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**“It would be harder without faith”: An exploratory study of low-income families’  
experiences of early childhood inclusive education in New Zealand**

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### **Abstract**

New Zealand has a reputation for having one of the most inclusive education systems in the world. However, research and anecdotal evidence show that many parents of young children with disabilities have difficulties accessing intervention and health care services and may be less satisfied when they do receive services. In addition, though a plethora of research has been done on inclusive education, little attention has been given by researchers to low-income parents' perspectives on early childhood inclusion in New Zealand. This paper draws on findings from a qualitative study on 30 parents' experiences of early childhood inclusive education in New Zealand. Parents participating in this study came from different religious backgrounds, represented diverse ethnicities, all had at least one child who had a diagnosis of disabilities and/or chronic illness, and met the low-income criteria of New Zealand. Results showed that though the majority of the families appreciated the flexible time and structures of the early childhood programs their children attended, parents were concerned about the lack of intervention services for their children. In addition, these low-income families reported that they had limited access to early interventions and resources. The findings also highlight the importance of the use of positive coping methods (e.g., maintaining a positive outlook and seeking social support), and the role faith plays in family life.

*Keywords:* inclusive education, low-income families, early childhood education, religion, New Zealand

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**Introduction**

The New Zealand early childhood curriculum, *Te Whāriki* (Māori: a woven mat), was considered one of the first developed in the world—holistic in nature and with bi-cultural foundations (Ministry of Education, 1996). According to *Te Whāriki*, inclusion is defined as encompassing “gender and ethnicity, diversity of ability and learning needs, family structure and values, socio-economic status and religion” (Ministry of Education, 2017, p.15). However, despite the fact that *Te Whāriki* provides a framework for the early childhood education (ECE) sector to consider effective inclusion, questions remain about how, at the very practical level, ECE providers are able to work in the interests of equity, social justice and inclusion of young children with disabilities, especially those from low income families. Furthermore, despite policy in support of inclusive education, multiple studies showed that many parents of young children with special needs have difficulties accessing intervention services and may be less satisfied when they do receive services (e.g., Foster-Cohen & van Bysterveldt, 2016; Hedges & Lee, 2010). In addition, research and anecdotal evidence also indicated that some ECE providers are less than welcoming of children with disabilities and actively discourage families from enrolling in their programs (Early Childhood Taskforce, 2012). It is not uncommon for poor children with special needs to be excluded or denied the right to participate in ECE settings of their choice, as these children are also largely invisible in discussions about child poverty (Child Poverty Action Group New Zealand, 2015; Porterfield & MacArthur, 2009).

***The Impact of Poverty on Early Childhood***

At present, poverty is a chronic adversity that affects approximately 14.9 percent of children living in New Zealand (Statistics New Zealand, 2020). Poverty is often associated with specific events such as losing a job or having a child with disabilities, which create difficulties in families meeting basic necessities such as food, housing and health care, and may adversely affect parenting (e.g., Child Poverty Action Group New Zealand, 2015; Conger & Conger, 2002).

The literature also reveals that the timing of poverty is important, with low income during the early childhood and early school years having the most negative effects on school achievement (Early Childhood Taskforce, 2012). According to Wordsworth and colleagues (2007), in general, young children experience poverty in three dimensions: deprivation (lack the material conditions and services needed to realize their potential), exclusion (rights are denied and safety cannot be guaranteed), and vulnerability (inability to deal with survival and threats in the living environment). While childhood poverty is not deterministically associated with poor outcomes, it does make it more difficult for some, especially those with disabilities, to transcend adverse life circumstances (e.g., Early Childhood Taskforce, 2012; Ridge, 2011). Indeed, the combination of economic hardship and disabilities can become a powerful force that exacerbate crises for young children. The implications of these findings are that intervention during the early years of children's lives to alleviate poverty is most likely to support child and family wellbeing.

### ***Parents' Experiences of Early Childhood Inclusive Education***

According to Bronfenbrenner's (2005) ecological theoretical perspectives, the immediate setting of the family (i.e., the microsystem) is the key context for human development. Research has addressed the issues of how some families are able to maintain nurturing and supportive family environments for children in the face of challenge. For

example, New Zealand researcher Kalil's (2003) review of the empirical studies on family resilience reveals that family connectedness, religious affiliation, family belief systems and parenting beliefs are factors relating to resilience. The organization of the family, the flexibility of members' roles, activities, and relationships in which the family engages can all be protective factors supporting children's development (e.g., Walsh, 2006; 2011). In summary, family processes mediate between economic and other stress and risk factors such as disabilities and can have great impact on child outcomes.

