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Young children as citizens: Learning from practice in the early childhood setting

Gemma M. Ryder¹, Jennifer van Krieken Robson²

Abstract: This paper examines enactments of young children's citizenship in early childhood settings in England, which is an under researched area, in this study young children are positioned as social actors, competent and capable of making decisions and enacting citizenship. Values, child rights and citizenship are interconnected and often inseparable in practice. A mixed methods multiple-case study was conducted in England across several early childhood settings in the private and independent sector. Our findings indicate that young children enact citizenship through micro acts embedded into their day-to-day activities; such acts are often spontaneous in response to events or interactions. These are often pro-social in nature comprised as behaviours such as helping or showing concern for others. Our findings give visibility to the distinctive ways in which young children may enact citizenship including, for example, physical expressions.

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Introduction

This paper aims to extend knowledge of young children's citizenship in the early childhood setting. We understand citizenship as a contested concept that risks positioning children as needing socialising or educating as future citizen (Bath & Karlsson, 2016). Here, citizenship in early childhood settings, arises from children and adults actively constituting a community informed by a range of values including democracy, care and discipline (Johansson, 2018). A focus on achieving a greater understanding of young children's citizenship in the early childhood setting is significant at this time, when their status as citizens is under attack in the public domain. A troubling example of such an attack is the public protest directed at President Donald Trump during his visit to London in 2019. Here protesters appropriate the image of baby in the form of an inflatable balloon depicting the 'Trump Baby'. Robson (2022) critiques the complex ways in which this act of protest diminished young children's status as citizens. Protesters exercise power over the image of the child through degrading insults and acts of the humiliation in both the physical space of public protest and on social media. Robson argues that adults control the baby by imposing the values of hate, greed, authoritarianism, unfairness and anger associated with Trump's authoritarianism. Such portrayals of childhood 'work to denigrate and limit ideas about child/hood within the public imagination' (Osgood et al., 2022, p. 199). This theme of the fragility of young children's citizenship also emerges from recent research into their experiences during the Covid-19 pandemic. Pascal and Bertram (2021) argue that although the pandemic created multiple and complex challenges for children their voices are frequently excluded in public domain. They suggest that young children have an emerging civic awareness and are capable of sharing views and feelings about how the restrictions, imposed by governments, affected their lives. Taking action to ensure young children's voices are heard would, they assert, be consistent with the values of inclusion, democracy and solidarity. Similarly, Dahlberg et al.'s (2013) vision for the early childhood institution brings to the foreground the possibility of democratic relationships, where children as social actors participate fully in the life of the early childhood setting. In this context a specific project for the early childhood setting is 'the establishing and strengthening of social networks of relationships,

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between children, between adults..... and between children and adults.’ (pp. 84-85). They suggest that such an approach would foster the values of trust, cooperation and solidarity that are central to young children’s citizenship. Within the field of Citizenship Studies, the emergence of ‘lived citizenship’ (Kallio et al., 2020) as a conceptual framework prompts consideration, in our study, of two different but connected dimensions of young children’s citizenship. By understanding the early childhood setting as spatial contexts in which citizenship is enacted we also give visibility to the intersubjective relationships between adults and children or between children and their peers. Empirical research (e.g. Puroila et al. (2016) and Palmadotirr (2018)) explores the complex ways in which values based pedagogies in early childhood nurture citizenship for young children aged birth to three. More recently Ryder’s (2021) study, in the context of England, offers a further perspective by shaping new understandings of how an emphasis on pro-social behaviours in early childhood settings may nurture children’s citizenship.

We understand prosocial behaviour as a complex construct, comprised of multiple behaviours and traits. These evolve as children develop cognitive, social, emotional and communication skills and competencies. Such behaviours may include helping, caring, cooperation and empathy (Eisenberg et al., 2015) and are, we assert, an expression of values. The extent to which prosocial behaviours and actions are exhibited are often dependent on factors, such as the child’s temperament and personality, how the child is raised or cultural and social influences. In the context of formal early childhood provision, Ryder (2021) articulates that prosociality constitutes broader actions and systems, notably children’s agency, citizenship and democracy. In this paper we are concerned with the enactments of citizenship by children between birth and three in the early childhood setting as knowledge of this aspect of children’s lives is still forming in the academic literature and in practice contexts.

This paper begins by conceptualising young children’s citizenship in the context of early childhood practice and foregrounds existing knowledge emerging from research of young children’s enactments of citizenship. An account of the methods for the fieldwork follows. Data is presented as a series of vignettes providing insights into children’s enactment of citizenship through their pro-social behaviours. In our discussion we analyse the learning about children’s citizenship as it emerges from the vignettes informed by theoretical perspectives on citizenship, values, rights and prosociality. In our concluding remarks we consider the implications for practice with children aged birth to 3.

In the field of early childhood studies there is a diversity of terminology applied in scholarship which reflects the complexity of provision for education and care of children. In this paper we consistently use the term *early childhood setting* to represent a location in which children experience education or care or both. Similarly, there is a diversity in the way in which young children are described in scholarly writing including for example, babies and toddlers. Here we adopt the term *young children* to represent the birth to three years age group unless other scholars use different terminology in reporting their empirical research.

Citizenship as Informed by Child Rights

In the field of early childhood the conceptualisation of young children as citizens is informed by a sociology of childhood where children are positioned as competent social actors with agency (James et al., 1998; James & Prout, 1997). Such a position places a responsibility on adults to respect children’s social worlds and recognise the diverse ways in which young children may exercise agency in the early childhood setting. Similarly, young children are positioned as rights holders through the Convention on the Rights of the Child (United Nations Committee on the Rights of the Child [UNComRC], 1989). General comment No. 7 (UNComRC, 2005) clarified that ‘young children are holders of all rights enshrined in the Convention and that early childhood is a critical period for the realisation of these rights’(p. 1). More recently recognition of children’s role as rights defenders has also emphasised their active role as citizens (UNComRC, 2018). The United Nations Committee on the Rights of the Child [hereafter, the *Committee*] encourages those caring for young children to recognise them as social actors from the beginning of their lives and to acknowledge their ‘specific interests and capacities’(UNComRC, 2005, p. 2) In this way adults can realise children’s rights by ‘respecting the distinctive interests, experiences and challenges facing every young child’(UNComRC, 2005, p. 3). From the Committee’s perspective this means young children are

active members of their community where they establish relationships with their peers and adults. It is in the formation of relationships, they assert, that young children begin to realise rights; young children learn to 'negotiate and co-ordinate shared activities, resolve conflicts, keep agreements and accept responsibility for others' (UNComRC, 2005, p. 3). However, Quennerstedt's (2016) findings provide an alternate understanding as to how young children enact human rights. She found that human rights become part of and affect young children's everyday practices in the early childhood setting. Findings from her research indicated that three rights holders' position were visible in children's actions; they were ownership, influence and equal value. In this way complex relationships and positions adopted by children have the potential to shape young children's knowledges of citizenship and affirms their status as citizens.

Values in the Early Childhood Setting and the Development of Young Children's Citizenship

The role of values in the development of children's citizenship in the early childhood setting is an ongoing theme in the literature (e.g. Palmadotirr, 2018; Puroila et al., 2016). Values here are understood as the 'guiding principles in life' (Schwartz, 2012, p. 17); they are the standards or criteria on which humans select or evaluate actions and events (Halstead & Taylor, 2000). Values are central in developing children's understandings of citizenship; for example, the values of fairness, empathy, respect and social justice contribute to a sense of belonging to a community and a shared humanity (Osler, 2015; United Nations Educational, Scientific and Cultural Organization [UNESCO], 2015). They are a 'lived relational phenomena' (Puroila et al., 2016, p. 154) and an 'entangled' (p.154) element within the daily life of the early childhood setting embodied in the actions of practitioners and children. Johansson (2018, p. 4) highlights that early childhood practitioners address 'values and value conflicts' every day in their work with colleagues and children in the early childhood setting. Johansson found a range of values present in early childhood settings that nurture young children's citizenship. She conceptualised these fields as clusters of related values, including for example, the ethics of care and safety, democracy, rights and responsibilities and discipline. Each value field informs actions for both the individual child, adults and the early childhood community. Empirical research in the early childhood setting has revealed the complex ways in which values shape children's enactments of citizenship. For example, Palmadotirr (2018) considers how young children express and make sense of value conflicts in their play. Such conflicts related to rights, belonging and discipline. The findings revealed how young children used physical and verbal communication to express their perspectives and were competent in resolving conflicts in their play. Here conflicts provide valuable learning opportunities relating to the values of democracy and solidarity; she found children asserted their right to influence the rules that governed the setting. Knowledge of children's enactment of values in the early childhood setting provides insights into the sophisticated ways that values inform children's enactments of citizenship.

Nurturing Citizenship in Early Childhood Practice – The Role of Adults

Young children's standing as both holders and defenders of rights has implications for practitioners working with young children. MacNaughton et al. (2007) propose that adults working with young children should question and critique practices that diminish children's agency and rights. This process may lead to the establishment of collaborative and democratic relationships between adults and children that have the potential to advance citizenship. For practitioners in early childhood this is a complex and ongoing task as children's capacity to exercise agency will develop overtime and may be context specific. Lansdown (2005) highlights the challenge for all adults working with children to meet their responsibilities of fulfilling, respecting and protecting children's rights whilst being sensitive to children's evolving capacities. In this way practitioners have a key role in implementing pedagogies that develop children's capacity to exercise agency (Jerome & Starkey, 2022). Recent empirical research by Puroila et al. (2018) found that educators had a critical awareness of the values implicit in early childhood practice, for example the emphasis on the value of effectiveness inhibited the development of dialogical relationships with young children. Practitioners engaged in a pedagogical journey that reframed their relationships with children through an 'armchair pedagogy' (p. 31). Such a pedagogy privileged the practices of 'encountering, co-presence and listening' (p. 31); in this way practitioners engaged with the concerns of children but also

privileged the value of care rather than the function of care. By developing an ‘unhurried presence’ (p. 33) in the early childhood setting adults were able to realise caring values and in turn provide opportunities for children to exercise citizenship. Similarly, Moxnes and Aslanian’s (2022) study in Kindergartens in Norway, considered how young children’s ability to enact agency is affected by their teachers’ perceptions of toddler’s thinking. They found that ‘toddler’s thinking inspired moments of diffraction and deep thinking’ (p. 285) in the Kindergarten that disrupted habitual beliefs in early childhood practice about time, its link to efficiency and assumptions of linear thinking. They emphasise the important role for adults to engage with toddlers thinking time as it opens up possibilities for different ways of ‘worlding together’ (p. 285).

From our reading of the literature three significant themes arise relating to children’s status and experiences as citizens arise in the early childhood setting. The conceptualisation of children as rights holders and rights defenders can position them as exercising agency and competent in making decisions. Similarly, values (including value conflicts) are implicit in early childhood practice and are central to young children’s enactment of citizenship. However, young children’s citizenship emerges from and is dependent on the complex relationship between children and between adults and children. Each theme is interconnected and raises important questions about the practitioners’ understanding of children’s citizenship and their role in creating environments that nurture young children as citizens.

Method

For this paper, we are revisiting the data collected as part of a doctoral study by Ryder (2021). Her study aimed to explore how prosocial behaviours are nurtured within formal early childhood provision, with a focus on the birth to three years age group. Her research design was a multiple case study approach across seven early childhood settings in England. While Darke et al. (1998) articulate that multiple case studies allow for cross-case analysis and the comparison of specific phenomenon, Stake (2006) stresses that the aim is to produce a better understanding of phenomena. Here the phenomenon is young children’s citizenship in the early childhood setting. Data was collected using a mixed methods approach. During the fieldwork for the doctoral study children were observed participating in their day-to-day activities and routines, which was then analysed alongside documents and artefacts. Data collected during observations provided insight into how setting provision promoted children’s prosocial development and citizenship. Semi-structured interviews with early childhood practitioners and teachers were conducted, following the analysis of the observations, documents and artefacts. The purpose of the interviews was to provide further insight into the pedagogy underpinning learning and teaching.

Early childhood settings were identified through purposive sampling and located across England. Each setting subscribed to one or more early childhood curriculum frameworks and / or pedagogical philosophies; including the England’s statutory Early Years Foundation Stages (EYFS) framework (DfE, 2017); the Montessori Method, Steiner Waldorf education, the Pikler approach, the Reggio Emilia approach, High-Scope and Forest School. A mix of child and adult participants assented and consented to take part in the study. A total of 110 children across all research settings were observed; consisting of 27 babies, 32 toddlers, 48 pre-schoolers and three children aged between six to nine years. A total of 11 parents consented to being observed in the playgroup settings and 20 practitioners and teachers volunteered to take part in semi-structured interviews.

For this paper, a further phase of analysis involved reviewing the observation and interview data collected during the original doctoral study, across all settings. The aim of this analysis was to provide insights into young children’s enactments of citizenship. The data is presented here as a series of vignettes. Here a vignette ‘is a focused description of a series of events taken to be representative, typical, or emblematic’ (Miles et al., 2014, p. 182) of children’s actions or expressions of citizenship. The selection of data for inclusion in the vignettes was informed by four sampling parameters of setting, actors, events and processes (Miles et al., 2014) and is summarised in Table 1.

Table 1. Criteria for selection of data for inclusion in the Vignettes

Sampling Parameter	Selection criteria
Setting	The enactment of citizenship took place within the early childhood setting.
Actors	The enactment of citizenship involved children or children and adults.
Events	Pro-social behaviours that involve children in the expression of agency, autonomy, values or acts of negotiation.
Process	The enactment of citizenship relates to any aspect of the children's experience at the early childhood setting.

The aim of the vignettes is to convey descriptive detail of children's enactments of citizenship but also provide contextual information.

Interpretation and Analysis of Vignettes

Here we present the vignettes together with an analysis of the knowledge they provide about young children's citizenship in the early childhood setting. The analysis reveals the ways in which pro-social behaviours, child rights and values inform children's citizenship. Each vignette is a micro event involving a child in an everyday expression of citizenship in the early childhood setting. We suggest that valuable learning arises from the interpretation of such micro events that are momentary encounters between children and between children and adults. Each vignette centres around a private early childhood setting which subscribes to more than one curriculum and / or pedagogical approach.

Physical Expression of Values

Vignette 1. Child supporting another child downstairs in a Forest School setting

During a visit to the Forest School setting's Baby Room, the practitioners were observed taking the children downstairs to join their older peers for lunch. Two practitioners led the children down the stairs, with another adult following them down. As the final few children approached the staircase, a 21-month-old child was observed reaching out and taking the hand of a younger child and heard saying "Hold hand." The child began to lead the younger child down the stairs, holding her hand throughout the descent. This observation was discussed during an interview with one of the Baby Room practitioners, to explore how this age group demonstrated helping behaviours. Upon hearing about the child taking the initiative to help their young peer, the practitioner reflected on the practice of the Baby Room staff; responding that she and her colleagues could 'make more' use of the staircase in providing opportunities to promote prosocial behaviours.

This vignette gives insight into the ways in which very young children give a physical expression of their values. In the context of this observation, the child was expressing their values through empathy, care and kindness towards their peer; prompted through her engagement and actions within the physical environment of the early childhood setting. As children move around the early childhood setting, there are opportunities for prosocial actions and behaviours which connect to early citizenship, such as helping, concern for the other and sense of community. This vignette is consistent with findings from the observations in other settings in this study. For example, very young children were observed demonstrating physical affection, such as stroking the hair of another child, hugging or helping another with a task. For example, helping a peer put on their shoes or a coat or offering a comforter if another child was upset. Many of the youngest participants were pre-verbal and beginning to communicate orally through recognisable words and / or 'babbling', hence non-verbal communication presented visual clues about their intentions and needs. This finding suggests that young children can instigate prosocial actions; in this way they exercise agency and implement an ethic of care reflecting their evolving capacities in the social environment of the early childhood setting. Lansdown (2005) emphasises the importance of practitioners being sensitive to children's evolving capacities. However, Farini (2019) stresses that children's experiences are framed by the institutional and pedagogical cultures of the setting which may limit the space for children's agency. In the context of the Forest School setting, practitioners' focus on the functional nature children's physical descent down the stairs had led to a missed opportunity to explore other skills and behaviours initiated by this aspect of the routine.

