing so well. Everything I am saying, like he understands this and that, and I might be saying 'Well I'm not sure that he really understands what's going on at all'. And so I feel a little bit restricted by that, by knowing that she obviously believes he does understand ... In the performance review it was just in the comments- because she had put fairly good things about what she thought the service was like- but she did wonder about , well 1) that I had said that we need more experienced ESWs, but also perhaps by just popping in we weren't always seeing the child in a good light really.</i></p> <p><i>There was evidence the child was making links with current and previous experiences. For example, when the ESW described what the child had been doing in the sandpit, it was apparent to Mother that he had repeated actions he had seen his brother do at the beach.</i></p> <p><i>Probably not as much as I should, and I feel a bit restricted by that. Particularly perhaps by some of the remarks from Mother - a suggestion was that maybe I tended, because I was only popping in, that maybe I was only seeing him on a bad day. I don't think I always see him on a bad day at all. But I took from that that she must already pick up that everybody saying he was doing so well. Everything I am saying, like he understands this and that, and I might be saying 'Well I'm not sure that he really understands what's going on at all'. And so I feel a little bit restricted by that, by knowing that she obviously believes he does understand ... In the performance review it was just in the comments- because she had put fairly good things about what she thought the service was like- but she did wonder about , well 1) that I had said that we</i></p>	<p>T Int 1</p> <p>SLT Int 1</p> <p>P Int 1</p> <p>EIT Int 2</p> <p>EIT Int 2</p> <p>Meeting 5</p> <p>EIT Int 2</p>

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<p><i>need more experienced ESWs, but also perhaps by just popping in we weren't always seeing the child in a good light really</i></p> <p><i>And I think just hearing the way other people talk about him. Everybody just adores him don't they? And he's got such a positive personality. It's not just me seeing that, we're all saying 'Oh he's so lovely'. And I think that's going to be really important for him in the future, that he actually does give a lot back. Some children with ASD, you don't get that sense of them giving back what you're giving them, but he really does. You know, you feel like you want to go the extra mile for him every time, and I think that's going to be very important for him. And I've always felt that, but it's interesting hearing everybody saying the same with him.</i></p> <p><i>we still talked about what he had achieved and what skills he had and probably I had in the back of my mind what we would expect to be coming next in the various areas that he is going to develop in. But we weren't necessarily choosing which of those skills we were going to concentrate on each time. For the child that worked really well because he certainly didn't seem to be achieving the goals that we had made previously, or he would achieve them and then slip right back and they would be lost, and we would be starting again. So it worked much better for him when we looked to see the ways in which he was developing and then reinforce those.</i></p> <p><i>for children like this child, it's very difficult to play with other children and switch their attention from one thing to another. So it's much better for them to choose what they want to be working on and for you to go with that than to switch their attention to what we want them to do. It would be a lot harder for them. And also, much more rewarding for him to see that I'm interested in what he is doing. More motivating for him, because if he's interested in spinning around then we work on that, and he's much more likely to want to work with us and achieve.</i></p> <p><i>he needs to feel comfortable with himself. With what he's doing he's happy with. And I am confident he helps him feel comfortable. That's important.</i></p> <p><i>when he chooses what he wants to do and we go and sit and say what are you doing and feed in the language and help him, you can see the delight on his face. And maybe that's why he staying in activities more. Because it's what he wants to do and there's lots of learning that can come through.</i></p>	<p>SLT Int 2</p> <p>SLT Int 3</p> <p>SLT Int 3</p> <p>P Int 1</p> <p>T Int 2</p>
<p>IP goals Well with the child a lot of the goals were mainly language and getting him to sit for extended periods of time. So you just sort of fit that into what you are doing. The activity you are doing itself I think doesn't matter too much</p> <p><i>[When the IP goals were a more specific] it was a bit harder in some respects. Like where they wanted him to sit at mat time. It was sort of – I don't know if it affected him as much - but I felt a bit of pressure. Like he's got to sit here and he's got to and maybe he picks up on the tension. It was a lot more relaxed, a lot easier to do [the goals] especially when you start worrying, oh he's not meeting these goals. Are they going to blame it on me that he's not meeting them? But he did meet his goals but just in his own way. In his own order and in his own time.</i></p> <p><i>most of the time, well often, we can just bring the IP goals in to whatever activity that the child's doing, because often they surround language or persistence. Things like that, so those sorts of things can be integrated into whatever he is chosen to do.</i></p> <p><i>we have the folders with learning stories in them, and every few months or so, as a team we have a look and see what the common threads are coming through those learning stories, in what we call a 'what next?'. It's an individual evaluation of where the child's at and what we've noticed him doing. What the learning has been. We ask for feedback from his family, from those that are able to give it, and make links to Te Whaariki etc. Then we have a look at all that and ask 'How are we going to respond to this? What is the next step for the child? How can we carry it on further? So it's really just a summary.</i></p> <p><i>We could probably. [The meeting with the teachers] just seems to be a little bit less formal and a little bit more inclusive I suppose. Because to me it needs a little bit less of ticking the boxes. Maybe it's just because this is the way we do things. I see it as just natural because we do it with all the children, and I think 'Why do we need to do things differently for this child?'</i></p> <p><i>I think that, to me it was just a little bit of an extra added bonus to having an IP meeting and I'd like to continue doing it in this way. Maybe if it's not research involved it would be more of a getting together as a group and setting the goals, maybe looking at the learning stories together and as a team saying 'Right, what next?' So we might do one of these or whatever is important or relevant really.</i></p> <p><i>I thought [the IP goals] fitted really well because following his lead we were able to do mainly language and understanding language and that sort of thing. You can do it in any situation. So it was fine.</i></p>	<p>ESW Int 3</p> <p>ESW Int 3</p> <p>T Int 3</p> <p>T Int 3</p> <p>'T Int 1</p> <p>T Int 3</p> <p>EIT Int 3</p>