While the New Zealand ECE curriculum has focus on the importance of working in partnership with families, very little research has been directed toward the aspect of building family resilience. Parents' voices and perspectives on early childhood inclusion has not attracted much attention from researchers and ECE service providers in New Zealand (e.g., Gordon-Burns et al., 2012; Hedges & Lee, 2010).

In addition, a rapid increase in the size and share of young-child population with disabilities pose challenges to ECE programs and policymakers in the early childhood arena. These historic demographic changes are converging with efforts of the ECE sector to scale early childhood services and improve their quality. With the increase in the number of young children having special needs living in a low-income family (e.g., Child Poverty Action Group New Zealand, 2015; Zhang, 2018), efforts to understand parents' perspectives of early childhood inclusive education and establish high quality preschool education that support both child and family wellbeing are an urgent priority.

Against this backdrop, this study was conducted to explore low-income families' experiences of early childhood inclusive education in New Zealand. This paper draws on findings from a qualitative study on 30 low-income parents' views about early childhood inclusion in New Zealand. It is believed that by investigating parents' views on inclusive

education, ECE services in New Zealand can provide better support for families and children from low-income backgrounds. These parents' views, expectations, and needs can help ECE providers develop effective strategies and resources to address these needs.

At this point it may be helpful to make a digression to briefly define some key terms used in the paper. The term *young children* refers to children aged 9 and under. We focused on families with young children due to situating our larger study in the context of early childhood care and education. *Special needs* refers to a specific category of exceptionality such as learning disabilities, intellectual disabilities, or emotional/behavioral disorders requiring some modifications of standard curriculum, methods and/or equipment, as well as the emotional and social environment of the classroom and school, to obtain optimal benefit from schooling (Foreman, 2008). For the purpose of this study, the terms *special needs* and *disabilities* are used interchangeably.

The following research questions framed the study: (a) What inclusive practices are put in place in the ECE sector that have a strong focus on supporting families of low socio-economic status? (b) What are low-income families' perspectives on early childhood inclusion in New Zealand? (c) What are these families' coping strategies and support needs?

## **Methodology**

According to social constructivism, our knowledge of reality, including the domain of human action, is a social construction by human actors and that this applies equally to researchers (Walsham, 1995). In addition, as the social world influences how each individual constructs the truth, understanding social process involves getting inside the world of those generating it (Berger & Luckman, 1967). From this perspective, the qualitative study, which is informed by social constructivism, is appropriate for studying context-specific, unique processes (Berger & Luckman, 1967; Walsham, 1995). As this research sought to investigate

parents' experiences and views on early childhood education in New Zealand, it seemed that by constructing a qualitative study and involving people in specific settings, different perspectives and experiences would emerge.

This study is based on 30 semi-structured interviews with low-income families in the north island of New Zealand. Parents were eligible for the study if they were receiving public assistance such as welfare or were Community Service Card holders (Community Service Cards in New Zealand provide health care benefits for individuals who are on a low income, living in public housing, or receiving an accommodation supplement), and if they had at least one child with special needs aged 9 or under. Families who met the criteria were asked to volunteer to participate. We focused on low income families of young children due to situating our larger study in the context of early childhood care and education.

### ***Participants***

The participant recruitment process was facilitated by local parent groups and ECE centers with children with special needs. About 80% ( $n=24/30$ ) of the participants had at least one child who had a diagnosis of disabilities such as attention-deficit/hyperactivity disorder, autism, or Down's syndrome. The rest of the participants' ( $n=6/30$ ; 20%) children did not have any formal diagnosis but had at least one chronic illness such as asthma, severe eczema, or visual impairment.

About 40% ( $n=12/30$ ) of the participants described their race/ethnicity as white/Caucasian, 30% as Asian ( $n=9/30$ ); 20% as Māori ( $n=6/30$ ), and 10% ( $n=3/30$ ) as Pasifika peoples (i.e., people who are descendants of the Polynesian nations of the Cook Islands, Tonga, Niue, Samoa, Tuvalu, Tokelau). Forty percent of the respondents identified themselves as Christians ( $n=12$ ), 13.3% ( $n=4/30$ ) were Catholic, 10% percent ( $n=3/30$ ) described themselves as Buddhists, and about 6.7% ( $n=2/30$ ) were Muslim. About 30%



( $n=9/30$ ) of the respondents said they had no religion, were not currently practicing any religion or that spirituality was not an important part of their family life. Six people from this subgroup described themselves as atheists or free thinkers, and two indicated that they were raised in a religious tradition. More detail about the participant demographic characteristics can be found in Table 1.