Caring for the Other

Vignette 2. Toddlers' separation and reunion in a Forest School setting

In the Forest School setting, a young child (Vanessa), was observed becoming upset when her friend (Leanne) was briefly taken out of the playroom as part of her toileting routine. Vanessa had not realised that Leanne had gone and appeared to experience separation anxiety when she could not see her. The practitioners attempted to comfort Vanessa without success. When Leanne returned from the bathroom, Vanessa pointed at her and called out her name, while still crying. A practitioner intervened by asking Leanne if she would like to give Vanessa a 'cuddle'. While hesitant at first, Leanne approached Vanessa and the two embraced, leading to an emotional reunion. Discussions between the researcher and the practitioner after the incident, revealed that Vanessa and Leanne had joined the setting around the same time and formed a close attachment. The importance of this relationship meant that the practitioners were arranging for both children to transition into the preschool room together. This was in recognition of the attachment they had formed with each other.

This vignette demonstrates the ways in which young children form relationships with their peers. In the context of this observation, the adult facilitated the reunion between the two toddlers, encouraging prosocial behaviours, such as care and kindness to be shared between the children. The expression of anxiety by one of the children was a response to the absence of her friend. The acceptance of the situation of anxiety by both the other toddler and the practitioner resulted in action to achieve a positive resolution for all. As an emotional and physical expression of values in response to the child's distress this finding is significant from two perspectives. Firstly, the children took responsibility for the self and the other. Here, relationships with peers and adults provide opportunities for learning the skills and strategies needed to be active members of their communities (UNComRC, 2005). Secondly, the practitioner had a key role in enabling the children to care for each other, in this way the practitioner's actions were not restricted to a function of care but the value of caring for the other. By taking the time to listen to the child's concerns the practitioner was able to facilitate an environment in which the children could express their concern for the other. This resonates with Puroila et al. (2018) findings where practitioners privileged practices of 'encountering, co-presence and listening' (p. 31) within the early childhood setting.

Children Exercising Agency, Autonomy and Solidarity

Vignette 3. Agency and autonomy in a Montessori Toddler Room

During a visit to the Montessori Toddler Room, two children included in this observation, were asked by a practitioner to pick up and tidy away some rhyme cards before going outside to play. The children did not respond to this request and continued to play with the cards. After another attempt to encourage the children to tidy the cards away, the adult appeared to change tactic and acted as a negotiator. She suggested the children take the cards outside to play, but the toddlers remained in the play area. They eventually made the decision to end their game and tidy the cards away, before joining their peers outside. The two toddlers appeared to be exercising their agency by deciding when to end their game and tidy up. The emphasis on children's autonomy was highlighted in the Montessori teacher's interview, who stated that the children had learned that they had some control over their environment. This meant that they could engage with their work for as long as they wanted without disturbance. The intervention of the practitioner had caused some interruption, but the children reclaimed their space and activity.

The complex ways in which children exercise agency and autonomy in their relationships with practitioners and each other is illustrated by this vignette. During the observation, the children exercised their right to play and not conform to the expectations and routine of the playroom, as set out by the adult. The expectation in this context was for children to transition from one routine to another or from one physical space to another. By choosing to continue with the rhyme card game, the toddlers ended their activity on their terms. These children expressed solidarity in their physical action because they sustained their presence in the room. Furthermore, they chose not to engage with the adult's effort to negotiate the end of their game. Prosocial action in this context is a collaborative event between two children. This finding presents an alternative perspective on how young children form relationships and engage collaborative play; it reveals how play creates opportunities for children to establish solidarity in their group and assert their right to autonomy. This correlates with the work of Bath and Karlsson (2016), who argue that children do not accept the predetermined citizenship identities assumed or assigned to them by adults. Additionally, this vignette illustrates that value conflicts are entangled in the daily life of the early childhood setting (Johansson, 2018) and that they provide valuable opportunities to learning about

children's enactments of citizenship.

Children's Participation in Decision Making

Vignette 4. Children's choices in a HighScope setting

The HighScope setting provided children with different methods of choosing what they wished to play with or do. The practitioners at this location enabled children across all age groups to make daily decisions on the activities they wanted to engage with. Opportunities to choose were adapted according to the age group. Preschool children would write and draw the activities they wanted to play with or take part in. Toddlers were presented with a map of their playroom and took practitioners on a tour of the area they wished to play in. The Babies were provided with photographs of different toys, play areas and activities, which they could point to or pick up and show the practitioners. Preschoolers and toddlers also had the opportunity to choose which playroom they wanted to visit. This enabled them to have access to each other's resources, facilities and activities if they chose to play elsewhere.

This vignette highlights how the HighScope setting enabled children's right to participate by adapting methods to enable them to choose activities and play opportunities that were meaningful to them. Prosocial actions of children were central to the realisation of a participatory pedagogy. Practitioners created opportunities for children to express their preferences for activities. Children demonstrated a range of behaviours that indicate their preferences. For the youngest children, the use of non-verbal cues and physical gestures was valued as an expression of agency by the practitioners. Toddlers used the physical environment and space to lead the practitioners on a tour of the room, which enabled them to demonstrate autonomy and choice. This respects the competence and capability of young children to make choices and express their views, which are listened, respected and acted on by adults. Here the actions of practitioners align with Moxnes and Aslanian's (2022) findings that adult's engagement with toddler's thinking time opens up new possibilities for relationships in the early childhood setting but also disrupts assumptions about how children might choose to organise their time.

Discussion and Conclusion

In the early childhood settings studied there were multiple philosophical perspectives that guided pedagogy; it is beyond the scope of this paper to critically examine the diverse ways in which citizenship is conceptualised within such a range of pedagogical approaches and curricular. In this section, we discuss the significance of the knowledge of young children's citizenship as it emerges from the analysis of the vignettes. Our findings are tentative given the context of this small-scale empirical research study; however, empirical research focused on the citizenship experiences of young children in early childhood settings is developing and small scale studies have the potential to extend knowledge in this area.

Essence of Young Children's Citizenship

The findings from this study revealed that the behaviours and actions denoting citizenship were not bounded or derived from adult expectations. Expressions of young children's citizenship are embedded in the everyday life of the early childhood setting. Consequently they may be hard to distinguish from other phenomena in the setting such as expressions of rights or values. They emerge from and are supported by values which are a lived phenomenon, both embodied and 'entangled' in the actions of children (Puroila et al., 2016, p. 154) or the rights holder positions that young children may adopt (Quennerstedt, 2016). In our study, citizenship was demonstrated through momentary micro acts, which were often associated with an event centred around another child or activity. This correlates with the idea of young children being competent social actors, whose actions are a spontaneous response to specific events (James et al., 1998), as evidenced in the vignettes.

This study provided visibility to the complex enactments of citizenship across the birth to three years age group in a range early childhood settings. These settings centred around principles of inclusion and participation, with adults and older children modelling prosocial behaviours. Age groups were mixed to enable children to develop relationships with peers, and adults supported young children in navigating complex situations and emotions as in Vignette 2 (Ryder, 2021). Like Bath and Karlson (2016) we found that young children can shape their environment in complex ways. All four vignettes reveal possibilities

for democratic relationships between children and between adults and children (Dahlberg et al., 2013). It is through the formation of relationships that rights and values are realised (UNComRC, 2005). Values of fairness, respect, care and empathy are visible in children's social actions. It should be noted that value conflicts in play (Palmadottir, 2018) as illustrated in Vignette 3, relate to children asserting their rights. Such conflicts provide valuable learning opportunities for children in relation to democracy and solidarity; this is experiential learning, entangled within day-to-day practice. Although, Robson's (2021) research revealed that citizenship was often seen by practitioners and teachers as a future aspiration, suggesting it to be something attainable as the child matures, we argue that the emphasis should be on the child as an active citizen, who is already contributing to society in line with James and Prout's (1997) construction of children as social actors exercising agency.

Expressions of rights often involve negotiation, conflict resolution and accepting responsibility for others (UNComRC, 2005). However, in the context of the birth to three years age group partaking in our study, we consider these skills to be emerging. The child's developing cognitive, social and emotional development together with their communication and language skills, mean that behaviours, decisions and actions were often physical enactments; such as one child offering a comforter to another child in distress or physically helping another. In Vignette 3 physical enactments included children exercising their right to play through non-verbal means. The vignettes begin to identify the presence of values systems, with children enacting behaviours, gestures and emotions that demonstrate care, empathy, and a willingness to help another child or communicate their wishes and rights. Quennerstedt's (2016) study on children's enactments of human rights found that power structures of dominance and subordination are visible in children's interactions and in this way children 'disregard the value and dignity of others' (p. 16). Whilst relationships of power between children was not a significant from our data analysis Quennerstedt's finding is a reminder that early childhood settings do not exist in isolation from the tensions arising from hierarchical societal structures.

To conclude, our study has highlighted the distinctive ways in which young children enact citizenship in early childhood settings. Our analysis brings to the foreground the key role adults have in acknowledging and exploring their momentary encounters with young children. In this way adults can positively affect young children's citizenship. The knowledge discussed above has implications for pedagogy including, for example, the need for adults to recognise young children as social actors from the beginning of their life and understand the ways in which their evolving capacities enable citizenship. Pedagogy should take into account General Comment Number 7 (UNComRC, 2005), which provides guidance on implementing child rights in early childhood. Recent research by Puroila et al. (2018), Moxnes and Aslanian (2022) and Clarke (2023) provides new possibilities for pedagogy within early childhood. For example, Moxnes and Aslanian (2022) emphasise the important task for adults to engage with toddlers' thinking time and the opportunities this provides to challenge assumptions about how adults work together with very young children.

Our findings recognise young children's citizenship as a complex phenomenon. Like Quennerstedt (2016), we found few studies that have investigated young children's everyday practices and lives within an early childhood setting. However, in this emerging field of research, there is significant knowledge related to the interconnected concepts of rights, values and citizenship and the way in which pedagogies and curriculum nurture children as citizens.

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Fair distribution in early childhood: Stuck between friends and needy strangers

Gül Nalan Kaya¹

Abstract: Children distribute resources to recipients differentially regarding various factors such as 'need' or 'friendship' (social closeness). The aim of this study is to examine the interaction between these two variables by presenting children with two recipients who are a friend and a stranger varying on the number of materials they need. A distribution task with four different scenarios (conditions) was applied to 25 children (Mage =62.16, 15 males) aged 4-6 years. Across scenarios of four experimental conditions, the amount of needed materials was manipulated between the friend and the stranger. The participants were asked to distribute resources to the recipients in each experimental session. Allocation of all resources to the needy recipient to eliminate the need in the expense of the friend meant 'fair' distribution; while the allocation of all resources to the friend meant 'friend-favoring'. The results showed an interaction between 'need' and 'friendship' for their roles in allocation decisions. Children favored the friend when their friend is needier than the stranger and transferred the greatest amount of resources to the needy friend. In the condition that the stranger is needier, levels of friend-favoring decrease. The results indicated that preschool children have a tendency for favoritism but this preference weakens in presence of a needier stranger. Taken together, the findings suggest that children are capable of taking the two competing factors of friendship and neediness into consideration at a time and able to adjust their allocation to meet the needs of not only friends but also strangers. Preschool children's preference to support fairness occurs together with their developing helping behavior and moral reasoning as well.

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Introduction

One of the effective features in the ability of individuals to maintain collaborative relations with each other in society is 'fairness' (McAuliffe et al., 2017; Tomasello, 2018). Fairness considerations can serve as an efficient set of strategies to maintain cooperation within a social system where each member can function and benefit (Decety & Yoder, 2017; Deutsch, 1975). Fairness in the distribution of resources is one of the prominent current issues, as can be understood from the discussions on 'the universal basic income' or salary entitlements of societies (Essler et al., 2019). Inequality in ownership of resources is a phenomenon that human societies tend to eliminate (Dawes et al., 2007) or perpetuate (Starmans et al., 2017) for several reasons. Some of the reasons are people's preference for fairness over equality, a person's social class (Piff et al., 2018; Starmans et al., 2017). From infancy through early childhood and later, children take various distribution decisions in the face of inequality and the variability in decisions follows a common developmental trajectory (McAuliffe et al., 2017). In some studies, children were asked to distribute resources between recipients differing on several characteristics such as interpersonal closeness, material wealth, or need (Fehr et al., 2008; Moore, 2009; Paulus & Moore, 2014). The purpose of this study is to explore children's strategies for allocation when there are competing motives for distribution such as social closeness (friend vs. stranger) and recipient need.

Fairness in Distribution

Fairness in the distribution of resources is one of the milestones in moral development in early childhood (Killen & Smetana, 2015). It appears as early as infancy that babies develop a sense of equality

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in the distribution of resources, moreover, their conceptions of fairness change through early childhood as they start distributing based on other factors such as recipient qualities (Sommerville, 2022). Thus, it is significant to question the trajectory of how children's understanding evolves from equality toward fairness in conditions of need or material inequality. To recipients with different levels of need, children can allocate in three different ways: i) equally to different recipients (equal distribution), ii) more resources to those with fewer resources (equitable/fair distribution), and iii) enough to perpetuate existing inequality (un-equitable/unfair distribution). These distribution strategies aim at either eliminating (ii) or maintaining (i, iii) the inequality.

The development of fairness considerations is interconnected with the development of prosocial behaviors, as being fair has a moral side to it. The distribution between needy recipients in third-party allocation tasks is non-costly and thus is considered to associate with helping behavior (Paulus & Moore, 2014), while at the same time helping and fairness are considered to be simultaneously emerging separate concepts (Fehr et al., 2008). In early childhood, prosocial considerations like helping someone reach their goal or resource sharing can be observed even at 14-18-month-olds (Schmidt, & Sommerville, 2011; Sloane et al., 2012; Sommerville, 2015; Svetlova et al., 2010; Warneken & Tomasello, 2007). Endorsing fairness by rectifying the need via equitable distributions could be due to empathetic concerns toward the disadvantaged like understanding other people's emotions (Eisenberg & Miller, 1987; Paulus, 2014; Paulus & Moore, 2015). Not only understanding emotions but the development of the ability to understand the mental states of others -including needs or perspectives in situations of need- affects behaviors related to fairness preferences (Takagishi et al., 2010). Children's increasing capacities for the understanding of others' perspectives are in synchrony with their changing conceptions of fairness from equality to equity throughout early childhood (Imuta et al., 2016; Sommerville, 2015, 2022; Wellman et al., 2001). Besides social cognitive development, children's prosocial tendencies are shaped by the characteristics and culture specific-norms of their societies via the influence of parents, schooling, and institutions (Bronfenbrenner, 2005; Trommsdorff et al., 2007). This is also observable in the timing of changing conceptions of fairness. Equality is perceived as fair in early childhood and with age, children start distributing equitably by considering other factors like deservedness (Sommerville, 2022). On the other hand, preference for equity emerges at different ages based on culture (Huppert et al., 2019). While this discussion provides us with an understanding of some social cognitive motivations behind fairness tendencies to eliminate need-based inequality; the following part presents alternative explanations with empirical results for why children may opt for maintaining inequality between recipients.