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<p><i>[The IP goals] were written up in a more general way than we would have perhaps in the past.</i></p> <p><i>since Mother got a job the IPs that we had were very business-like. Because usually there was a short time frame that she was able to be there so we used to say hi and get right down to it: 'OK let's have a look at the goals and see what we are doing and so on'.</i></p> <p><i>I don't think we were really worrying [about IP goals] in the end. Because we were getting much more from him by allowing him to take the lead. To allow him to make choices, it did make a difference.</i></p> <p><i>Going to the IP meetings before the COP was set up: [We were not concerned about what goals were set.] It was a learning process for us as well. So we were open to any suggestions. I suppose not having a child with any learning disabilities before we didn't know what he should be doing, or what we should be doing. Because I suppose with his brother things just naturally progressed. Whereas this child obviously is a different story really. The goals themselves were quite flexible in the end. I think originally we started off saying 'This is what we're working towards, this is what we are going to do'. And then in the end it was very much, 'Let him direct where he's going'. Obviously to make him a little bit more independent as well. He was very reliant on other people and still is, but there is a little bit more of him thinking for himself. So the IP goals, we just sort of let them, almost fizzle out really.</i></p> <p><i>I think we sort of abandoned the IP goals. I mean we still talked about what he had achieved and what skills he had and probably I had in the back of my mind what we would expect to be coming next in the various areas that he is going to develop in. But we weren't necessarily choosing which of those skills we were going to concentrate on each time.</i></p> <p><i>I think that, rather than goals you need to have a shared understanding of where he is on the different areas and what would be the next step, if he did make that next in that area.</i></p> <p><i>because we didn't come with a specific agenda like you do with an IP. You know that you want to talk about the four goals that you set last time, were they achieved and what you are doing to set next time. You sort of come with a finite number of things to talk about and an hour to do it in and generally it feels like we just sit down and we get that done and someone leads the discussion and other people chip in and when that's finished we then close the meeting. Whereas [with the COP meetings] because we came with an open mind with how the conversation was going to go we didn't always know where we were going to end up. Although we might have had some ideas to come with we didn't know where they were going to take us. It was just much more flexible and more informal. So we had a chance to share anecdotes that might have felt a bit too informal I think sometimes at IP meetings.</i></p> <p><i>I really liked all the changes we made for the goals and the sort of IP structure. But officially we are meant to have goals aren't we? That's the way we're set up. We meet together, we plan, we have goals and work towards it whether or not the child is heading in that direction and then we see whether or not it works. Which from what the T said is the opposite to what they [the teachers] are doing. In early education they're looking to see what the child is doing and then they are looking to see what skills the child is learning through doing that and how they can adapt the environment to enhance those skills. And then they are looking to see whether or not that has worked and moving from there, which makes a lot more sense really. But whether we'll be able to change that I don't know. And whether that's something you can do as a one-off - I mean I would suspect that [everyone] would be absolutely fine about it- but certainly it was nice being able to negotiate that and not just going in as a given fact: 'Well we will have goals because that's what we do'. And it might be another case where you would think 'Well maybe for this child that is working fine'. But I think it would be nice to be able to negotiate that before you start.</i></p>	<p>EIT Int 3</p> <p>EIT Int 3</p> <p>P Int 3</p> <p>P Int 3</p> <p>SLT Int 3</p> <p>SLT Int 3</p> <p>SLT Int 3</p> <p>SLT Int 3</p>
<p>Transition</p> <p><i>... I use icons with children before they go school, to get them ready to follow the school programme. I don't think it fits very well into an ordinary childhood setting and you wouldn't normally do it, except for readiness for school.</i></p>	<p>EIT Int 3</p>
<p>Desired Improvements</p> <p><i>how we can best match up a suitable ESW to the family . Now I know that's a really tricky statement and I know how hard they are to find but that would be one thing that I would really like to see kind of tightened up a little bit maybe</i></p> <p><i>with the likes of the ESW, probably you would have to look at here - I go in and maybe instead of constantly modelling, which I was going to do, maybe I should say 'Now you do it.'</i></p> <p><i>ideally the [team] would probably get together a lot more and spend more time with the child as well but that's in an ideal world.</i></p>	<p>T Int 1</p> <p>EIT Int 1</p> <p>ESW Int 2</p>