### ***Instrument***

The semi-structured interview protocol was developed through multiple discussions with the research team about the items and structure. All questions were open-ended and were first piloted with two parents whose interviews were not included in the analysis.

### ***Procedure***

Ethical approval was granted by the relevant university Ethics Committee prior to commencing the participant recruitment process. A verbal and written notification regarding the interviews, analysis and possible uses of the data, and the consent form assuring privacy and anonymity was given to participants prior to the interviews. All interviews were conducted face to face and on average lasted 35 minutes.

### ***Data Analysis***

Each interview was audio-recorded and subsequently fully transcribed. The interpretation of the interview data was facilitated by group discussions within the research team, and a credibility check of themes was conducted by the principal investigator to ensure that the emerging themes are internally coherent and grounded in the transcripts (Elliott et al., 1999; Glaser & Strauss, 1967).

Saldaña's (2016) streamlined code-to-theory model was used for the data analysis. In the open-coding process, the transcripts were first scanned and broken into various sections, categorized, and labelled. An initial list of themes relating to the families' experiences was

drawn up by grouping comments that clustered together, and a list of relevant verbatim quotes corresponding to these themes was created. At the second stage of the data analysis, which is also known as the axial coding process, the categories under similar labels were re-combined and compared, which allowed for further generation of concepts and identification of relationships among components.

Finally, the processes of open and axial coding were merged and a master list of the main themes emerged. Data was categorized into three conceptual domains including **inclusive practices for families of low socio-economic status, resources and strategies that strengthen family resilience, and low-income families' perspectives on early childhood inclusion in New Zealand**. To encapsulate participants' experiences, a list of relevant verbatim quotes corresponding to these themes was also created. These statements, which include rich descriptions of the main themes that emerged, are quoted as supportive evidence of the participants' meaning-making experience.

## **Findings**

The following are the three main themes that emerged from the data accrued from the interviews: (a) inclusive practices for families of low socio-economic status, (b) low-income families' perspectives of early childhood inclusion, and (c) parents' coping strategies and support needs.

### ***Inclusive Practices for Families of Low Socio-Economic Status***

Participants were asked what resources and strategies were provided by the EC sector to meet their children's special needs. Responses from the participants showed that in general, the support their children received was mainly from ECE teachers, educational psychologists, and early intervention specialists such as speech therapists.

More specifically, the majority of parents ( $n=20/30$ ; 70%) found that assigning a classroom peer buddy or an adult aide to their children helped in providing time for one-on-one instruction. Unfortunately, more than half of the parents ( $n=16/30$ ; 53%) reported that there were no adult aides assigned to their children's classrooms, making individualizing very difficult.

Thirteen parents (40%) stated that some of their children's ECE teachers had backgrounds in special education and the knowledge they shared with them was very helpful. Five parents (17%) mentioned that their children were provided resources such as sensory toys to use as part of the action plans made by the itinerant early intervention teachers. These parents also expressed appreciation for how some of the itinerant early intervention teachers made an effort to support staff of early childhood classes which their children attended to provide personalized learning and support. Two parents (7%) commented that they were given support by the psychologists, and with the behavior interventions their children had shown significant improvement.

Approximately half of the parents ( $n=16/30$ ; 53.3%) also mentioned that teachers' home-visits made EC inclusion more effective as the connection those teachers made helped build a sense of trust and understanding for both the children and parents. Furthermore, according to some parents ( $n=12/30$ ; 40%), the EC professionals who worked as a team with their families were the effective ones. It was evident that when the partnership between home and school was strengthened, children's educational experiences were also improved. These findings are consistent with other studies emphasizing the importance of the home-school relationships (e.g., Gordon-Burns et al., 2012; Meade, 2012; Mitchell et al., 2008; Moffat, 2011; Singh & Zhang, 2018).

Some parents ( $n=6/30$ ; 20%) commented that in the past they did not know much about parenting a young child with challenging behaviors, teachers who helped them set reasonable boundaries for children's behavior were highly appreciated. Two parents (Parents 5 and 7) also reported that they were thankful to the teachers who helped them build a repertoire of effective parenting strategies, as these strategies had helped improve parent-child interaction as well as child behaviors at home.