Alternative Explanations for Perpetuating Inequality

The reasons why children may perpetuate inequality have been discussed by some researchers and some alternative explanations exist (Essler et al., 2019; Paulus & Essler, 2020). First, young children perceive an existing inequality as the norm and accept this situation as an applied rule, thus they perpetuate the situation by distributing unequally (Roberts et al., 2018). Second, preschool children may prefer the advantageous ones over those with less quantity of resources and allocate in favor of the advantageous (Li et al., 2014). Third, preschool children may perceive the tasks simply as numerical matching; and instead of interpreting distribution tasks in the context of moral reasoning, they may distribute by matching the number of allocated resources with the existing ones (Chernyak et al., 2017). Alternatively, children's developing numerical knowledge seems to have an effect in calculating the amounts to generate sets for comparing/matching the amounts of resources (Schneider et al., 2022) as well as in distribution strategies to third-party recipients (Chernyak et al., 2016). Similarly, an intervention to promote number knowledge in preschoolers (aged 2.5-5.5) improved children's fairness in sharing (Chernyak et al., 2022). Therefore, the developing numerical cognition in early childhood may affect allocations. These ideas have been used to interpret situations where inequality is maintained or distributional justice is not achieved. The following discussions can build upon children's increasing capacity to evaluate some variables (such as need-based inequality between recipients) and distribute accordingly.

Role of Need: Inequality Between Recipients

Most research using the distribution paradigm has examined children's distribution decisions in the face of scenarios with recipients having unequal resources. Preschool children, towards the end of early childhood, distribute resources to recipients with unequal amounts of resources to equalize the outcome (Elenbaas et al., 2016; Rizzo & Killen, 2016). Besides inequality, children make distribution decisions based on various factors such as need, value, merit, and social justice (Schmidt et al., 2016). The need is a variable that can drive a preference for fairness strongly when compared with other factors like merit; children distribute according to differences in need robustly and in an increasing trend from age 4 to 11 (Huppert et al., 2019). The finding on the tendency for need-based allocation has been corroborated in several other studies (Essler et al., 2019; Paulus, 2014). To sum up, be it inequality or need, children are strongly inclined to favor the disadvantaged.

Inequality and need factors are either used interchangeably or as different constructs in different studies. The way those factors are presented varies across studies. For instance, resource inequality between recipients has been scripted by the dichotomy of being either poor or wealthy (in resource) (Paulus, 2014), and luxury/surplus of resources versus having the necessary amount (Rizzo et al., 2016) or by using the scenario of recipients with luxury (excess) and necessary (as much as required) resources dichotomy (Essler et al., 2019). Out of these three studies, only Essler et al. (2019) informed the participants openly that a lack of resources would bring 'disease or harm' to recipients. This turned the situation of inequality into a moral dilemma consisting of disadvantages, leaving little to participant's interpretation. Children need to know clearly who the disadvantaged and advantaged recipients are, for deciding how and to whom to transfer resources (Li et al., 2014). The notions of equality, inequality, and need have been conceptualized differently (Deutsch, 1975). By openly stating that the recipients are in need, the conclusion that children distribute based on need can safely be made.

Role of Social Closeness

One of the factors influencing children's resource allocation decisions is the closeness of the social relationship between recipients and participants. According to Shaw's (2013) 'partiality view', the allocation decisions of children and the amount of resources transferred are indicators defining the extent of the relationship between the distributor and the recipient. The following discussion aims at presenting findings that suggest the role of social closeness in the variability of allocated amounts.

In the context of adaptive behavior, the main elements of morality include being fair and loyal to the members of the same social group (Baillargeon et al., 2014). Prosocial behaviors are directed differently to individuals who are members of the same group and members of another group (Padilla-Walker & Carlo, 2014). It has been observed that children prefer allocating resources to the members of their social groups more than non-members (Fehr et al., 2008; Weller & Hansen-Lagattuta, 2013). In the study of Fehr et al. (2008), children aged 3-8 years were asked to distribute to their classmates and unknown peers in non-costly tasks and it was found that children distributed fairly regardless of group status. Moreover, children also showed a greater tendency to choose the fair option in their distributions for recipients who are classmates, than those who are not classmates. Similar findings were found in the study conducted by Lee et al. (2018) with children in the 2-4 age group. Young children distributed fairly without favoring their social circle if resources were not limited; this changed only to the advantage of their group when resources were limited. The common point of these studies is that from an early age, group status has no impact on fairness as long as the task is non-costly.

In addition to group status, distribution strategies among friends, familiar peers, and strangers have been subject to several studies. Moore (2009), who conducted a study with recipients who are friends with the distributor and those who are not, used costly and non-costly distribution tasks. According to the results, in costly situations, 4 to 6-year-olds distributed more to their friends than they did to strangers, but they allocated fairly in non-costly conditions. Paulus (2016) examined the role of social closeness and recipient's poorness/wealth on sharing, with 3 to 6-year-old children. They shared the most with their rich friends. The results of the studies of Moore (2009) and Paulus (2016) on distribution and sharing have

shown that children tend to favor their friends even if the friends do not need any extra resources, but the transferred amounts may equalize when the task is non-costly. Children showed a preference for reducing inequality when resources are scarce and when inequality creates a disadvantage for their friends (Moore, 2009; Paulus & Moore, 2014).

Overall, the findings suggest that children are inclined to favor their friends over non-friends or strangers in presence of cost. Some researchers explain the selectivity for whom to allocate resources by the principle of reciprocity. Individuals tend to allocate resources to those who are more likely to reciprocate those efforts (Warneken & Tomasello, 2009). Therefore, the underlying reason for causality between social closeness and distribution may be the possibility that the child can also benefit from comebacks in exchange for favoritism.

Role of Age

Prosocial behaviors are observable in infancy and develop throughout childhood and teenage (Eisenberg, 1989; Piaget, 1932; Schmidt, & Sommerville, 2011; Sloane et al., 2012; Svetlova et al., 2010; Warneken & Tomasello, 2007, 2009). They start perceiving equity as more just than equality as they pay attention to other factors (Sommerville, 2022). With age and increased sensitivity to needs or inequality, children become more generous or transfer more resources to eliminate inequality. From the age of 3 to 5, children opt for sharing with their peers more and become more generous as well as they are increasingly more responsive to the needs of peers in distress (Eisenberg et al., 1998; Rochat et al., 2009; Thompson et al., 1997). Another research conducted with 5- and 12-year-olds showed the positive effect of age on generosity in sharing resources with peers, seemingly robust across five cultures (Cowell et al., 2017). Similarly, the amounts allocated to the needy showed a steep rise from age 4 to 5 in another study (Huppert et al., 2019). Benenson et al. (2007) reported an increase in altruistic behavior, from age 4 to 9, in a distribution game that required the participants to share. The amount of resources allocated to the needy or the amount of generosity increased uniformly from age 2 to school years. Not only do children's fairness considerations change with age but also the amounts they allocate to friends or non-friends vary.

With age, children become selective about whom they distribute resources to and with the amounts. For instance, Paulus and Moore (2014) conducted a study in which 3, 4, and 5-year-olds were asked to allocate resources between friends and non-friends. At the age of 3, their distribution did not differ between friends and non-friends, however, the 4- and 5-year-olds tended to share most resources with a friend. Thus, towards the end of early childhood (around age 4-5) the likelihood to favor friends over others increased. Moore (2009), in a similar study, reported that children aged 4.5 to 6 allocated more to friends than to non-friends. Olson and Spelke (2008) asked 3.5-year-olds to help a puppet character distribute resources between a friend and a stranger and found that they transferred more to the friend. Those findings suggest the general conclusion that, children aged 4-5 prefer friends over others. Although children show traces of altruistic behavior early on, they become more selective with whom they allocate approximately after the age of three. This tendency is attributed to their emerging pursuit of reciprocity in allocating resources – by preferring social partners who had previously helped them or are likely to reciprocate in return (Warneken & Tomasello, 2009). In summary, there is ample empirical support to say that social proximity affects the allocation prominently after 4 years of age.

Role of Gender

One of the factors that may be linked to distribution is gender. There are contradictory findings on the role of gender in distribution. Benozio and Diesendruck (2015) reported that boys were biased to allocate more to boys. Similarly, Fehr et al. (2008) showed that males are biased in favor of their friends when they were given the chance of increasing the gains of either a friend or a member of their group; yet, in non-costly resource allocations, gender was not a significant predictor at the ages 3-8. On the other hand, several studies provided support for the absence of a gender effect in distributive justice. Likewise, gender was not found to have a role in generosity across five cultures from 3 to 5 years of age (Cowell et al., 2017). Again, children did not differ in their sharing decisions based on their gender both in China and the US (Benenson et al., 2007). To sum up, despite the contradictory findings, several studies -particularly the

cross-cultural evidence- suggest that distribution decisions do not differ by gender.

The Present Study

This study aims at investigating children's resource allocation strategies when the two variables come together in a way to create a dilemma: social closeness and need. Ample evidence and research are indicating that children are likely to favor friends over strangers in allocation (Moore, 2009) and that they are also inclined to distribute equitably to reduce the need of the needy (Huppert et al., 2019) by providing fairness. Those studies have investigated the direct roles of variables in distribution, however, whether another variable is in effect or able to change such causality is a question open for exploration. As far as is known, conversely, no research has investigated the joint effects of need and social closeness on distribution. On the other hand, daily life experiences are highly complex and complicated in that the effective factors are multi-faceted, and fairness considerations are not always affected by a single factor. For these reasons, task scenarios allowing to test of multiple factors for their joint effects would be reflective of situations close to reality. Furthermore, the use of scenarios with competing variables can help present -moral- dilemmas requiring children to reason. Would they prefer to favor friends by ignoring stranger's needs or would they allocate more to the needy recipient than the non-needy one? The answer to this question can help understand whether young children distribute fairly when disrupted by other factors like friend-favoritism. This way, it is also possible to understand the relative roles of each variable in children's decisions as well as their moral reasoning. The present study's results are expected to enrich the literature on fairness and contribute to the current understanding of cognitions behind the distribution. Overall, there is a gap in this line of research as the studies have focused on direct effects so far and children's distribution behaviors in complicated scenarios are yet to be understood. Moreover, in the literature, the role of the amount (of need) in distribution remains as unexplored. Studying the role of amount can shed light on the way children respond to varying amounts of resource need, hence, to fairness considerations.

The ultimate aim of the current study is to investigate children's distribution decisions when facing two competing factors: providing fairness or friend-favoritism. With this aim, third-party non-costly distribution tasks with different need scenarios were used. Children were required to allocate resources between a friend and a stranger whose resource needs vary across four experimental levels. Different from some previous studies using the wealthy/poor dichotomy, (Paulus, 2014), it was clarified openly in this study's tasks that lacking resources indicated a disadvantage for the recipient, so that the results could be confidently attributed to the role of need and/or moral reasoning (Rizzo et al., 2016). 'Social closeness' of the recipients was determined on two levels: the stranger -unknown by the participant- versus the friend -who was identified by the sociometry test.

Second, the quantity of need was manipulated across experimental conditions and between recipients to see whether increasing amounts of need affect fairness. In the first experimental condition, participants were required to allocate resources between a non-needy friend and a needy stranger; while in the second condition, the amount of need is the opposite of the first condition for the friend and the stranger. These two conditions were designed to test the interaction between need and social closeness. A third condition was added for comparison with the first condition to see whether an increase in the amount of friend's need affect distribution. The fourth condition was included to contrast with the third condition to see whether high levels of increase in amounts of stranger's need -while the friend's need is constant- would change the distribution. Based on a 2x4 factorial design of the experimental levels, comparisons were utilized to test any interactive effects as well as to understand the role of amounts of need.

Lastly, the roles of age and gender in distribution were tested in the current research. Together with some contradicting findings (Benenson et al., 2007; Benozio & Diesendruck, 2015), gender stands out as an interesting factor to see whether boys and girls distribute differently in early childhood. Although children tend to distribute fairly in early childhood, they can distribute to peers with different levels of closeness differentially with age -preferring those who are more likely to reciprocate the help -i.e. friends over others (Moore, 2009; Paulus, 2016; Warneken & Tomasello, 2009). Therefore, additional questions addressed the

roles of age and gender.

In summary, the present study aims at the unanswered question of whether social closeness and need interact for their role in distribution fairness. Is fairness tendency disrupted by friend-favoritism? It is significant to understand the decisions children make when they are caught between their friends and needy strangers, as it is explanatory in terms of moral causality behind the distribution, as well. The findings are expected to increase our understanding of whether children prefer fairness at the expense of their friends. Hence, this study can expand the research in this field since it introduces a new perspective by testing the interactive roles of variables in fairness. Other contributions of this research consisted of investigating the role of need amount; utilizing a direct conceptualization of the 'need' variable by clearly stating it in the task; appointment of recipients in the distribution task from real friends determined by sociometry (rather than using puppets, pictures or characters for hypothetical recipients). The scarcity of similar studies conducted in early childhood as well as in collectivistic contexts increases the importance of this research.

Research Questions

There are two main questions. The first one is, "How do children allocate resources when fairness and friend-favoritism conflict?" Within the scope of this question, the tendencies for i) friend-favoring distribution, and ii) fair distribution under conditions where the resource needs of friends and strangers are in varying amounts, were examined as well. Additionally, the questions "What is the role of age on fairness and friend-favoring in distribution?" and "What is the role of gender on fairness and friend-favoring in distribution?" were addressed.

Method

Participants

The sample of the study consisted of 25 children ($M_{age}= 62.16$, $SD= 8.09$, 15 males). The data were collected from children aged 4-6 in a kindergarten in Istanbul, where students from different socioeconomic levels attend. The study classes were randomly selected and all the children in the selected classes were tested since sociometry requires testing of all the members of a group. Permissions were obtained before the research and all participants showed normal development.

Measures

Picture Sociometry Test

This test is used in early childhood to determine relationship dynamics such as children's sociometric status in a peer group. The pictorial sociometry scale was used in this study to detect pairs of reciprocated friends (who mutually nominate each other as their friends) in a class so that the friend recipient in the distribution task can be assigned from these sociometric selections. The sociometry test technique was developed by Moreno (1963) for adult and youth groups. McCandles and Marshall (1957) used the sociometry test with pictures for preschool children. Asher et al. (1979) conducted a reliability study of this scale with 19 participants aged 4 years. Accordingly, the participants were asked to choose 'the three children they would most like to play with' and 'the three children they would least like to play with' by showing the photos of their classmates. In addition, the participants were asked to indicate how much they wanted to play games with them (in a range of 1 to 3 points) by placing the photos of all their classmates in three boxes labeled with a smiling face, neutral face, or sad face. As a result of the test-retest performed with four-week intervals, the reliability coefficients were found as .56 for positive choices, and .81 for the rating scale (Asher et al., 1979). While the test-retest correlation coefficient of the scale, which was adapted into Turkish by Gülay (2008), was .98; the item-total correlation coefficient between the positive choices and the rating scale scores was found as .72.

Resource Distribution Task

The purpose of this task is to examine how children aged 4-6 will split resources between two

recipients with varying quantities of need. This task was adapted from a similar resource allocation procedure previously used by Fehr et al. (2008) and Moore (2009). In these tasks, the participants were asked to opt for one of the equal and unequal amounts of resource options to transfer to the recipients who are wealthy or poor in stickers (Paulus, 2014). Differently in the present study, to create a context of need, the scenarios of 'recipients who have craftworks complete or incomplete due to lack of resources' were presented in each condition. The situation of need was emphasized through the scenario of 'works that are complete and incomplete due to lack of resources'. Participants were asked to allocate resources according to these scenarios.

The researcher makes the following explanation to the participants (pointing to the photos and the envelopes):

On this table, next to your friend's photo, is an envelope belonging to your friend. You do not know the child in this photo. His envelope is also here.

Now we're going to play a selection game with you. I'm going to put two stickers here at a time. You will put, how many of these stickers you want to give to any child, in their envelope. When the game is over, we will give these stickers to their owners in their envelopes.

You can give all of these two stickers to the child you choose, and if you want, you can give one to each child, equally.

A trial is made after the explanation:

Let's try first. If you wanted to distribute the stickers here between these two kids, where would you put them? (The child responds.)

If the child's answer to the question is correct,

"Yes, you will put them in the envelopes here."

if false, the instruction is repeated.

Then, the incomplete and complete craftwork pages are shown separately for each distribution condition and scenarios are given accordingly.