Stage 2 data sorting – main points

Domain	Source	My Comments
Belief systems about shared interests		
<p>Inclusion Defined as being accepted and valued by teachers and children at the Centre. Feeling confident to do things his way. Programme adjusted to suit his needs and given extra support where needed.</p> <p>Child appears same as others to outsiders</p>	<p>T Intro meeting T Int 2 SLT Int 2</p> <p>ESW Int 1</p>	<p>However insufficient staffing for impromptu outings, so excluded because of safety issues.</p>
<p>Teaching philosophy</p> <p>Need for direction in terms of encouraging communication – teachers rather than parents did this. Parents had been anticipating what the child wanted.</p> <p>Watching, noticing, engaging, and extending. Going with child’s interests rather than a teacher directed approach. Following child’s lead.</p> <p>Parents also wanted child to be comfortable and happy – following the child’s lead would allow this <i>actually be his own person and be himself and feel comfortable.</i> -</p> <p>For SLT previous way of working at the clinic was decide on three for four activities before he came in, set them up, and we would work on them. Even at Centre would have own agenda. Now following his lead – partly because of COP decision, and partly because of Hanan course.</p>	<p>P Int 1 SLT Int 1</p> <p>T Int 3</p> <p>P Int 1</p> <p>SLT Int 3</p>	<p>No concern expressed that following child’s lead and also ensuring he was required to communicate more had an inherent contradiction – possibly because for a skilled teacher this wasn’t so.</p> <p>Major change in SLT’s way of working</p>
<p>Reasons to collaborate T would like more specialist knowledge – especially from SLT–</p>	<p>T Int 1</p>	<p>SLT did set up language course for centre teachers after the project.</p>
<p>Measuring outcomes</p> <p>Teacher and SLT both spoke about the need to document progress for accuracy, and so that they all knew where things were up to. SLT thought there should be some guidance on this.</p> <p>ESW - can’t test children with special needs formally</p>	<p>T Int 1 SLT Int 1</p> <p>ESW Int 1</p>	<p>The teachers documented what was happening in the child’s portfolio. No follow up on SLT’s comment</p>
<p>Hopes for the child</p> <p>Independence and building confidence</p> <p>“Fitting in”</p>	<p>P Intro meeting P Int 1 T- Intro Meeting</p> <p>Everyone Intro Meeting</p>	<p>Definitions vague apart from parent’s – good manners</p> <p>Later mother and EIT saw</p>