The subtle effect of well-meaning but misjudged attempts to promote inclusion was also mentioned by a number of parents ( $n=5/30$ ; 16.7%), suggesting how at times those, including ECE professionals who do not know much about disabilities can make their families feel uncomfortable. So what are parents' perspectives on early childhood inclusion? This topic will be discussed next.

### ***Low-Income Families' Perspectives on Early Childhood Inclusion in New Zealand***

Respondents were asked to rate their level of impression with New Zealand's early childhood inclusion and satisfaction with support received on a 5-point scale, with 5 being the best rating and 1 being the worst. When asked about their level of impression with different aspects of New Zealand's early childhood inclusive education (curriculum design, accessibilities of center facilities, provision of specialist services, inclusiveness of center activities, staff attitude, and overall impression), participants gave the highest ratings to curriculum design (4.1), accessibilities of center facilities (3.8), and inclusiveness of center activities (3.5). More specifically, about 80.3% ( $n=25/30$ ) of the participants reported that in terms of time and structure, their ECE programs were relatively flexible, and in general children with special needs were allowed to play and to learn at their own pace.

However, when parents were asked how they felt about the “effectiveness” of inclusive education at their centers, the results were less encouraging. Out of the 30 responses, only four parents mentioned that their children’s special needs were met at the ECE programs. About 56.7% ( $n=17/30$ ) mentioned the ECE teachers did not seem to have sufficient knowledge and skills needed to teach children with special needs. More specifically, these parents reported that teachers did not purposefully involve their children in everyday activities nor were they able to deliver any disability-specific interventions at the classroom level. These parents commented that teachers’ lack of consideration for individualized instruction, modifications, and accommodations make inclusion less effective.

Finally, 15 families (50%) reported that there was a lack of opportunities to engage in their children’s education. According to these parents, the EC centers did not make any individualized family service plan (IFSP) for their children, nor were they asked for input for their children’s education plan. As low-income families, they often lacked access to the private intervention services and resources. One mother further (Parent 7) commented:

The ECE program does organize activities to engage families during school holidays and weekends. But most of the time we could not afford to make those field trips with others, for example, an outing to the zoo or the Butterfly Creek will cost our family about 70 to 100 dollars, which is way beyond what we would pay for a one-day trip. But the ECE center did not really understand that it is for financial reasons we missed out those trips, and they did not seem to bother.

These parents also indicated that they would like to learn more about applied behavior analysis and to try to use these strategies at home. Another two parents (6.67%) mentioned that the speech therapy their children received was helpful, but the duration and frequency of the sessions were not enough (i.e., only about 2.5 hours per month). However, eleven parents

(36.7%) felt that they were not supported by early intervention teachers and administrators at their programs.

On a positive note, some parents ( $n=6/30$ ; 20%) said that their children's kindergartens were faith-based and staff there were able to provide spiritual support (e.g., prayer support, sending notes of encouragement) which were helpful. These parents also elaborated that because they were from the same faith traditions, they were able to look at their situations from similar perspectives.

The majority ( $n=25/30$ ; 83.3%) of the parents agreed that inclusion should begin with recognizing that children with disabilities have the right to access high quality early childhood services and education, just like their typically developing peers do. Along the same line of thought, some participants ( $n=5/30$ ; 16.7%) shared that this right should not be affected by disability, and that ECE programs should do all they can to find solutions for helping children with additional needs. A couple of parents ( $n=6/30$ ; 20%) said that the EC teachers who respected the worth and dignity of every child were also those who demonstrated warmth and affection to their children.

One participant (Parent 8) reported:

The ECE program my son attends is inadequately resourced to cope with young children with disabilities. Though the center has educational psychologists and early intervention teachers who visit on a regular basis, the support available is far from enough.

Obviously, there was a dichotomy of views about the "effectiveness" of early childhood inclusive education. It also appeared that one of the reasons why parents were not generally confident in the teachers' skills and knowledge was ECE teachers' lack of training in special needs education. This raises the question of what might be a way forward, and what

coping strategies are effective in helping children with disabilities reach their potential, enabling them and their families to live in some measure of financial security? This leads to the next theme: parents' coping strategies and support needs.

### ***Parents' Coping Strategies and Support Needs***

Reports from the parents showed that their children with disabilities faced a plethora of challenges that require adaptation and resilience for them to develop typically. Economic hardship also posed great challenges for them. The perspectives of the participants on the stresses (i.e., low income, disabilities) families experienced and the buffers which enabled them to cope with these are summarized in the sections below.