(pointing to the craftworks) Here are the craftworks of these two kids. Children complete the caterpillar shape by gluing the stickers on the circles of the caterpillar's body. This is your friend's work, your friend's caterpillar is completed; this is the work of the child you don't know, he couldn't complete it because there are no stickers left. He needs stickers to complete it.

(Two stickers are placed on the table in front of the participant) I want you to distribute these stickers however you want. You can give all of these two stickers to one child if you want, or you can give one to each, equally.

Participants were given the distribution task twice in four different scenarios with varying resource needs. The order of presentation of the scenarios to the participants was counterbalanced. The amounts of resource needed in the scenarios are in the table showing the task conditions (See Table 1).

Table 1. The experimental conditions for resource distribution and the amounts of need

	Number of stickers the friend needs	Number of stickers the stranger needs
Condition 1	No need	3 stickers
Condition 2	3 stickers	No need
Condition 3	1 sticker	3 stickers
Condition 4	1 sticker	5 stickers

Materials

The materials used as a resource in the study tasks are colored stickers of one type (16 pieces), two envelopes to collect the allocated stickers, photographs of the children for picture sociometry, complete and incomplete craftworks (4x2 pieces) for displaying the recipients' need for different conditions (see the 'supplements' for pictures of the craftworks). Colored stickers have been used successfully in the tasks of similar studies (Paulus, 2014; Prencipe & Zelazo, 2005).

Process

The tasks were administered individually in two sessions in a quiet room at the children's school. The children were informed and only those who gave consent were taken for the experiments. A table to place the task materials and chairs for both the participant and researcher to sit were used. Photographs of the friend and the stranger were placed next to the envelopes on both sides of the table so that the child can see easily. After detecting the pairs of friends with the sociometry test, the resource allocation task was administered.

Coding and Analysis

In each of the four experimental conditions, the stranger and the friend were told to be in need of different quantities of resource. The participants distributed in eight sessions in total (twice in four conditions). Participants get 1 point every time they give more (2 stickers) to the needy than the less needy recipient. So, they can get '*fair distribution*' scores ranging between 0-2 for each condition and between 0-8 across all sessions. The '*resource transfer*' score is the total number of stickers transferred to the recipient with a higher need. Scores range between 0-4 for each condition and between 0-16 across all sessions. The '*friend favoritism*' score is obtained when the participant allocates more resources to the friend than to the stranger. Participants received 1 point every time they give more (2 stickers) to a friend; thus, they receive scores ranging between 0-2 for each condition and between 0-8 across all sessions. The '*resource allocation to friend*' score is the total number of stickers transferred to the friend. Scores range between 0-4 for each condition and vary between 0-16 in total. The main hypotheses were tested by one-way repeated measures analysis of variance (ANOVA); also, one-way ANOVA and Pearson Product Moment correlation analyses were conducted using the SPSS 15.0 program.

Results

The first set of analyses in this section investigated children's preferences for fairness in distribution across four conditions where the amount of need and social closeness vary. The second set of analyses investigated children's tendencies for friend-favoring, across four experimental conditions. Lastly, the roles of age and gender were explored.

Preference for Fairness in Distribution

The analyses were conducted two-fold: first, children's preferences for fair distribution were compared across conditions and then, analyses were conducted to see the change in the amounts of allocated resources across conditions.

Fairness Across Experimental Conditions

One-way repeated measures ANOVAs were conducted to examine the change in fair distribution across conditions (See Fig. 1). According to the results, recipient need affects distribution, $F(3, 72) = 15.052$, $p < .001$, $\eta_p^2 = .385$. The tendency for fairness is higher when the friend's need is greater than that of the stranger (condition2, $M = 1.32$, $SD = .748$) compared to other situations where the stranger's need is greater (condition1 $M = .64$, $SD = .700$; condition3 $M = .32$, $SD = .627$; condition4 $M = .32$, $SD = .557$). In other words, participants distribute fairly the most when the needy recipient is their friend. The level of fairness in the condition2 is also higher than in condition1 where the friend does not need any resources but the stranger does. According to this finding, children's tendency to eliminate their need is higher when their friend is in need, despite the condition1 where the need of the stranger is high (See Fig. 1). Moreover, while the amount of the friend's need remains constant (conditions 3 and 4), an increase in the stranger's need does not change the tendency to reduce inequality across conditions 3 and 4 (respectively $M = .32$, $SD = .627$; $M = .32$, $SD = .557$). Between the two situations where the stranger's need for the resource is higher than the friend's (conditions 1 and 4), the children allocated more to the stranger in condition1, where the friend was not needy, than in condition4, $F(1, 24) = 4.571$, $p < .05$, $\eta_p^2 = .16$.

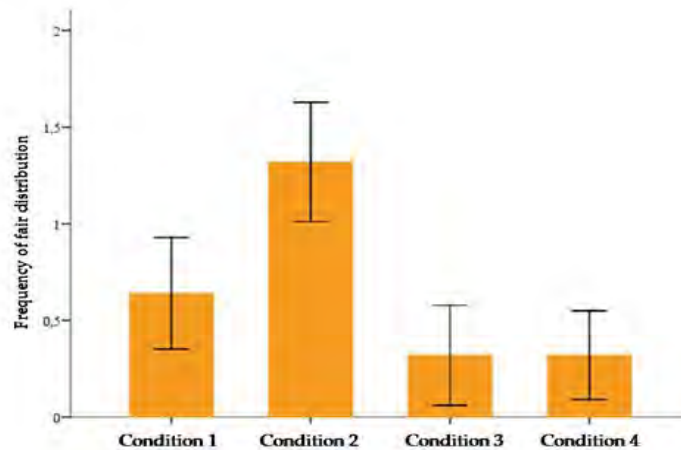


Figure 1. The mean number of instances all resources were allocated to the recipient with high need in four experimental conditions

In summary, the likelihood of fair distribution is at its highest when the needy recipient is the friend (1, 3, and 4 versus condition 2). Provided that the friend's need is constant, the stranger's increasing need does not change fairness scores (conditions 3-4). In addition, in conditions where there are strangers in need, fairness increases only when the friend is not needy (conditions 1-4). These findings suggest that preschool children are highly motivated for fairness if the needy person is their friend. In presence of the friend's needs –even little amounts- children are not sensitive to increases in strangers' needs. They are highly fair toward the stranger needs, only when the friend is not needy. In general, children's tendencies to be fair are negatively affected when a needy friend is among the recipients.

The Amount of Allocation to the Needy

A one-way repeated-measures ANOVA was conducted to understand how the amounts allocated to the needy change in different conditions. Variations in recipient need have an impact on the number of resources allocated, $F(3, 72)=11.39$, $p<0.001$, $\eta_p^2=.322$ (See Fig. 2). The children allocated fairly where the friend was needier than the stranger (condition2) compared to the other conditions where the stranger is needier ($M=.32$, $SD=.816$). This difference was found despite condition1 in which the friend was not needy while the stranger was ($M=2.16$, $SD=1.14$). As the friend's amount of need remained constant, although the amount of the stranger's need increased from condition 3 to 4, the number of allocated resources did not change, $F(1, 24)=.129$, $p=.72$, $\eta_p^2=.005$.

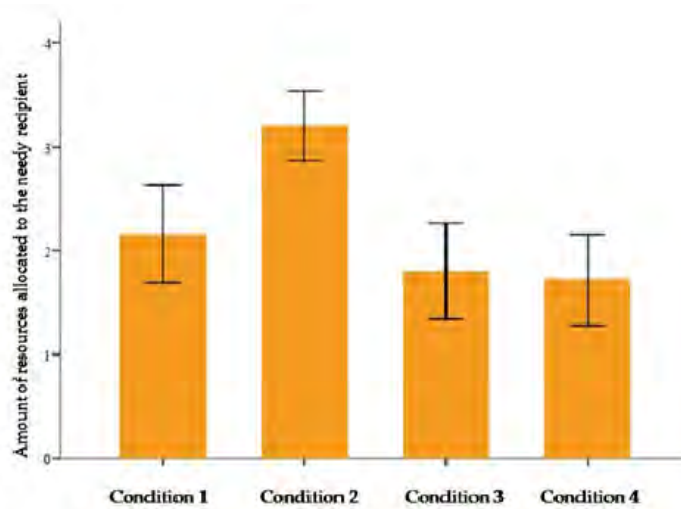


Figure 2. The mean of the total amount of resources that were allocated to the needy recipient in four experimental conditions

To sum up, participants allocate more resources to the needy when their friend is needier (condition 2) than the conditions the stranger is needier (conditions 1, 3, and 4). In addition, while the need level of

the friend remains constant, an increase in the stranger's need does not change the number of resources allocated (conditions 3-4). According to these findings, preschool children allocate the most resources to their friends when the friend is in need while the stranger is not needy (condition 2). Any variation in the amount of the need of the stranger does not change the finding that most resources are allocated to needy friends. These findings are largely in line with the findings obtained with the fair distribution scores. As a result, children's tendencies to distribute based on need is more pronounced when the needy recipient is a friend.

Preference for Friend-Favoring in Distribution

The analyses were conducted two-fold: first, friend-favoring allocations were compared across conditions and then, analyses were conducted to see the difference in the amounts of resources allocated to friends across conditions.

Friend-Favoring Across Experimental Conditions

The social relationship between the recipient and the distributor has a role in the allocation of all resources to the friend (friend-favoritism), $F(3, 72) = 10.551, p < .001, \eta_p^2 = .305$ (See Fig. 3). Children allocated all resources to friends the most in the condition2 ($M = 1.28, SD = .737$) where the friend is needier than the stranger, compared to condition1 ($M = .48, SD = .653$), condition3 ($M = .48, SD = .714$), and condition4 ($M = .60, SD = .816$) where the stranger is needier than the friend. In summary, while children want to transfer all resources to a friend in need; when the stranger is needier -regardless of the amount of need-, favoritism decreases.

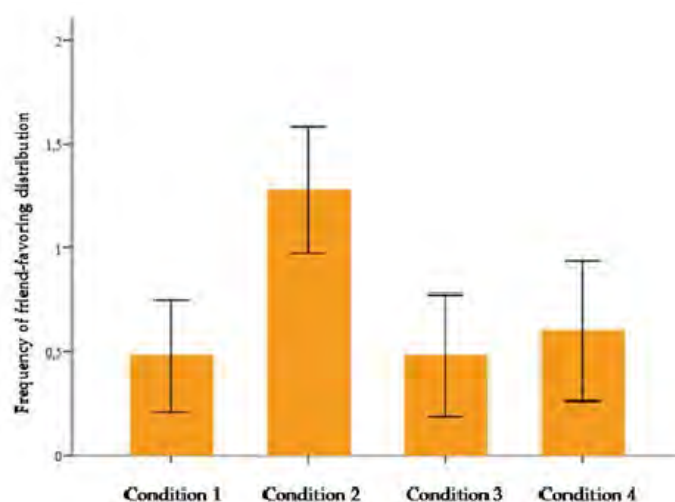


Figure 3. The mean number of instances all resources were allocated to the friend in four experimental conditions

As a result, the chances of equal distribution (1 for the friend, 1 for the stranger) or equitable/fair distribution (0 for the friend, 2 for the stranger in need) increase in case the stranger is in need.

The Amount of Allocation to the Friends

To understand the change in the total amount of resources allocated to the friend in the conditions, one-way repeated-measures ANOVA was performed. Social closeness affects the total amount of resources allocated to the friend, $F(3,72) = 10.02, p < .001, \eta_p^2 = .295$ (See Fig. 4). The greatest amount of resources was allocated to the needier friend rather than the stranger ($M = 3.20, SS = .816$) in condition2, where the friend is needier than the stranger. The amount transferred to the friend in condition2 is greater than that of condition1, where the stranger is needier than the friend, $F(1, 24) = 26.575, p < .001, \eta_p^2 = .525$. Moreover, as the friend's need is constant, the amounts given to the friend did not change despite an increase in the stranger's need from condition 3 to 4, $F(1, 24) = .302, p = .588, \eta_p^2 = .012$. To summarize, out of all scenarios, the friend received the most resources in the second condition where the friend is needier than the stranger. However, the amount allocated to the friend decreased in all cases (cond. 1, 3, and 4) where the need of the

stranger was greater. However, changes in the stranger's need in those conditions do not impact the allocated amounts.

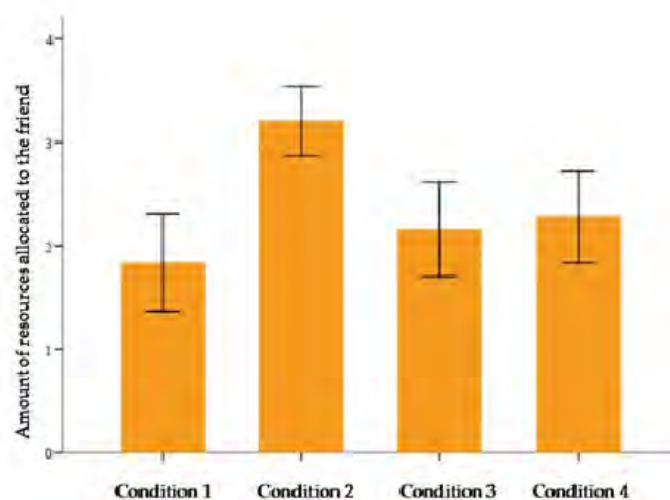


Figure 4. The mean of the total amount of resources that were allocated to the friend in four experimental conditions

To conclude, children are generous to friends when they are needier than the stranger, but the share for the friend is reduced in presence of a needier stranger. These findings suggest that distributors are highly sensitive to the needs of friends, but friend bias in distribution weakens in presence of needy strangers. Consequently, the findings regarding the transfer of all resources to the friend and the differences in the total amount of resources transferred to the friend support each other.

Other Analyses

Other analyses were conducted to explore the possible influence of gender and age. A one-way ANOVA was conducted to explore the role of gender on the amount of fairly distributed scores (in a total of sessions) and the amount of friend-favoring distributions (in a total of sessions). Gender did not have a role in transferring most resources to the high-need recipient, $F(1, 24) = .250, p = .622$. Similarly, the number of resources fairly distributed did not vary by gender, $F(1, 24) = .100, p = .755$. The tendency for friend-favoritism also did not differ by gender, $F(1, 24) = .110, p = .744$. According to these findings, gender does not have any role in fairness or favoritism.

To examine the relationship between age (in months) and the amount of fairly distributed resources as well as the amount of friend-favoring resources, the Pearson Moments product correlation coefficients were calculated. The amount of fairly allocated resources did not vary with age ($r = -.282, p > .05, N = 25$). However, the number of resources transferred to the friend increased with age ($r = .428, p < .05, N = 25$). The tendency of children to allocate more resources to friends increases from the beginning of the pre-school period to the beginning of school age.

Discussion

This study aims to examine distribution preferences for fairness or favoritism in conditions including a friend and a stranger differing in resource needs. The distribution task used was adapted for two purposes. The first aim is to utilize and highlight the theme of "need", which is one of the novelties of this research, and to manipulate the amount of need between recipients in experimental conditions. The second aim is to design a distribution task to create a dichotomy where amounts of need and social closeness interact so that children would have to prefer one of two ways of allocation: fairness versus favoritism. The allocation decisions were measured and analyzed on both distribution scores and the quantities of allocated resources, to make an alternative interpretation of the findings.

Preference for Fairness in Distribution

First of all, fair distribution was tested across conditions. It has been found that children distribute according to need. Children attempted to distribute fairly the most when their friends were in need (condition2) –compared to other conditions, particularly condition 1 where the stranger is needy while the friend is not. In one of the two conditions where the stranger is needier, the friend's need for a small amount affected fairness negatively (conditions 1 and 4). These findings provide support for the idea that children tend to meet the needs of their friends primarily. This result repeated the findings of previous studies showing that children distribute according to need (Essler et al., 2019; Huppert et al., 2019; Paulus, 2014). For instance, Paulus (2014) has found that the 5-year-old group tended to transfer more resources to the poor rather than the rich recipients. The reason for this finding was interpreted as children ensured fairness by balancing the accounts. Fairness tendencies were analyzed with another variable 'amount of allocated resources' as well. Corroborating the finding on fairness, the amount of resource transfer was the highest in condition2 where the friend is needier than the stranger. As a result, analyses with scores of fairness and distribution amounts both yielded similar findings.