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<p>Transition to school successful transition to school important, but not main focus. Joining other children and developing empathy</p> <p>Comment from SLT: Difference in perspectives: professionals looking at skills, while mother is looking at how he fits into society <i>The T wants him to be himself and to develop in his own way and not to have to fit a mould, and she wants ideally for his environment to be able to fit around that, whereas Mother seems to want him to fit in.... Mother's perspective is that she doesn't want him to stand out. She wants him to know what to do in different situations and to know how to deal with things and to have those social skills, and to be polite and say please and thank you</i> SLT Int 1</p>	<p>Everyone Intro Meeting Everyone Intro Meeting</p> <p>SLT Int 1</p>	<p>this as a priority. P Int 3, EIT Int 2</p> <p>Mother also wanted him to develop his own way of doing things independently – contradiction?</p>
<p>Child as learner Needs to be happy and comfortable to learn</p> <p>Has difficulty switching his attention from one thing to another.</p> <p>Child not achieving or maintaining the set goals but going ahead with other areas.</p> <p>Child very likeable and responsive to adults. SLT commented that this was everyone's opinion, and made people want to help him. <i>[When we] feed in the language and help him, you can see the delight on his face.</i></p> <p>Child was linking current activities with past experiences – sandpit at the beach, cat climbing Christmas tree in story.</p>	<p>P Int 1</p> <p>SLT Int 3</p> <p>SLT Int 3</p> <p>SLT Int 2</p> <p>T Int 2</p> <p>Meeting 5</p>	<p>Part of the rationale of going with his lead rather than imposing an activity.</p>
<p>IP goals Initially IP goals were more specific and directive.</p> <p>ESW worried that she would be blamed if child did not achieve them.</p> <p>The parents went along uncritically with what they were presented with at IP meetings:</p> <p>With more general goals (as on the project) whatever activity the child chose could be fitted into the goals</p> <p>SLT pointed out that without IP goals there needed to be a shared understanding of what the child was doing what would be the next step, if he chose to follow that direction</p> <p>IP Meetings Prior to the project IP meetings were brief and outcome driven. Change of process with project – meetings informal and flexible – more open to interesting anecdotes about the child.</p> <p>SLT liked the project but assumed the usual IP was a requirement. Her description of the status quo: <i>We meet together, we plan, we have goals and work towards it whether or not the child is heading in that direction and then we see</i></p>	<p>EIT Int 3</p> <p>ESW Int 3</p> <p>P Int 3</p> <p>ESW Int 3 T Int 3 EIT Int 3 P Int 3</p> <p>SLT Int 3</p> <p>EIT Int 3 SLT Int 3</p> <p>SLT Int 3</p>	<p>Comments later from the EIT, SLT, and T suggested that they were working from a sophisticated understanding – with 'goals' in mind as they followed the child's lead –unlike the ESW – going by EIT comments. Espoused theory not followed through with participants with different knowledge bases.</p> <p>Shared discussion re what child was doing, but not necessarily about what this meant for the programme</p> <p>It was the shared perspectives on these anecdotes that showed up</p>

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<p><i>whether or not it works.</i></p>		<p>new learning for the child.</p>
<p>Transition Use of visuals as preparation for school: <i>... I use icons with children before they go school, to get them ready to follow the school programme. I don't think it fits very well into an ordinary childhood setting and you wouldn't normally do it, except for readiness for school.</i></p>	<p>EIT Int 3</p>	<p>The EIT unilaterally introduced modifications into the home/school book which caused a lot of confusion because of this belief.</p>
<p>Desired Improvements EIT and EIT wished there was a way of changing ESW/ bringing ESW on board more effectively ESW wished everyone else would spend more time with the child Project – process for all children</p>	<p>T Int 1; EIT Int 1 ESW Int 2 T Int 1</p>	