**Coping strategies.** Participants were asked to identify strategies, resources, and inclusive practices that helped them cope with disabilities of their children and financial stresses. Interestingly, according to the majority of the participants ( $n=18/30$ ; 60%), maintaining a positive outlook is one the most important strategies parents used. Results from the interview data also indicated that among the 21 participants who were affiliated with a religion/faith, 16 of them said that their religion/faith enabled them to have a positive outlook on negative experiences (e.g., loss of income, a diagnosis of autism ) and to display resilient attitudes. This resonated with the literature which suggested that when coping methods such as religions, are used to positively reframe a child's disability or financial strain, they often lead to positive adaptations and enhance one's general health and wellbeing; whereas when self-destructive behaviors, such as blame and punishment for past sins, are used, the coping became maladaptive (Mirsaleh et al., 2010). These findings also echoed what the literature suggests about the impact of family belief systems on family resilience (e.g., Mirsaleh et al., 2010; Walsh, 2011). A father (Parent 17) talked about his experience:

We do believe faith plays a crucial role in our daily lives and many aspects of it, life would be harder without faith. Our family has been affected by our son's autism in many ways, and the issues of unemployment and poverty only made things worse. But we were able to become more resilient as a family because of our faith...we developed the ability to develop and grow strengths, and meet life's challenges as a team. We are thankful that our God has enabled us to work through all these difficulties in a positive way, and emerge stronger in the process.

One mother (Parent 29) shared that faith contributed meaning in hardship:

When our daughter who has a handicap was born into our home, we had an opportunity to turn to the Lord in a fresh way. After all these years, both my husband and myself have come to realize that there is value in service to people with disabilities, and this value is primarily found in being drawn closer to our Lord who set the example for us.

Another parent (Parent 14) commented:

As God has loved us unconditionally, we learn to love our child unconditionally, regardless of his weaknesses and strengths. In the process of raising our son, we have learned to be patient, grateful, faithful, and kind.

It is obvious that according to these families, faith encouraged transcendence and spirituality (seeking purpose in faith, rituals, creativity), and made meaning of adversity and aided in surviving stressful situations. In a similar vein, one father (Parent 23) shared that faith affirmed strengths and possibilities (e.g., maintaining courage and hope; optimism):

Parenting the child with disabilities teaches us lessons that could never be learned in



any other way, and God has blessed us in the process. We know that though God allowed the handicap to occur, He would in some way work it out to the good to all involved.

According to some parents ( $n=9/30$ ; 30%), the use of positive reappraisal, seeking social and professional support as well as support from the wider extended families are effective problem-solving strategies that have helped to mediate stress. These parents shared that support from extended families helped them respond to and cope with stress effectively. For example, some grandparents and relatives becoming involved in the family in areas related to school, and spiritual or recreational activities fulfilled a number of supportive functions. In particular, they provided support such as transportation, grocery shopping, babysitting, emotional support, household responsibilities (e.g., delivering meals when their children were hospitalized), as well as financial support. A mother (Parent 22) gratefully expressed her feelings:

The early years in my son's life was a particularly difficult time for our family, as we adjust to the "diagnosis" and all the changes this means to family life. What has been helpful was to talk with our extended family members and friends in the faith community. It's been heartening to see virtually all of our friends and extended family members express overwhelming support for our family.

Some participants ( $n=6/30$ ; 20%) also reported that effective problem-solving skills, and a sense of mastery and self-confidence enable them to persevere in the face of pressure.

Another parent (Parent 5) talked about her experience:

In our minds, we are just living out our dream. But then our daughter came along, and she was born with Down Syndrome. Both my partner and myself believe that the

differences are the very thing that makes ours richer and fuller. It pushes you to think in a new way about how you think, speak, act, and live.

Two parents (Parents 4 and 17) shared that when EC teachers work reciprocally with families, as parents they were able to develop a more complete picture of their children's development. These parents also mentioned that opportunities the EC programs provided to support the parent-child interactions and family bonds were helpful.

**Support needs.** During the interviews, parents identified a number of areas where support is needed, namely the lack of resources and services, economic adversity, and social isolation (Table 2). There was strong evidence that parents were concerned about the lack of support from both ECE service providers and society. A father (Parent 15) of a son with Autism Spectrum Disorder reported:

My son received early intervention service (i.e., speech therapy) once per three months, and behavioral interventions once every two months. We really hope to receive more support from both the Ministry of Education and the ECE program.