Additionally, it was interesting to find that children were not sensitive to the increasing need of the stranger. For instance, from condition 3 to condition 4 the amount of need of the stranger increased, but the amount allocated to the stranger did not change. This finding can be attributed to children's developing numerical cognition. Children may not be able to perceive the relatively higher need of the stranger (Chernyak et al., 2016, 2022; Schneider et al., 2022). These views highlight the numerical skills in early years to bring an alternative explanation to why children may be blind to a relative increase in stranger's needs. According to Li et al. (2014), children prefer the advantageous ones over others and distribute them accordingly. Provided that children favored their needy friends the most, but not the needier strangers, the findings do not provide support to the opinion of Li et al. (2014). Alternatively, children's inadequacies in understanding possible expectations of needy others may undermine their ability to adjust the amounts of allocated resources fairly (Takagishi et al., 2010). Overall, while children are quite generous towards their friends in need; they do not give similar amounts to strangers in the same or greater need levels in presence of friends' conflicting interests. The findings on friend favoritism will be discussed in the next section.

Preference for Friend-Favoring In Distribution

It has been found that the tendency to transfer all resources to the friend is at its highest when the needier recipient is the friend (condition2). On the other hand, if the recipient with a high need is the stranger (condition1), friend-favoring distribution tended to decrease. This finding suggests that the need factor can disrupt favoritism. The same findings were repeated with the 'amount of transferred resources' score. The other three cases did not differ in terms of the amounts transferred to the friend. The results are in line with the findings in the literature that children opt for allocating more to their friends than children of other groups (Fehr et al., 2008; Lee et al., 2018) or non-friends (Moore, 2009). A possible underlying reason for the high sensitivity towards the needs of the friend may be an ongoing give-and-take balance or tit-for-tat strategy with the friend. Some studies have shown that children make decisions by evaluating the previous behavior of the recipients and that the distribution decisions are made according to the principle of reciprocity (House et al., 2013; Messer et al., 2017; Warneken & Tomasello, 2009). Friendship is a type of relationship characterized by reciprocity (Linden-Andersen et al., 2009). For this reason, children may prefer to show a higher sensitivity to friends' needs than to strangers' to look after their ongoing relationship.

Another important finding of the current research is that favoritism decreases whenever the stranger needs more than the friend, regardless of the amount. For example, children stopped transferring more resources to their friend when the friend needed less than the stranger. While the need of the friend is constant, an increase in the need of the stranger (from 3 to 5 units; conditions 3 and 4) does not change the allocation. This finding was corroborated in the analyses for fairness. As a result, children show a high level of sensitivity to their friends, but the presence of others in need eliminates this bias to some extent. The findings suggest that children distribute in a way that increases the well-being of their friends (friend

favoring) but not at the expense of needy strangers. They do not behave in a way that ends up in violation of fairness or moral expectations.

The Role of Age and Gender

Additional research questions examined the role of age and gender in distribution. While no effect of age was observed in need-based analyses, it was found that levels of friend favoritism in distribution increased with age. Children's allocation preferences in favor of the needy did not change with age and this finding may be explained by genetic predisposition (Eisenberg, 1989; Warneken & Tomasello, 2007, 2009). This finding also was in contrast with the findings of Benenson et al. (2007) which showed an increase in altruistic behavior from age 4 to 9. A possible reason could be that the age range in the current study was not as large. The finding that older children were biased in favor of their friends is in line with the discussion that after infancy children become selective with whom they respond and opt for those who are more likely to reciprocate their efforts (Warneken & Tomasello, 2009). In addition, the results of this study are similar to the finding that 3-year-olds do not take into account the social closeness of the recipients in distribution, but that the 4- and 5-year-olds choose equal distribution options for their friends (Paulus & Moore, 2014). Paulus and Moore (2014) explained that the reason why children are more generous to their friends after the age of 4 is their developing skills to empathize more with their friends. Children tend to share more resources when they anticipate that the recipient will develop negative feelings if they do not share resources with (Paulus & Moore, 2015). An alternative explanation might be the predictions that children make about their friends' expectations of them, thanks to their emerging social-cognitive skills (Takagishi et al., 2010). In this way, they can prefer allocating resources generously in line with anticipated resource expectations of their friends. To sum up, children did not differ in responsiveness to the needy across ages in early childhood –displaying a common tendency as well as possible conformity to social norms. On the other hand, the children, with age, were found to prefer to allocate more resources to friends -who are likely to reciprocate (Warneken & Tomasello, 2009).

It has been found that distribution decisions did not differ according to gender. This finding is in contrast to Benozio and Diesendruck's (2015) study showing that boys favored the males in distribution. The finding of the present study is consistent with the finding of Fehr et al. (2008) that there was no gender difference in non-costly distributions. Similarly, the number of allocated resources was robust across genders and this finding also supports another study's finding that provides cross-cultural evidence (Cowell et al., 2017). The absence of gender difference suggests that distribution is not affected by gender roles. This is an expected finding considering the explanation that altruism is an inborn quality in human societies (Warneken & Tomasello, 2009).

General Discussion

The overall findings indicate the fact that children do not distribute equally –an allocation strategy expected early around 3 years of age (Elenbaas et al., 2016; Rizzo & Killen, 2016)- but they distribute purposefully (Li et al., 2014; Schmidt et al., 2016) for fairness or favoritism.

Distribution studies to date have generally used recipients with varying degrees of closeness, such as friends, unwanted peers, or strangers; or there are studies in which only the amount of need is manipulated across recipients. Because friendship and the amount of need are handled together in the present study, it has been possible to find out children's preferences for either one of two conflicting behaviors: fairness and favoritism. This is a moral dilemma that is highly likely to encounter in daily life. Thus, the distribution decisions made in experimental conditions can also be evaluated within the framework of moral causation. According to the picture created by all the findings, children aged 4-6 are most sensitive to their needy friends and they reduce inequality on the occasion of the least amount of their friends' needs, by transferring the largest amount to them. On the other hand, they start giving resources to strangers who are needier than friends, despite their friendship. The two factors disrupting each other indicate an interaction effect. In the present study, the combination of friend bias with sensitivity to strangers' needs suggests that children respond to their friends' needs as expected but, they also tend to

avoid ethical violations by allocating resources to the needy stranger. There is a view that fairness is an inborn quality and has neurological foundations in the architecture of the human brain. For example, some frontal brain regions are activated in the experience of injustice or when other people are victims of injustice (Corradi-Dell'Acqua et al., 2016; Dawes et al., 2012; Sanfey et al., 2003). Aside from the human species' capacity to react emotionally to painful experiences associated with injustice and unfairness, some researchers discuss the findings that norms of fair behavior exist from infancy, but that these norms become more enforced with learning and age (Smith et al., 2013). Overall findings suggest that, with the effect of factors such as social-cognitive skills or social/cultural learning, children can achieve distributive justice despite a strong adjustment pressure like favoring the socially close ones over others.

As a result, children favor their needy friends but they are inclined to fairness in presence of the needier strangers, as well. Thus, favoritism is preferred when there is a reason (need of friend) to do so; fairness in distribution is also preferred to avoid of moral violations like allocating more to the friend when the stranger is needier. This result is an important contribution of the current study to the literature and it is considered that the tendency of children to provide justice in conditions of need despite friends in the preschool period can be revealed thanks to the methodological innovation the current study has brought (experimental conditions where two tendencies of fairness and favoritism compete).

Implications for Policy and Practice

The findings of this study may bring some implications for policy and practice in early childhood education. The present study has provided evidence of a bias for friends in situations involving moral dilemmas such that children distribute to friends and strangers with different levels of need differentially. Needy friends are put first but needy strangers are not allocated as much amount of resources. Although this finding indicates that children take 'the need' factor as an allocation criterion, it also shows that children allocate to strangers and friends with different levels of need differentially. Friend-favoritism may result in injustice when non-friends cannot get necessary resources in presence of friends or socially close ones, therefore such a bias may be a source of injustice and disruption in society. Eventually, to reduce these tendencies, curriculum, and teaching, starting from early childhood can be enriched in a way to support moral reasoning and fairness cognitions (Ísaksson, 1979). The study's finding on friend-favoring also underlines the importance of schooling and character education for children to bear fairness in mind as a priority (Kohlberg & Hersh, 1977). Fairness plays an important role in providing a society where the rights of each individual are protected while interpersonal cooperation continues (Deutsch, 1975; Tomasello, 2018). Promoting moral education for fairness via schooling can contribute to building of a just society.

Limitations and Future Research

There is a number of limitations in this study and future studies should build upon these limitations and findings. Although it is not the main subject of the current study, analyses related to age and gender can be conducted with a larger sample in future studies. Within the scope of the experiments, children were tested cross-sectionally. Future research may collect longitudinal data from children to monitor how results change over time. In addition, the conflicting results of different studies on the tendency of 3-year-olds to transfer more to friends make it important to study this issue in more detail (Olson & Spelke, 2008; Paulus & Moore, 2014). Colored stickers were used as resources in the experiments. Future studies can examine whether the findings vary with using resources of different functions or values in the tasks. The change in behaviors of children in distribution throughout preschool and school years can be attributed to learning related to moral causality at school as an environment where social norms are reinforced (Eisenberg & Mussen, 1989; Xiao et al., 2019). So, attendance to school as well as attitudes of parents –as actors of the home learning environment- may be investigated for their role in distribution decisions. In addition, children, with age, can be more sensitive to what others think of them; and their beliefs about others' thinking are related to perspective-taking skills (Fehr et al., 2008; Takagishi et al., 2010). Therefore, future studies, by examining the role of such cognitive factors, may contribute to explanations for whether there are universal behavioral patterns in distributional justice.

Declarations

Author's Declarations

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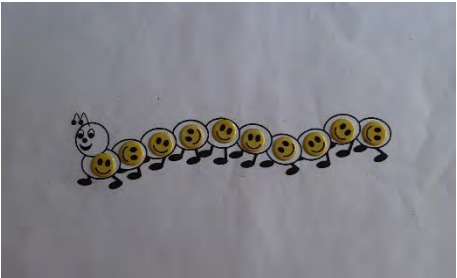

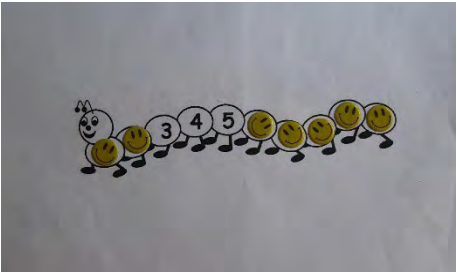
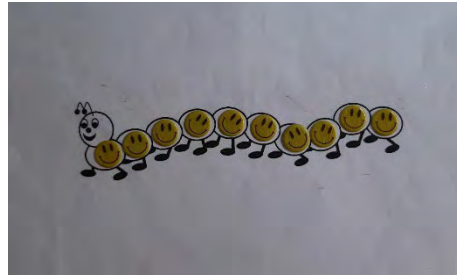

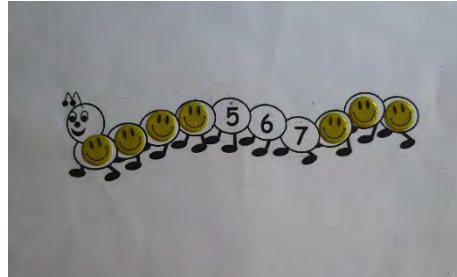
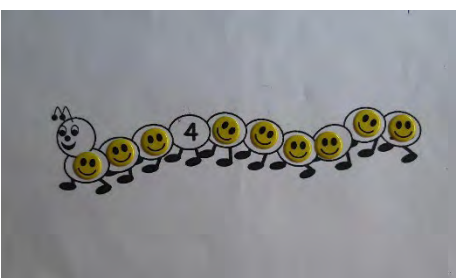

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Appendix 1

Supplementary Material

The Pictures of The Craftworks of The Friend and the Stranger in Each Condition

Condition Number	Friend’s Craftwork	Stranger’s Craftwork
Condition 1		
Condition 2		
Condition 3		
Condition 4		

‘When the body speaks back’: Socialization of body-mind dualism in body memories of Cold War childhoods

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Abstract: Studies focusing on East Central Europe have generously explored collective memory (*lieux de mémoire*, monuments, ceremonies) and nostalgia for a past regime, but rarely have they examined memories as carried in child bodies. In this paper, we analyze selected Cold War childhood memories to explore events in which children’s bodies seemingly act out of control. As a part of socialization, children are taught to consciously control their bodies to fit in the societies they have been born to. With learning to control the body, children also learn that bodies are separate from their minds and that their minds can govern and regiment their body. However, bodies also slip up, avert, or simply remain unaffected by these attempts, in a way ‘speaking back’ to regulating forces, thus troubling the modernist assumption of the separation between the mind and body. The aim of the paper is to show the complexities and limits of socialist or any modern(ist) forms of socialization in which the concerted efforts of the mind are mobilized to govern the body. Moreover, the discussion of body memory and the highlighted mechanisms of how socialization efforts create bodily memories adds to our understanding of the effects of pedagogical intentions in education.

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Introduction: ‘Listening’ to Disobedient Bodies

What do we listen to? Sounds, words, music, and much more, including any vibrations and resonances that give a sense of the world, arouse emotions, and create memories. But what if the vibrations and resonances came from within ourselves as opposed to the outside world? Do we hear and listen to the ‘voices’ of our bodies? And if so, how do our bodies ‘sound’, as part of a social group or political epoch, such as childhood and modernity under socialism? Such were the questions that stood at the beginning of our multidisciplinary academic experiment, triggered by a collective biography workshop, where we could all experience that “there are more ways to remember the past than speaking about it” (Shaw, 2020, p. 2). About 30 interdisciplinary researchers and artists spent five days together in this workshop in 2019, recalling and sharing memories of childhood experiences in socialist and post-socialist contexts. As memories are not simply mental processes, our bodies were indispensable in our memory work as well. Rooted in *habitus* (Bourdieu, 1990), memories are also a polyphony of bodily senses, twitches, movements, tension in our muscles. In some of the recalled memories, the body ‘sounded’ with force, taking dominance over quieting attempts. We thus realized the body needed to receive central attention. In this paper, we explore childhood memories that were created during this workshop to explore childhood socialization, especially ideology directed to children’s bodies.

Although previous studies focusing on East Central Europe have thoroughly examined processes that aimed at building a collective memory (*lieux de mémoire*, monuments, ceremonies) and nostalgia for a past regime (Georgescu, 2015; Kašparová, 2018; Silova et al., 2018), only recently - and still rarely - have they begun to explore childhood memories, and memories as carried in child bodies (Henschel, 2020;

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Roubal, 2020). As children living in socialist societies, the authors of this paper were socialized into a discourse based on a dichotomy between the mind and body. Research on the Cold War has presented the education systems in former state socialist countries as overtly ideological, moulding and disciplining children (see more in Silova et al., 2018). These observations are somewhat true. As children, we were also taught that we can learn to rule our bodies. We were made to stand in the sun for hours-long school meetings (<https://coldwarchildhoods.org/portfolio/not-going-to-faint/>) or perform in complete unison with hundreds of others after grueling practices (<https://coldwarchildhoods.org/portfolio/moving-with-the-crowd/>). Failure of the body to function or work as instructed aroused fear and relief, embarrassment and joy, or even bullying. However, no ideology is omnipotent.