APENDIX F

Stage 3 Data headings: Group 1

<p><u>1. The child</u> 1.a. Child's disability 1.b. Child's social interactions 1.c. Child as learner</p>
<p><u>2. Participants - demographics</u> <u>Parent.</u> <u>Teacher</u> <u>EIT</u> <u>SLT</u> <u>ESW</u></p>
<p>Domain</p> <p>Beliefs Inclusion Teaching philosophy Reasons to collaborate Measuring outcomes Hopes for the child Child as learner IP goals Meetings Transition Desired Improvements in previous system</p> <p>Following child's lead Proposal Rationale</p> <p>The home-school book Proposal Rationale</p> <p>Transition Proposal Rationale</p>
<p>Community</p> <p>Participant roles Role in Group Role with child</p> <p>How the group sees themselves as a group</p> <p>Relationships teacher and EIT with ESW ESW with teacher and EIT EIT with mother</p> <p>Areas of conflict/ disagreement and their resolution ESW: lack of confidence, lack of competence, difficulties EIT: people not listening to her / doing what they said they would Inclusion</p> <p>Knowledge differences different perceptions</p>

ESW also said she was confused
Knowledge about the child
Need to share information
Communication – general (not directly related to shared activities)
Beliefs about the importance of communication
Rules set about communication during meetings
Concerns expressed about communication
Reports of communication outside the meetings
Usual communication pattern before project
Attempts to improve communication channels
Speaking directly about concerns
Importance of showing everyone that their contributions are valued

Practice

Following child's lead

Process
Outcomes - Change

The home-school book

Process
Outcomes

Transition

Process
Outcomes

New Learning

For the child
For the participants

Reflection

goals
Need for documentation
Learning about the child
Value of anecdotal information
Communication with parents

Shared knowledge

Communication related to shared activities

Following child's lead - communication
Different interpretations of what was planned
The home/school book
Dealing with person not doing what she thought they ought to
Ways to communicate with the child
Communication for clarification for ESW
Accuracy of interpretation of child's communication
Teacher to share with other teachers

Problem solving

Helping the ESW feel confident
Ways of knowing the child
Challenging mother when she didn't do what she said
ESW's concerns

Time issues

Time constraints
Number of meetings and lengths

APPENDIX G

Comparison table across the three groups : headings

	<u>GROUP 1</u>	<u>GROUP 2</u>	<u>GROUP 3</u>
	<u>Overview</u>	<u>Overview</u>	<u>Overview</u>
<u>Context</u> includes child and their disability; involvement with GSE; length of time at Centre; Centre type; Current IP goals at the start of the project			
<u>Community</u> <u>Commonality / Diversity spectrum</u> relationships, roles, core membership vs. newcomer, cohesion, stability <u>Community Wenger et al 2002</u> roles of participants in shared activity, ways of communicating together, balance of different needs, how energy and trust is developed, dealing with conflict, introduction of newcomers <u>Community – adaptation of model for group</u> member’s functions, leadership, communication procedures, openness of communication, dealing with conflict, dealing with membership turn-over	Description of participants Participant beliefs at the outset of the project <u>Inclusion</u> <u>Pedagogy</u> Role concepts <u>Provision of different perspectives to the group</u> <u>Knowledge</u> <u>Leadership</u> Relationships <u>Influence of knowledge differences on relationships</u>	Description of participants Participant beliefs at the outset of the project <u>Inclusion</u> <u>Pedagogy</u> Role concepts <u>Provision of different perspectives to the group</u> <u>Knowledge</u> <u>Leadership</u> <u>Group support</u> Relationships <u>Influence of knowledge differences on relationships</u>	Description of participants Participant beliefs at the outset of the project <u>Inclusion</u> <u>Pedagogy</u> Role concepts <u>Provision of different perspectives to the group</u> <u>Knowledge</u> <u>Leadership</u> Relationships <u>Influence of knowledge differences on relationships</u>