About 63.3% of the families ( $n=19/30$ ) indicated that there was a lack of early intervention services and health care available. A high percentage of parents ( $n=12/30$ ; 40%) were also disappointed that the majority of the ECE teachers they worked with did not know much about special education or disability-specific interventions, and were therefore not able to provide the support their children needed.

These difficulties were exacerbated when families also had to battle financial challenges, and this situation caused an increase in distress levels and limited their ability to cope effectively. A great number of parents also expressed being financially stressed when having to pay for specialized equipment for their children that insurance did not cover or when they sought private therapies and alternative interventions. For these parents to

appropriately provide for the special needs of their children, they had to pay out of pocket, and these out-of-pocket expenses consumed a large percentage of their family income.

Another mother (Parent 16) said:

The financial burden of caring for a child with a severe disability often leads to high level of stress. It is so difficult to balance the needs of our child who has a disability with the family's needs...The job market in New Zealand has never been promising, and I am not sure when I can get a job and some stable income and provide my family some financial security.

Several parents indicated that others' opinions on individuals with special needs also caused a certain degree of social isolation and stress, and they needed social support (e.g., from friends and faith communities) in order to deal with spectators who looked down on their families for having children with disabilities. The following comments are indicative of the struggles some parents had:

We knew our child would be born with Down Syndrome, as the disability was detected in the womb, but we still wanted to keep her. All our children's lives are valued, regardless of their abilities (and needs). We believe that our value as human beings does not come from being physically or mentally perfect. Although we are aware that not all people are in favor of pro-life choices, we often have to deal with spectators who don't agree with our life choices when we take our daughter out, which can be stressful (Parent 26).

One participant (Parent 9) further commented that he understood that even in a developed country such as New Zealand, persons with disabilities are at a disadvantage in social situations, educational attainment, and labor market outcomes, and he was worried about the unmet needs of his son as well as his future.

## **Discussions**

By engaging with issues of low income, disabilities, faith, and inclusive practices, the study aimed to provoke discussion and localized collective action in support of early childhood inclusion. To this end, this study has explored low income families' experiences of early childhood inclusion, in an effort to understand their perceived effectiveness of inclusive practices in New Zealand as well as these families' coping strategies and support needs.

## ***Limitations***

As with other studies, this study acknowledges some limitations, including the fact that there were only 30 families involved in the research, and the effects of socioeconomic conditions, religious differences, and cultures were not analyzed in this study. A larger study should be conducted in the future to investigate the specifics of early childhood inclusion in New Zealand. For example, further research into specific early childhood programs and home interventions can build on the factors discovered through this study.

## ***Conclusions***

In general, the results from the current study concur with previously published research reports on early childhood inclusion: children with special needs often require a well-coordinated system of care, including individualized educational services, interventions,, specialized equipment, support groups, and other resources (e.g., Foster-Cohen & van Bysterveldt, 2016; Moffat, 2011). In addition, findings from this study underscore the urgent need to address barriers facing low-income families and parents with young children with special needs. Consistent with previous findings regarding initial teacher education and professional and development in New Zealand, this study also revealed that the lack of special education training for early childhood teachers, along with insufficient specialist and

paraprofessional support, are essential factors that mitigate against early childhood inclusion in New Zealand (Foster-Cohen & van Bysterveldt, 2016; Frost, 2010).

What is important about the new results is that though the majority of the families participating in this study appreciated the flexible time and structures of the ECE programs their children attended, parents were concerned about the lack of intervention services for their children. In addition, since families of lower socioeconomic status often had limited access to appropriate health care and educational services. This situation can cause an increase in distress levels and limit their ability to cope with disabilities and financial adversity effectively.

Lastly, findings of the present study highlight the importance of the use of positive coping methods, such as maintaining a positive outlook and seeking social support, and the role faith plays in family life because of the negative effect of poverty and disabilities on child and family wellbeing. In the case of the majority of the participants in the study, such coping strategies led to positive adaptations and enhanced the general wellbeing of the families and their children with disabilities. Faiths, along with other factors, have played a significant role in contributing to inclusive education services.

**Declarations**

Funding (information that explains whether and by whom the research was supported)

Not applicable

Conflicts of interest/Competing interests (include appropriate disclosures)

No conflicts of interests

Availability of data and material (data transparency)

Yes, the original data is available.

Code availability (software application or custom code)

Not applicable

Authors' contributions (optional: please review the submission guidelines from the journal whether statements are mandatory)

All authors whose names appear on the submission

1) made substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data; or the creation of new software used in the work;

2) drafted the work or revised it critically for important intellectual content;

3) approved the version to be published; and

4) agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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