Bodies also slip up, avert, or simply remain unaffected by these attempts, thus troubling the modernist assumption of the separation between the mind and body. These processes become noticeable when the body ‘speaks back to the mind’ and reveals ‘bodily feelings’ or memories that present themselves non-verbally as visceral sensations, sounds, lights or feelings of warmth or terror, perhaps unrecognized by the mind. These actions give away the body’s relations to the world, which are not fully controlled by our mind. The acting, feeling and sensing body makes itself more easily ‘hearable’ during ‘dys’ time, meaning times of disobedience, or dis-funcion, with ‘dys’ being a Greek prefix for ‘bad’, ‘ill’, ‘hard’ (Leder, 1990, p. 84). We usually cannot help but to notice the action of our body at times of disharmony: it feels pain, falls ill or even collapses. Recognising these bodily actions represents a first step towards conceptualizing the body as having a ‘voice’ (Evans et al., 2009). Thus, our aim here is to make space for ways of memory analysis that draw on body memory as a visceral and muscular choreography with the world. More than mere muscle memory, or remembering how something is done unconsciously, the body remembers our experiences of the world, and these past experiences live in our bodies (Bourdieu, 1990; Fuchs, 2012; Simpkins, 2016).

This paper seeks to engage in a more complex understanding of ideological socialization and its limits. We do not aim to provide a new theoretical approach to memory, nor bringing more analytical information about socialism. We aim to draw attention to childhood memories that trouble the modernist assumption of the separation between the mind and body, the possibility of complete control of the mind over the body, while illuminating processes of minding (the body) and bodying (the mind) (Gunderson, 1975). Moreover, the discussion of body memory we develop in this paper and the highlighted mechanisms of how socialization efforts create bodily memories seek to add to our understanding of the effects of pedagogical intentions in education.

Methodology: Collective Biography

Collective biography is a group method to explore the constitution of a subject through systematically recalled individual memories, which are then discussed in the group and collectively analyzed (Davies et al., 2006). In practice, exploring memory with collective biography includes an understanding of an individual’s feelings and actions, within a socio-political context (Davies et al., 2006; Gannon et al., 2021), by leaving aside possible adult interpretations, personal bias, presumptions or romanticisation of childhood or nostalgia. What remains is a memory story, which arouses feelings as people relate to the memory shared and feel the sensations the narrator felt. The analysis of memories seeks to disclose collective practices, social processes, and structures that formed the subjects the memories speak of (Davies and Gannon, 2009). Collective biography was originally used by feminist scholars to shed light on the constitution of women selves by societal norms and expectations (Haug et al., 1999). Since its feminist genesis, which can be traced back to Germany in the 1980s, the method has been used in numerous research fields and disciplines, ranging from the study of female-gendered subjects, such as schoolgirls (Davies and Gannon, 2006; Davies et al., 2006), to neoliberalism (Gannon et al., 2014), or (post)socialism (Silova et al., 2018).

For this paper, childhood memories were recalled, shared, written and rewritten after discussions that sought to bring in more details of memories, including how we felt in our bodies at that moment. In this type of memory work, the collective sense of the memory arises as part of the discussion. The group’s

questions do not only aim to create a richer description of a past experience but also seek to understand commonalities, connections and differences in these experiences. Collective biography (Davies and Gannon, 2009), in this way, has no relation to collective memory, except that collective memory might inform some of the sense-making that happens when personal memories are shared with others.

We came together in Berlin as a group of artists and academics (including the authors of this paper), and shared memories about boundary crossing and childhood experiences where the body gained a prominent role. Participation in the project was voluntary, as well as the consent to use the individual stories in a memory archive available freely on the internet, and as a material ('data') for further analysis. The workshop was part of the international memory research project Re-collect/Re-connect.⁴ The outcomes were memory stories that recounted events of reality-constitutive social facts, such as 'fear', 'secrets', or – for the purpose of this paper – 'mind/body control and dis/obedience', as experienced in former state socialist countries. The analysis of such memories do not only expose the mechanisms which connect the individual with the collective in the processes of identity formation and belonging, but also uncover power relations and cultural and ideological assumptions that nest in its very center. Drawing upon our multidisciplinary background and, using the Thinking-with-Theory approach to qualitative research by Jackson-Mazzei (2011), we borrow and reconsider concepts of each other's disciplines, that "create assemblages that demonstrate a range of analytical practices of thought, creativity and intervention" (Jackson-Mazzei, 2011, p. 717), that speak both broadly and in particular about childhood, socialist modernity and its utopian projects of childhood, and children's bodies as an object of socialization, discipline, politicization, power, and resistance.

Conceptual and Theoretical Framework

Mind and Body Duality

The pair of mind and body walk through history and space as body and soul, material shrine and abstract spirit, contemporary and eternal, flesh and energy. This dualism, an entity made of two halves - yin and yang, male and female, nature and culture, anima and animus, body and mind - has become rooted in the sacred and profane symbolism and, most importantly, in language, in which we communicate ideas about ourselves. Due to a long history of the mind-body dualism, we were socialized under modernity to believe we are a composition of a (separate) physical body and an abstract mind, which science locates into our brain (Lind, 2001; Westphal, 2016).

This dualism is more of a modern epistemology than a reality: "Often the mind is identified with the brain, but minding [thinking, feeling, imagining, reflecting, analyzing] is a function of the brain (and the rest of the body). Similarly, running is a function of the legs, but running and the legs are not identical. If we were to say that we do our running with our run, we would be reasoning similarly to the way we do when we say that we conduct our minding with our mind. In the former case the incorrectness of the statement is obvious" (Gunderson, 1975, p. 317). Gunderson further argues that, while the body is a descriptive symbol of an observable entity, the mind is a word only, an abstraction without existence in the non-verbal world. Thus, to bring the two terms on the equal level of abstraction, we should speak about the minding-body relation, or more precisely minding-bodying processes, to reflect upon the dynamic nature of both ends of the life-living spectrum. The two are inseparable. "When minding ceases, we no longer have a living body and we call it a corpse" (Gunderson, 1975, p. 318).

All bodies, even those apparently created by science, are simultaneously both natural and social (Douglas, 2020; Fox, 2012; Turner, 1995). The body is both fixed and real, as well as constantly changing or constructed. The phenomenological tradition of embodiment (Merleau-Ponty, 1962/2013) points towards a non-dichotomous ontology, where every act and observation come from the perspective of the particular lived body of a culture, society, time, class, age, and gender, shared with others (das Leib, the body-for-

⁴ <https://coldwarchildhoods.org/>, accessed on 12.11.2021. To learn more about the research method, follow ABOUT and then HOW WE WORK WITH MEMORIES. See more on methodology in Millei, Z., Silova, I., & Piattoeva, N. (2022). Kollektiivinen biografia: Lähestymistapa kylmän sodan lapsuuskien tutkimiseen. In K. Vehkalahti, E. Jouhki, S. Lipkin, J. Sitomaniemi-Saari, & T. Kuokkanen (Eds.), *Matkaopas lapsuuden historian tutkimukseen : Monitieteisiä näkökulmia ja menetelmiä* (pp. 162-188). (Historiallisia tutkimuksia; No. 288). <https://doi.org/10.21435/ht.288>

itself, each one of us is a body). At the same time, and in the same physical place, the body is of an individual human being, a 'real' body (der Körper, the body-in-itself, each one of us has a body) (Berger & Luckmann, 1966; Turner, B., 1992). Human embodiment is thus characterized by the ambiguity of being both personal and impersonal, subjective and objective, natural and social (Simonsen & Koefoed, 2020). Along this tradition, it is our aim to engage with the materiality of our bodies, and at the same time pay attention to understanding the ways in which bodies are simultaneously always interpreted, culturally represented, and positioned. We consider the acknowledgement and appreciation of this ambiguity central to understanding the experience of a lived body and embodiment.

Social science gives us rich evidence of different cultural practices related to a lived body, where the mind is perceived as embodied and the body as mindful (Bateson, 2000; Csordas, 2002; Lock and Farquhar, 2007). The evidence highlights the cultural relativity of human experience, shaped by culturally different schemes of classification, while also challenging the seemingly natural division of mind and body, rooted in the western mode of thought. Examples of this may be found in various forms of rituals and transpersonal spiritual experiences. In one classic anthropology, Edith Turner (1992) shows in detail how other cultures allow or even rest within the unity of the two. The Ihamba ritual is central to healing processes of the Ndembu people, in which the coexistence and co-operation of mind and body, which do not appear as separate entities but as a continuum of one another, is the vital ingredient. If one is blocked or restricted, emotions leak through alternative channels, taking an undesirable route, upon which a disbalance occurs, causing the body to ache, or the mind to wander into excitement, sensation or even insanity. To achieve healing processes, body and mind must be a unity (Turner, 1992). Drawing on our childhood memories of moments, when the separation of mind and body is no longer enforceable or possible, we highlight how the imaginary hierarchy between mind and body is disrupted and even transcended into the action of the lived body.

Transcending the Mind and Body Duality in Memories

A memory is the product of a lived body. It is always relational, never stands on its own, while at the same time, it is conceived as very individual and unique because it stores our private experiences, thoughts, emotions, and sensations. Memories construct our sense of self through a holistic approach of experience being imprinted in flesh. The body lives through the episode portrayed in the memory, it is affected, shaped, moved and altered through the experience, but it also remembers and stores the memory into the future for further use, association, identity recollection and reconnection. This is what Bourdieu calls *habitus*, "an active presence of the whole past" (Bourdieu 1990, p. 56) lived in each and every body. This process happens in an environment controlled by culture, ideology, time, and space. Memory is thus contextual, culturally and historically relative, incorporating all aspects of our existence (Assmann and Czaplicka, 1995; Roediger and Wertsch, 2008; Sansi, 2017). The matrix of interpretation of memories is thus not ambiguous but very concrete and shared. Therefore, for people of the same time, space, and culture, a memory often connects to similar bodily sensations, poses, and actions, such as stiffness, tightness, absence of motion, bodily warmth, or butterflies in the stomach (Koch et al., 2014). As such, the memory is a mirror of totalising human experiences.

Memory has often been discussed as a predominantly cognitive process. Scholars have, however, been supporting the adoption of a more holistic approach to memories to overcome and move beyond the Cartesian dualism of mind and body (Fuchs, 2012). After Bourdieu (1990), memory is discussed as *habitus* and theory of practice under which it no longer makes sense to separate the body and mind (Comaroff & Comaroff, 1992; Shaw, 2020). As Kleinman and Kleinman (1994, p.716-717) further explain, "Bodies transformed by political processes not only *represent* these processes, they *experience* them as lived memory of transformed worlds. The experience is of processes sedimented in gait, posture, movement, and all the other corporal components which together realize cultural code and social dynamics in everyday practices. The memorized experience merges subjectivity and social world."

In psychology and psychiatry, memory is widely discussed especially in relation to experiences of violence, trauma, abuse, and loss/grief (Fuchs, 2012; Hirsch, 2002). Body memory is the "embodied

information storage function of the body" (Pylvänäinen, 2012, p. 289) or, differently said, it is what and how: what the body remembers from the past until the present and how the body remembers the past in the present (Koch et al., 2012). According to Koch and colleagues (2012), body memory can be habitual/procedural, situational, intercorporeal, incorporative, pain and traumatic. The division between them was created as an analytical tool and the types of body memory can and do overlap one another. While all of these analytical angles are illuminating, for the purpose of this paper we concentrate on the three types that are most prevalent in our childhood memories.

First of all, there is the incorporative memory. It consists of experiences with others that influence our future interactions. They are the "interiorization" of the gaze upon others. Both culture and family play an important role in this interiorization process, as the gaze of the child needs to be oriented towards the values and rules of the specific social environment through socialization. Progressively, incorporative memory becomes a form of collective memory, or what Assmann and Czaplicka call communicative memory (1995). Young (2002) demonstrates that the body of the child inherits and integrates family traditions, practices, corporeal dispositions: children devise their own presentation of the self in relation to not only family stories, but also bodies, because "bodies are judgements about how to relate to the world" (Young, 2002, p. 26). The body presents itself as a version of the family body, as "memory made flesh" (ibid).

The second type of body memory is related to pain. Painful experiences impact our behavior in the present and in the future. While grief can cause one to withdraw from life (Koch et al., 2014, p. 276), the body maintains a memory of the connection with people once lost, expressed as embodied reactions of "stiff, painful bodies" (Simpkins, 2016, p. 6). This stiffness is frequently present in the childhood memories we analyze. As Hentz (2002) demonstrates, the memory of painful events is, to a large extent, re-lived as it was lived the first time, thus enduring into the future.

The third type of body memory is traumatic memory. It can exist both consciously and unconsciously and be re-experienced without the person understanding why the feelings and sensations surface (Koch et al., 2014, p. 276). These events "manifest themselves in behavior patterns into which a person repeatedly blunders" (Fuchs, 2012, p. 70), thus attempts to forget consciously or subconsciously are doomed to fail. Contrary to this, a conscious re-living of such a memory can have a healing effect upon the individual (Csordas, 2016; Shaw, 2020; Skultans, 2008), as some of us have experienced during our memory workshop.

We have argued so far that all memories are stored as sensual experiences lived through individual bodies (Scheper-Hughes, 1992) and amalgamate a person's individuality with the collectivity of a particular epoch and its ideology (Humphries, 1995; Kleinman & Kleinman, 1994; Poole, 2008). The final part of our theoretical anchor will set the scene in which the memorized events took place.

Socialist Modernity and Childhood

The modern notion of childhood is understood as distinct from adulthood (Ariès, 1996; deMause, 1995; Fass, 2013). What a child is and what childhood is supposed to be are strongly shaped by adult perceptions and, as Sorin and Galloway (2006) argue, children learn 'a way of being' different from adults, in worlds created by others before they were born. As such, childhood is a social construction - both as an idea and as a period of life (James & Prout, 2005) - specific to time and space (Stearns, 2011). Cultures and societies have been and still are devoting a great deal of time and effort to developing elaborate norms and rules, methods and avenues to train children, to capacitate, discipline, and control them (Hochschild, 1979; Lancy, 2008).

Modernity, accompanied by technological expansion, war, and post-war conflicts, brought about destruction and despair, in which countries, societies, ideologies, and cultures had to re-build themselves (Wagner, 2008). Children were seen as the best hope of recovering and prospering. They became the backbone of new political orders (Fürst, 2010; Kucherenko, 2016; Taylor, 2006). In modern nation states, the purpose of children's regulation is to "instill into the young people the values that would enable them to be proper citizens of their nations in the future" (Schumann, 2010, p. 1). A child-citizen was trained not

only to absorb the ideology of the time (Millei & Imre, 2015; Teszenyi et al., 2022), but also to learn and embody the culture, a process synonymous with civilizing the child's actions and body (Millei, 2011; Roubal, 2020).

In the second half of the 20th century, following the Soviet example, East Central European state socialist societies - in which our memories are situated - implemented a series of measures aimed at creating a new society and 'new person' with a particular understanding of individualism and collectivism (Klumbyte & Sharafutdinova, 2013). Children and youth played an essential part in this process. Through self-fashioning/self-realization, children were supposed to develop a "nature-given, unique, and personalized socialist self" that consciously wanted to be useful to society and felt a responsibility to the collective (Krylova, 2017, p. 336).

An important part of socializing children was their correct bodily discipline, self care and appropriate public conduct (Roubal, 2020; Tesar, 2018; Teszenyi et al., 2022). In a socialist society, the lives of most children and parents were separated early on. As mothers went to work a few months after giving birth (and fathers never stopped working), the state provided professional and ideologically oriented institutionalized care, to which the children were expected to be entrusted and where they spent a lot of their time. In East Central European countries, disciplining children's bodies was thus mainly in the hands of institutions, including kindergartens, schools, the health system, sport and youth organizations, such as the pioneers and socialist youth, as well as its ideologically driven leaders. It is these institutions that would mold and shape the 'dis/obedient' body during the Cold War, socializing children along the desired ideals and ideological prescriptions (Georgescu, 2015; Millei, 2011; Rehak, 2014).