		<u>Influence of disagreement on relationships</u> <u>Influence on relationships of failure to live up to perceived role</u>	<u>Influence of disagreement on relationships</u>
	Communication patterns prior to the project	Communication patterns prior to the project	Communication patterns prior to the project
Domain: <u>Explicit / Tacit spectrum</u> Thoughts, beliefs, shared knowledge, new learning <u>Domain Wenger et al 2002</u> includes shared interests, how these interests are connected with organisation's strategy, leading edge issues <u>Domain – adaptation of model for group</u> positions on inclusive education, how these positions fit with the organisational standards and parent group aspirations, wider issues beyond the immediate work with the child, personal aims and relevance to this group's work.	Moving away from pre-set goals in favour of following the child's lead <u>Origin of idea</u> <u>Understanding of the idea</u> <u>Rationale for the decision</u> The home-school book <u>Origin of idea</u> <u>Understanding of the idea</u> <u>Rationale for the decision</u> Using visual strategies to aid transition to school <u>Origin of idea</u> <u>Understanding of the idea</u> <u>Rationale for the decision</u>	Setting IP goals differently <u>Origin of idea</u> <u>Understanding of the idea</u> <u>Rationale for the decision</u> Benchmarks as a discussion area <u>Origin of idea</u> <u>Rationale</u> Successful transition to school <u>Origin of idea</u> <u>Understanding of the idea</u> <u>Rationale for the decision</u>	Training in and use of the ROCK routine <u>Origin of idea</u> <u>Understanding of the idea</u> <u>Responses to the idea in interviews prior to the training</u> <u>Rationale for the decision</u>
Practice: <u>Individual / Collaborative</u> Actions taken, Rationale, Outcomes, Shared discovery <u>Practice Wenger et al 2002</u>	Forgoing IP goals and following child's lead <u>Actions</u> <u>Evaluation of process</u> <u>Communication</u>	Setting IP goals differently <u>Actions</u> <u>Evaluation of the process</u> <u>Communication</u>	ROCK routine <u>Actions</u> <u>Evaluation of process</u> <u>Communication</u>

<p>new knowledge and learning (arising from shared practice), how it is shared, sources of knowledge and benchmarks set</p> <p><u>Practice – adaptation of model for group</u> sharing of knowledge held by individual members as community develops, learning gaps and new learning, development project undertaken, impact of knowledge from outside community</p>	<p><u>Reflection re this practice</u> <u>New learning</u> <u>Outcomes that the group credited to this way of working</u></p> <p>Forgoing goal setting meetings <u>Actions</u> <u>Evaluation of process</u> <u>Communication</u> <u>Reflection re this practice</u> <u>New learning</u> <u>Outcomes that the group credited to this way of working</u></p> <p>The home-school book <u>Actions</u> <u>Evaluation of process</u> <u>Communication</u> <u>Reflection re this practice</u> <u>Outcomes that the group credited to this way of working</u></p> <p>New Learning during project for individuals <u>Learning about the child</u> <u>Value of anecdotal information</u> <u>Communication with parents</u> <u>Learning more about each other’s roles</u> <u>Assessment needs</u> <u>Communication importance and difficulties</u></p>	<p><u>Reflection re this practice</u> <u>Outcomes that the group credited to this way of working</u></p> <p>Benchmarks discussion <u>Actions</u> <u>Evaluation of process</u> <u>Communication</u> <u>Reflection re this practice</u> <u>New learning</u> <u>Outcomes that the group credited to this way of working</u></p> <p>Transition to school <u>Actions</u> <u>Evaluation of process</u> <u>Communication</u> <u>Reflection re this practice</u> <u>Outcomes that the group credited to this way of working</u></p>	<p><u>Reflection re this practice</u> <u>Outcomes that the group credited to this way of working</u></p> <p>Calming the child – developing self regulation <u>Actions</u> <u>Reflection re this practice</u> <u>Outcomes that the group credited to this way of working</u></p> <p>Te Whariki, concept of ako, and learning stories <u>Actions</u> <u>Responses</u></p> <p>New Learning for participants <u>Learning strategies from each other</u> <u>Learning about each other</u> <u>Learning about the child</u></p> <p>Reflections <u>Inclusion</u> <u>Teaching skills</u> <u>Knowledge of child</u></p>
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	<p>Communication <u>At meetings - difficulties</u> <u>Outside meetings - difficulties</u> <u>Knowledge differences</u></p> <p>problem solving <u>Helping the ESW feel confident</u> <u>ESW's concerns</u></p> <p>Group meetings <u>Informality</u> <u>Increased input from everyone</u> <u>Assessment function</u> <u>Value for 'newcomers'</u> <u>Reflection - Change of process</u> <u>Time Issues</u></p>	<p>Communication <u>Re goal-setting</u> <u>Pivot-communication</u> <u>Information giving as opposed to communication</u> <u>Difficulties with communication</u> <u>Mother's experience of criticising centre</u></p> <p>Dealing with challenges <u>Reaction to openness about criticism of the centre</u> <u>Supporting child's programme at home</u></p> <p>Group meetings <u>Information re child</u> <u>Opportunity for reflection re teaching</u> <u>Inclusion</u> <u>Increased knowledge of each other and each other's work</u> <u>Time Issues</u> <u>Effects of 2nd ESW and relieving teacher not being part of group</u></p>	<p><u>Own style</u></p> <p>Communication <u>Misunderstandings</u></p> <p>Disagreements <u>Fundamental pedagogical differences</u> <u>Lack of communication</u> <u>SLT's fear that no-one will talk at meetings</u></p> <p>Group meetings <u>Usefulness</u></p>
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Example of data in full

<p>Relationships</p> <p>The EIT said that she had known all the participants for</p>	<p>Relationships</p> <p>The group felt that they as a group were advantaged in</p>	<p>Relationships</p> <p>This group believed they were working well together as</p>
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<p>some time and had felt very comfortable with them (EIT Int 3). The SLT believed that the group got on well, could talk freely, and made joint decisions (SLT Int 1).</p> <p><u>Influence of knowledge differences on relationships:</u> The ESW was not a trained teacher. While the teacher, EIT, and SLT all spoke of knowing in their mind what they might be aiming for as they worked with the child to extend his learning from within an experience he was having, this internal working was not apparent to the ESW. The EIT complained that, to the ESW, following the child's lead meant just letting the child do what he liked (EIT Int 2). This affected the relationship: <i>I've always been impatient a bit with the ESW... I found it constantly frustrating... [explaining] the reason behind what we were trying to achieve.</i> (EIT Int 3) The EIT wondered whether the ESW really wanted to do the job, and the Teacher more obliquely wondered whether there was a better way to select ESWs (T Int 1). The professional participants all spoke of the ESW 'lacking confidence', as did the ESW herself. In relation to dispensing with overt goals for the child, the ESW said during interview and at meeting 1 that she found ambiguity difficult – she needed to know what was 'right'.</p> <p>Conversely the ESW felt that what she said at group meetings was accepted, and that she felt part of the group (ESW Int 1) She said that the meetings did result in her feeling more confident, but that the feeling ebbed away between meetings. Her feelings of non-acceptance stemmed from her work at the Centre itself where she</p>	<p>all being skilled communicators (Intro meeting). They had a good rapport with each other because they knew each other well already (EIT Int 2; T 2 Int 3). The mother found it was a comfortable group to discuss things with. (P Int 1) The SLT and T 1 believed that the group was held together by a shared interest in the child's learning (SLT Int 2, T 1 Int 2).</p> <p><u>Influence of knowledge differences on relationships:</u> The head teacher in this group expressed concerns at the presence of the mother at the group meetings: <i>I think that having the parent there at the meeting, to discuss how we work as professionals is difficult.</i> (T 1 Int 3) She spoke of being able to be more frank about the child when the parent was not there (T 1 Int 1) She also wondered whether the mother's information about her child was useful because the child was different at home and the centre (T 1 Int 3).</p> <p>This view was not shared by other members of the group who said that they had got to know the mother better as a person (EIT Int 1 and 2; SLT Int 3; ESW Int 3 T2 Int 3.)</p>	<p>a team, could back each other up, were committed, and had the child's best interests at heart. Interviews and meetings (ESW 1 & 2 EIT, SLT, Mother, Teacher 1). At meeting 5 the head teacher said that she thought individual members of the group could represent each other regardless of their professional role because they shared the same goals for the child (Meeting 5)</p> <p><u>Influence of knowledge differences on relationships:</u> The first ESW was inexperienced, and the teachers felt she was not working inclusively because she worked individually with the child rather than bringing other children into the activities. The ESW herself also commented on this as a problem (Meeting 2) and the EIT said she would help her with this. The EIT thought that ESWs generally didn't feel they were as big a part of the team as the professionals (EIT Int 1). She also thought that the teachers were not treating ESW 1 inclusively which had surprised her (EIT Int 1). The SLT thought that the ESW did not participate in the meetings and never really liked the job (SLT Int 1). The ESW said <i>I don't know that I felt so much part of the group, but I didn't necessarily feel excluded from the group</i> (ESW 1 Int 1)</p> <p>In contrast the second ESW felt very much part of the group. Her ability to work with the child alongside other children, 'belonging to' all of them was commented on with approval in Meeting 5. She spoke of enjoying the work and learning from everyone (ESW 2 Int 2). She read the teachers' learning stories for the child regularly, and their handout about Ako. She said that she felt supported by all members of the group (ESW 2 Int 2).</p> <p>The SLT was concerned that the mother did not</p>
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said: *sometimes I had been there for half an hour before any of them said 'Oh good morning'. And so it was as though I wasn't there* (ESW Int 2) She also found the instructions from the EIT contradictory (ESW Int 2)