Despite the focus on the collective and homogenizing tendencies, the role and responsibility of individuals to comply, to discipline, and to transform themselves consciously, including their own bodies - for example through the civic duty to work, to exercise, to comply with vaccination schemes, to select appropriate hairstyles - were also emphasized and valued (Horvat, 1973; Oates-Indruchová, 2003). Under the modernist project of socialism, the body was idealized and standardized as healthy, strong, amiable, dis-personalized but most of all controllable by the individual's mind. Failure to do so was never interpreted as a failure of the system of thought but rather as a failure of an individual teacher, or that of the child her/himself, having to bear the punishment that followed (Georgescu, 2010; Henschel, 2020; Oates-Indruchová, 2003; Roubal, 2003).

Disobedience to societal norms and rules, and civilizing efforts, are occasionally in social science discussed as a matter out of place, a deviation, a moment of losing control, which will preferably be restored soon. Along this thinking, the body is expected to behave, to fall into place, while the mind is expected to try harder, relentlessly and more systematically to govern the body. As children of socialist modernity, we remember striving to obey and to discipline our bodies, as well as the fear of failure, punishment, embarrassment, and often even humiliation if not successful. We also remember situations when our aim to discipline our body was well beyond the capacity of our mind, no matter how hard we tried. During our childhood, socio-political circumstances made us believe this inability was due to us being an anomaly, showing inadequate effort, inadequate self-discipline and training. The body, however, cannot be colonized by the mind indefinitely since, as we propose in this article, these are not two separate entities, despite the culture we were brought up in.

While studies of socialist childhood during the Cold War have seen a growing interest, as illustrated by the recent special number "Re-Imagining Socialist Childhoods: Changing Narratives of Spatial and Temporal (dis)Orientations" (Teszenyi et al., 2022) published in the *Journal of Childhood, Education & Society*, much of the scholarship on the topic focuses on the practices and policies which aim to nurture and shape future socialist citizens. With this article we aim to contribute to this growing scholarship. By drawing on body memories, we will not only reflect on the impact of attempts at controlling the body, but

also on how the body (re)acts, with the objective of better understanding the embodiment of the mind-body dualism during childhood.

In the following sections, we explore our childhood memories and those of our colleagues, recounting how children's bodies negotiated and struggled under socialization efforts and how they gained, re-gained, and lost control, while at the same time trying to make sense of the embedded and embodied nonsensuous duality between the mind and body they have been socialized into.

Body Memories

Stereotypes Re-affirmed: Childhood Bodies as an Object of Power - Growing up by Gaining Control Over the Body

Our bodies remember being, as children, a vessel of control, measurement, care, observation, socialization, discipline, alteration, and many other dysfunctions-to-be-corrected (Leder, 1990; Hörschelmann & Colls, 2009; Henschel, 2020). Children's bodies have been an object of power on which others exercise their will. This need not be a criticism. While we will address power abuse later in the text, what we want to bring forward at this point is the false but firmly rooted assumption about disconnection between mind and body (Simonsen & Koefoed, 2020). Our stories expose a number of occasions in which childhood bodies were made the object of some common vision, idea or ideology, regardless of time and space. This happened through explicit regimentation that targeted children's bodies through shaping their mind to develop self-control of bodies. Bodies, in this regulatory way, were shaped, dressed, and restricted according to the aesthetics and norms of the occasion, determining children's clothes, hairstyle but also limiting movement and emotions.

It was the first day of school. The young girl was seven and brimming with excitement at the thought of all the new things that awaited her. She feels full of energy, like it will burst out of her body. The school supplies and backpack had that specific new smell that she loved and amplified her emotions. Her heart was speeding. She wanted to move but needed to be careful with the clothes. She was wearing a brand-new blue and white uniform, with new cuffs and collar, perfectly white, well ironed and adorned with embroidery. Her hair had been carefully combed by her mother into two ponytails adorned with big white bows. Her mother had even taken her to a photographer that morning, in order to take a picture of her dressed like this. She hoped she would make many friends among her new classmates. She also felt a bit intimidated by the whole thing. Everything was new and the young girl wanted to make a good impression... <https://coldwarchildhoods.org/portfolio/alone-in-the-classroom>

The girl goes to school for the first time in her life. Dynamic bodily energy - such as excitement, heartbeat, urge for movement - is mandated to be restrained to adhere to the occasion both materially, in the form of a new school uniform that is not tailored for exercise, and symbolically - sitting still at the photographer, having her hair neatly combed (see hair bows and school uniforms also in Dussel, 2005; Millei et al., 2018). From now on, this will be her daily reality for the next ten years, she will need to retrain extra energies, untidy hair and uniform. The girl complies with the expectations and procedures of this rite of passage, exerting self-discipline and restraining her body within the material constraints (clothes, hairpin etc) along with her emotions. At other times, the self-restraint that is demanded to be exercised by her mind over her body is unsustainable.

...The teacher is talking to the students. The girl starts talking to her classmate whispering "What is your name?", already trying to make new friends, at least get to know them. The next thing the girl remembers is being asked to show her palms to the teacher who hits her with a long wooden stick as a punishment for speaking. The girl feels a faint stinging sensation in her palms... <https://coldwarchildhoods.org/portfolio/alone-in-the-classroom/>

In our memories, adults are an authority, because they act as masters of children's minds and therefore bodies, making their minds do things prescribed by social expectations. Discipline and punishment are used to teach children that only by conforming to the rules and properly controlling their bodies can children grow up to be desired persons. Self-formation, self-control and forms of civility are

sought to be developed and governed by children's minds, teaching children that their mind can be in control over their bodies, and hence separated from their bodies.

Frequently, however, power is used for an individual's pleasure or interests and exerted over the child. This behavior ranges from violation of law to self deception on the side of adults. Children in these situations often feel that something is wrong but cannot fully work out what is in their power to do, as we will see in the next two memories.

...On this particular occasion, the teacher was standing behind her and put his hands on her shoulders. It did not feel comfortable but just about bearable. After a while, his hands slipped onto her breasts. She felt shock and horror and her whole body froze. She stopped playing the guitar and her body tensed curling against his touch. The teacher just said 'carry on' and she carried on playing. She did not know what else to do. She knew that this was not right, he should not be touching her. She was a 'good girl' and did not want to offend the teacher by telling him to stop or walking away.... <https://coldwarchildhoods.org/portfolio/only-god-protected-her/>

...All his childhood, he had to have his hair shaved. His mother didn't like long hair on boys. His mother didn't like ginger hair. So she thought if the hair is shaved very often, it will get darker. Almost every week he was at the hairdresser. It was like a curse loop. Over and over again, his mother would monitor the hair, how long it was and that it was time for shaving. It was getting harder and harder to convince him to do so, so she had to invent new excuses and reasons. She started blackmailing him, saying she won't walk with him on the street because it was embarrassing. Afterwards they purchased a shaving machine and they were doing it at home, in the bathroom... <https://coldwarchildhoods.org/portfolio/the-boy-with-ginger-hair/>

The children struggle to conform to the learned ideals of 'good'/'appropriate' child behavior, of letting the adult control their bodies. In the first memory snippet above, the child is trained in the gendered practice of emotional labor (Hochschild, 1979), as well as learning to exist in multiple consciousness, a product of state socialism. She learned the need to suppress (the expression of) certain feelings in public spaces, for example dissenting feelings towards socialist ideology in large scale socialist celebrations, and tries to pretend and regulate her body by suppressing the bodily expression of her emotions. The child body fails to completely follow the learned patterns of behavior and freezes, tenses and curls in an unsuccessful attempt to slip out from the adult's domination. In the second memory, the child's hair is an unwanted color, perhaps a sign of unwanted difference or even stigma. The mother does not even engage the child to control his body, the hairdresser is recruited to exercise this control and cut the hair regularly. In light of increasing resistance from the boy, the mother enlists forms of emotional violence in her quest to control the child's body. In both memories, adults seem to effortlessly slide over such tension and expect the child to exercise the control over their bodies the adults themselves seek to exert, to quiet the rebellion of the child. As long as the control endures, and no matter of what price, everything is labeled all right.

A socialist child is a development project, a semi-finished product, a tabula rasa (deMause, 1995; Silova et al., 2018), which only through education, discipline and training will reach full humanity. Under socialist modernity, children strive to grow up, since adulthood is presented to them as the real world, the time that matters, the time when life gains sense and meaning by being able to participate and contribute to the common goal of building the happy state and happy future (Georgescu, 2015). Under socialism, children are valued not for their immediate contribution but for their future possibilities (Fürst, 2010; Kucherenko, 2016, Taylor, 2006). Only occasionally, they get the taste of the adult world.

She is in the hospital bed, waiting for tonsil extractions. There was no room in the children's ward, so they admitted her to the ladies' room. She felt privileged, she felt special. ...The buzzing of the neon lamps is only interrupted by soft conversations about knitting patterns and strawberry pesticides. She feels lonely. The ladies quickly run out of short informative polite questions to which she gives short polite informative answers. Nobody to talk to. She is terribly lonely. She wants to cry but nobody cries around here. Not here. Here are only adults. She was placed here, because she looks like an adult... <https://coldwarchildhoods.org/portfolio/adult-hospital-ward/>

The child strives to control the body with her mind, as she was taught - it is an 'adult' thing to do. Mastering emotions and restraining the body accordingly gives a child a ticket into the adult world - not only symbolically throughout school attendance, all tuned into this idea, but also - on some occasions - in reality, as if getting a taste of the adult world. Despite being unhappy and uncomfortable, the situation is not interpreted as a threat but as a distinction, an honor. Despair, discomfort, dys-function of the body

(Leder, 1990), the bodily signal of 'something being wrong' is re-interpreted and consecrated as a necessary step into adulthood.

Stereotypes Dys-affirmed: Childhood Bodies as a Subject of Power - When the Body Overpowers the Mind

Collected childhood memories are full of stories where we as children try to behave, comply, teach, and force our bodies but the results simply do not arrive. The body can refuse, resist, and 'speak back', thus leaving the child in confusion, not being able to make sense of it, imprinting it in body-memories.

...A nurse comes in the evening, handing each person a thermometer and medicine, asking each and everyone: "Did you have your stool today?" The girl panics. What on earth is she talking about? What is a stool? Surely, she does not mean the chair to rest one's feet after a long and tiring day!?... She is helpless, shy, ashamed for not knowing, not being the big girl. Apparently, 'yes' is the correct answer to the nurse's question, every woman answers yes, so will she. But what if she misses something vital? What if the stool is some kind of a pill necessary for her operation?She dares not to ask, not to betray the trust of all those who have chosen for her to be among the adults. She wants to comply, to keep up the facade, the mask, to stay in control. The mind is determined but the body betrays her. She develops diarrhea and fever and receives a pill to cure both. In the morning, they move her downstairs to the children's ward. She feels she is allowed to be a child again; she allows herself to cry.
<https://coldwarchildhoods.org/portfolio/adult-hospital-ward/>

A taste of the adult world, originally perceived as a treat by the child, may soon turn into a nightmare. The child perceives the adult world as remote and obscure, with unknown words and attitudes difficult to copy, where feelings are not freely expressed, where everyone seems to be in control and their bodies behave as prescribed: a stool a day. The child is convinced of not belonging to this world to which she does not have the codes. She is terrified of the idea of being discovered as an impostor. Despite the child's best efforts and emotional labor to behave as expected, as 'a big girl' or a 'woman', body symptoms express the turmoil and pressure she is experiencing. These symptoms expose the child's lack of belonging in the adult sphere. The balance between training and harming the body is very difficult to determine, once Cartesian dualism is upheld and the mind is trained to reign over the body.

Sporting activities are some of the other fields where these battles are often performed.

...The regional competition took place the day before. She did her usual combination: javelin, discus, shot put and long jump. She already felt the pain as she pushed off during the long jump and then on the way home sitting on the bus she could hardly bear the pain. By morning she could not move. Even the tiniest of movements came with shooting pain. As she was lying in bed motionless, she slowly buried her dream of becoming an Olympic champion.
<https://coldwarchildhoods.org/portfolio/backpain/>

When symptoms are ignored, pain overpowers the senses. The mind wishes to push aside, to bury the messages, it keeps training and regain control over the pain, in an attempt to dismiss a reality the mind is not ready to accept, which is inappropriate, not in line with wishes, ideologies or expectations. Distress expressed through illness, injury, and overwhelming pain, makes the child facing an undesirable reality, the loss of a dream.

Childhood is also a world of incomplete knowledge (Brown, 2003; Postman, 1994), especially when it comes to sexuality and bodily functions. In order to preserve ideals of childhood innocence, children were at some historical point envisioned by adults as in need to be isolated from all that pertains to the constructed adult world, such as war, violence and sexuality. It was achieved by isolating children spatially from the world of adults (through schools, children's rooms, etc.) and establishing the written word as a main channel of communicating information, encoded in books rather than transmitted orally as local knowledge or gained by keen observation. Such a modernist idea of a child as incomplete goes hand in hand with schooling and appropriate socialization on their way to complete humanity - complete adulthood.

In such a childhood, the body is sought to be controlled but not completely known or understood. Partial knowledge leads to panic and anxiety.

...The girl was at home all alone. In pain. Something was wrong, but she was not quite sure what. An unfamiliar pain in the stomach - extending into her lower back - the pain she had she never felt before. It started earlier in the day

when she was at school. She tried to ignore the pain then, counting the minutes until the classes were over and hoping that she would feel better after coming home. But the pain was only getting worse. And her anxiety was growing. Then the blood. Both on her panties and on the toilet paper. The feeling of horror that something is really really wrong. What was happening to her? Was she dying? Life cut so short. Her parents' expectations never met. Panicking, she tried to call her mother at work, but there was no answer... <https://coldwarchildhoods.org/portfolio/not-going-to-die-period/>

As in the previous memory, the ignored bodily expression does not go away but subjugates all else. Information and explanation may help but it does not suffice to overcome the pain and distress. In the end it is by acknowledging the reality and aiming to understand what is happening with her body that the crisis is averted.

Some Concluding Thoughts

Stories of childhood about everyday spaces and experiences of state socialism are instances of constant re-interpretation and re-positioning woven together during the collective biography workshops. With the analysis of these memories, we reflect critically on the cartesian mind/body separation, the ontology in which modern western humans are dominantly socialized, taught to think and understand their experiences. In unison with other theorists, we proposed that this is one possible interpretation of human existence that has particular consequences for children's everyday lives. As it has been pointed out many years ago by Gunderson (1975), the mind and body dualism is more of a modern epistemology than a reality. The two are inseparable, yet we keep teaching children about their separateness and demand that once learned they can exert control over their body with their mind in line with societal expectations of civilized behavior. Moreover, because these bodily memories are less spoken about, how socialization efforts create bodily memories as effects of pedagogical intentions are less discussed yet have long lasting reverberations.

Childhood under state socialism was characterized by a belief in standardization, normativity, universalism and discipline, based not only on physical punishment as during pre-modern times but also on compliance to ideological norms. Institutions used specially developed pedagogies to lift the community needs over those of the individual, to teach equality through universalism, and paid special effort to teach children to internalize the norms associated with the social and socialist ideals, and to comply with them, including body regulations and a primacy of will over the body. Different state socialist countries and in different time periods applied varying levels of force to enact this type of socialization, towards the shared aim to turn children into the new socialist 'man', disciplined and with a steel will on improving himself to improve society (Millei, 2011; Silova et al., 2018). When children failed to succeed, it was predominantly interpreted on the grounds of insufficiency of training, knowledge, age and time investment. Growing up into adulthood under state socialism was therefore closely connected with mastering the body with the mind, despite its dys-comfort, dys-agreement or simply dys-function (Leder 1990). While we are aware that in other non-state socialist countries then and today the mind-body dualism is also taught and learned, and discipline and control are applied as part of school practices, we wanted to show how these efforts specifically translated into everyday experiences of socialism that childhood memories narrated. Our memories, however, also tell about numerous occasions when events did not run as intended, when the body resisted being governed to the extent that it 'spoke back', it was heard and listened to, or even took over the situation. Thus, full control has never been possible and the symptoms often eclipsed these powerful efforts to completely instrumentalise children for socialist ideals.