The other non-professional was the child's mother. The EIT was concerned that the mother's assessment of her child's progress was unrealistic. She had been indignant to learn from a periodic evaluation of services by the Ministry of Education that the child's mother had claimed that the EIT had a pessimistic view of her son's progress because she only seemed to see him on his bad days. The EIT's response to this information was that she believed that she could not now raise doubts about the child's progress openly at the group meetings because only the Teacher and SLT would take a professional approach to the information (EIT Int 2).

Influence of disagreement on relationships

The mother stated that someone at the centre had told her when she went to enrol her child there that he could not attend without full cover because he might be violent (Meeting 3 – the head teacher was away). Both teachers had strong reactions to this. At the next meeting they asked the mother for more details and said they were not aware of this being said. During interviews they denied this had occurred, and criticised the mother for being unwilling to name names. Both said that they thought she was not honest and that they no longer trusted her (T 1 Int 3; T 2 Int 3). The mother seemed to be unaware of the teachers' reactions. She said that while they had asked a lot of questions there had been no maliciousness in these, and that people were just asking questions because they were interested in their centre. She had not felt comfortable to name

participate more actively in the group. *She hasn't really put forward any new ideas. She's always just happy to go along with what we say* (SLT Int 2). She was also concerned that the mother was not following the programme put forward at the centre (the ROCK routine), and felt that she was on the edge of the group. The parent said that she saw herself as a listener (P Int 1). She said that she had read the ROCK routine and felt she was following the principles of repetition and modelling. She felt her son was doing well regardless. (P Int 2).

Influence of disagreement on relationships

As discussed above in the section on beliefs, in this group there was a clear-cut divide on beliefs about the way children with disabilities learn between the teachers and the SLT. The SLT still spoke with admiration about the inclusive approach at the Centre, and also the preparedness of the teachers to try out new ways of doing things (SLT Int 2). However the teachers felt that the interest they had taken in the SLT's ideas was not reciprocated: *I don't feel the people from GSE really understand how we work with the children. Especially with the dispositional learning* (T 2 Int 1). They both described GSE staff as just coming in, working briefly with the child, and leaving again. (T 1 & 2 Int 1).

	<p>names, and had not felt this was necessary (P Int 3)</p> <p><u>Influence on relationships of failure to live up to perceived role</u></p> <p>There was concern that the mother was not following up at home on things that the teachers were working on. This was repeated by both teachers on a number of occasions, and the EIT, although she was more in sympathy at mother's difficulties re this (EIT Int 3). At the IP meeting, when the mother asked for a task other than signing to work on with her child there was no response from any of the group (IP transcript).</p>	
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