With this article, we did not seek objective truths of childhood or of state socialism, simply, we wanted to understand better how an idea of mind-body division becomes embodied during childhood taking this particular case where ideology and its socialization received great importance. However, our exploration connects with experiences in other parts of the world showing the similarities of socialization in schools and everyday life. Drawing on body memory, which is a visceral and muscular choreography with the world (Koch et al., 2014), demonstrates the necessity of creating new ways to understand our being in the world in which mind, body, and emotions are never separated. New theorizing could also help in identifying new methods of analyzing and teaching ways of being and becoming. Since childhood and

growing up are interwoven processes of *mind*ing and *body*ing, we argue the interest of a change of vocabulary, theory and pedagogical practices by focusing on processes rather than outcomes (Jackson and Mazzei, 2011).

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Parenting young children with developmental disabilities: Experiences during the COVID-19 pandemic in the U.S.

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Abstract: High-stress events (e.g., natural disasters, political unrest, disease) significantly impact the lives of children and families. The Coronavirus Disease 2019 (COVID-19) is one event that has brought numerous hardships to families and children with developmental disabilities (DD), likely exacerbating already heightened levels of stress. For this study, we interviewed mothers living in the U.S. (N = 14) of 2- to 8-year-old children with DD about how COVID-19 has affected their family life. The interviews examined how the pandemic impacted (a) their child's educational, therapeutic, and medical services, (b) their stress and resiliency, and (c) their parenting role as an advocate, educator, and interventionist. The results of our thematic analysis of the qualitative data highlight four domains with themes that describe families' experiences as indicated by the mothers interviewed. Voices of families are essential in the delivery of effective and ethical early intervention for young children with disabilities. Based on the data from these interviews with mothers, suggestions for family-focused intervention to support families during high-stress events are discussed. As the long-term effects of the pandemic remain unknown, suggestions for future research to continue to examine the impact of high-stress experiences on young children with DD and their families are also presented.

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Introduction

Early childhood (i.e., infancy through 8 years) represents a particularly critical time for children with developmental disabilities (DD) where early intervention services and supports (e.g., educational, speech-language, occupational, and physical therapy, respite care, social work, service coordination) are critical to promote learning and to enhance positive child and family outcomes. The timing and intensity of early intervention services are essential contributors to positive outcomes. Children receiving appropriate services at an earlier age in conjunction with family support often have more favorable outcomes than those receiving services later (Guralnick, 1997; Nahmias et al., 2019).

During the early responses to coronavirus disease 2019 (COVID-19), parents experienced rapid shifts in their daily life, including delayed early intervention services and the loss of essential supports such as respite care, social networks, and financial stability (Chen et al., 2021; Patrick et al., 2020). COVID-19 restrictions led many parents of children with DD to experience extreme stress, challenging their resiliency due to unexpected changes in routines and daily life (Asbury et al., 2021; Cooke et al., 2020; Gonçalves-Pinho et al., 2021; Iacob et al., 2020; Neece et al., 2020). Parents reported low mood and feeling overwhelmed as they became wholly responsible for their child's early intervention, resulting in feelings of worry for their child's development and future. Many parents of young children with DD described balancing work,

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virtual school, lack of childcare, changes in routine, and family mental health needs as significant burdens (Asbury et al., 2021; Jeste et al., 2020; Neece et al., 2020).

Research suggests that the stress and overall adverse effects of COVID-19 have been high for parents of preschool-aged children with DD (Manning et al., 2020). Indeed, throughout the pandemic, parents have needed to provide direct support and mediate therapies for their young child with DD while carrying the ordinary responsibilities (e.g., managing daily living and responding to challenging behaviors) associated with their child's unique needs and their own (Jeste et al., 2020). Thorell and colleagues (2022) examined parents' experiences in providing education to their children with mental health conditions during COVID-19 restrictions and school closures in several European countries. Parents reported negatives to isolation, including high stress, family discord, and disconnection from support networks. Their findings showed minimal variation across locations, suggesting that the adverse effects of COVID-19 restrictions are not bound by geography .

Changes in Parent Stress, Children's Development, and Support Systems

Evidence suggests a reciprocal relationship between child behavior problems and parenting stress over time in children with DD, with child behavior problems contributing to parenting stress and parenting stress, in turn, contributing to further child behavior problems (Neece et al., 2012; Taylor et al., 2001). Several studies have documented that mental and behavioral health has worsened during the COVID-19 pandemic in school-aged and preschool-aged children with DD (Asbury et al., 2021; Bentenuto et al., 2021; Neece et al., 2020; Nonweiler et al., 2020; Patrick et al., 2020; Schmidt et al., 2021). The pre-existing high parental stress and challenging child behavior were exacerbated to extreme heightened levels by the onset of the pandemic and shutdown in the U.S.

The pandemic eliminated essential therapeutic services (e.g., speech, occupational, physical, and behavioral therapy). In a national U.S. survey, a quarter of families reported losing access to all services, negatively affecting their children's social-emotional development (Jeste et al., 2020). Studies have begun to establish a link between those service deficits and increased challenging behaviors by children with DD (Bentenuto et al., 2021). The increases in challenging behaviors could also be exacerbated by a child's limited ability to understand why changes to routines and services were happening (Asbury et al., 2021).

For children with primary speech and language delays, preschool is a period of significant growth in functional and pragmatic language skills, making it a critical period for intervention (Conti-Ramsden & Durkin, 2012). Jeste and colleagues (2020) report that during the pandemic, up to 52% of children no longer received speech therapy, and 43% lost educational services due to school closures. For children with delays in social reciprocity and communication, such as children experiencing an autism spectrum disorder (ASD), the loss of formal and informal socialization opportunities (e.g., social skills groups, community recreation, in-person preschool) has broadened their developmental differences from their peers.

The rise in behavior challenges and developmental concerns in response to limited services will likely continue to emerge for families with young children with DD. In a recent scoping review of the global impact of service disruption in early education, Kunze and McIntyre (2021) summarized research findings as suggesting that the extent of the disruption caused by COVID-19 will unfold over many years. Such disruption in education and support has exacerbated various risk factors (e.g., geographic isolation, low socioeconomic status, severity of child's behavior) in families with young children who experience DD. Many research outcomes in this review call for systemwide educational change, including the requirement of broader availability of early education and an increase in quality standards for school and therapeutic services to prepare for the unfortunate likelihood of future emergency interruptions.

Positive Outcomes

Despite reporting significant challenges, parents also report positive aspects of receiving early education and therapy in the home during COVID-19 restrictions. For example, 35% of parents of school-age children (as young as age 5) with mental health conditions in Europe reported positive effects on themselves, and 24% reported positive effects on their children during school closures (Thorell et al., 2022).

During the early pandemic response, many parents of preschool children with DD reported that the pandemic had some valuable outcomes, most commonly reported as more time with family and the opportunity to observe their child's developmental gains (Neece et al., 2020). Additional favorable effects of closures were noted in children who felt most comfortable at home due to social anxiety (Asbury et al., 2021). Studies of preschoolers specifically have noted gains in developmental and adaptive skills while receiving telehealth intervention services during COVID-19, especially in those interventions with parent coaching components (Kunze et al., 2021; Neece et al., 2020).

In the context of COVID-19 and other high-stress experiences, research highlights the importance of resiliency and advocacy for parents of young children with DD (Iacob et al., 2020; Patterson, 1991; Rossetti et al., 2021). Resiliency, specific to families with children with DD, as defined by Patterson (1991), is the parent's ability to recover from adversity and adapt to changes caused by hardships. In a crisis, resilient families can reorganize and reconnect with their support systems to withstand the weight of a stressful situation. Advocacy is defined as redirecting adverse thoughts and feelings into constructive actions (Rossetti et al., 2021). This call-to-action mentality speaks to parents' drive and skill set to respond to inequity and injustice, ultimately seeking outcomes advantageous to their needs. The outcomes of family-focused early intervention research suggest that parent empowerment, often achieved through bolstered knowledge of diagnoses and child development, skills in seeking and accessing services, and social resources to build support networks, all improve resiliency and lead to advocacy (Iacob et al., 2020; Patterson, 1991; Rossetti et al., 2021).

Theoretical Framework

Two frameworks are relevant to understanding early intervention and systems of support for families- Bronfenbrenner's Ecological Model (Bronfenbrenner, 1979) and the Transdisciplinary Model (Bricker et al., 2020) are described here. While Bronfenbrenner's (1979) ecological model is not specific to children with DD, the representation of support systems surrounding the child and family are appropriate for this context. Specifically, Bronfenbrenner places the child in the center of a circle which is then surrounded by a support system (e.g., family and educational services). Specifically, this group is called the microsystem, which in the context of early intervention, would provide specific services and supports for the child. When the microsystem is functional, the intervention services (e.g., speech pathologist, behavior therapist), interact with the family to best support the child. The intervention service providers also interact with one another, suggesting a transdisciplinary model. A transdisciplinary model in early intervention allows for goals within various developmental milestones to be practiced in different contexts and repeated with multiple professionals for an increased likelihood of improved skills and familial competency. Promoting the transdisciplinary model can support families with young children in advocating for services as their voice is valued and central to decision-making. (Bricker et al., 2020). Capable professional support systems can act as a buffer for other stressors (Estes et al., 2019).

The COVID-19 pandemic impacted young children with DD and their families at a disproportionately higher level due to an increase in stressors to an already overburdened family unit (Ren et al., 2020). Additionally, the removal of necessary support systems (i.e., intervention services) due to school and business closures, negatively impacted family functioning (Hochman et al., 2022). Figure 1, *The Importance of Service Support*, is based on the ecological and transdisciplinary models as described here. Figure 1 provides a visual model of a functional microsystem with intervention support (i.e., speech therapist, occupational therapist, and Behavior Analyst) and collaboration (i.e., arrows suggesting interaction) in place creating a protective barrier which blocks stress for families. This functional microsystem is compared to a dysfunctional microsystem where supports are removed and the family is exposed to stress depicting the situation for many families during the COVID-19 pandemic.

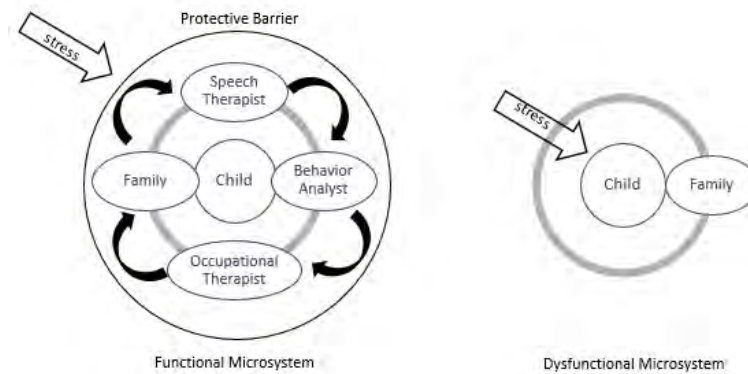


Figure 1. The importance of service support

Current Study

High-stress events (e.g., natural disasters, political unrest, disease) significantly impact the lives of children and families in the U.S. The COVID-19 pandemic is just one example. Thus far, research suggests this event will warrant an increase in mental health, educational, and developmental services for all children, especially those with disabilities, well into the future (Howard-Jones et al., 2022). This study aimed to elucidate how service delivery loss and change affected children, parents, and family units. We conducted qualitative interviews with mothers to answer three research questions about their experiences in the wake of the COVID-19 pandemic. The research questions (RQ) we sought to answer were:

RQ 1: How have changes in educational, therapeutic, and medical services affected families and children with DD?

RQ 2: What effect have COVID-19 restrictions had on parental stress and resiliency toward pandemic challenges (e.g., reduction or loss of employment, limited respite care opportunities, social isolation, and homeschooling)?

RQ 3: How have parental roles (i.e., advocate, educator, and interventionist) been affected by COVID-19 restrictions?

This study followed an initial set of qualitative interviews which examined the impact of Covid-19 on early childhood special education professionals (see Gomez et al., 2021). This study was funded by the National Institute on Disability, Independent Living, and Rehabilitation Research-funded project *Tiered Online Training and Supports*, which also focuses on young children with DD and their families (AWARD # 90DPHF0003).

Method

Participants and Recruitment

Parents were recruited from two geographical regions (mid-west and Pacific north-west) in the US. Participant recruitment was done through outreach to professionals within a children's medical center (e.g., administrative representatives), early childhood special education professionals (e.g., early intervention providers and teachers), and advisors from community organizations (e.g., social workers and case managers). After receiving permission to contact participants, research staff informed parents about study details and collected demographic information before conducting interviews. The participants that agreed to receive a consent form by email identified as mothers, and therefore mothers became the focus of the study.

A research assistant emailed 17 mothers of children with DD. Three mothers did not respond, and the other 14 consented to participate in the interviews. After completing 12 interviews to reach the recommended number for potential saturation of themes (Guest et al., 2006), researchers decided that completing the final two interviews, which were with participants with historically marginalized

racial/ethnic backgrounds, would add unique context and perspective to the study. Children varied in diagnosed disability (e.g., ASD, cerebral palsy). The parents who were interviewed represented a range of educational levels, employment statuses, household incomes, and marital statuses. More than half of the parents had multiple children with a diagnosed disability or delay. Participants each received a \$70 honorarium for their participation. Demographic information for participants is provided in Table 1.

Table 1. Participant demographics

Participant Demographics	M (SD) or %	Range or <i>n</i>
Child Age (Years)	4.43 (1.60)	3-6
Child Sex		
Male	--	9
Female	--	4
Child Developmental Disability*		
ASD	57.14%	8
ADHD	14.29%	2
Global Developmental Delay	28.57%	4
Speech Delay	28.57%	4
Genetic Syndrome	14.29%	2
Motor Disorder	21.43%	3
Other Mental/Behavioral	14.29%	2
Multiple Children with a Disability	64.29%	9
Parent Age (Years)	34.50 (7.53)	24-52
Parent Marital Status, Married/Living with Partner	64.29%	9
Parent Ethnicity, Non-Hispanic	85.71%	11
Parent Race		
Latina/o/x	--	1
Black/African American	--	1
Mixed Race	--	1
White/Caucasian	--	11
Parental Education		
Less than HS	7.14%	1
High School/GED	0%	0
Some College/Associate's/Trade School	50%	7
College Degree	28.57%	4
Graduate Degree	14.29%	2
Employment Status		
Full-time	50%	7
Part-time	21.43%	3
Unemployed/Stay at Home	28.57%	4
Geographical Category		
Urban	14.29%	2
Suburban	64.29%	9
Rural	21.43%	3

Note. *Categories are not mutually exclusive. ASD = Autism Spectrum Disorder; ADHD = Attention Deficit Hyperactivity Disorder; GED = General Education Degree

Thirteen of the fourteen participants reported their child attended either a school program or daycare, and ten families participated in outside therapeutic services (e.g., applied behavior analysis, speech, occupational, and alternative) before the COVID-19 pandemic. All families reported an interruption in their child's schooling or therapeutic services once COVID-19 resulted in a national lockdown.

Virtual schooling and therapies were offered to all families. Two families declined to continue school, and four discontinued therapies for their child with a disability via a virtual platform.

Interviews

All authors collaborated to create interview questions that specifically targeted parent experiences. The interview protocol was developed by members of the research team who had experience working with

early childhood special education populations and piloted in previous research (see Gomez et al., 2021). The interview protocol was then reviewed with two 15-member advisory boards (AB), one in the mid-west and one in the pacific northwest. These ABs are an extension of the board serving the NIDLRR-funded parent project (McIntyre et al., 2018). Two-thirds of the AB members are self-advocates and family members, and one-third are professionals in the field of DD. Interview questions and probes aligned with the RQs as shown in Table 2.

Table 2. Study research questions, interview questions, and probes

RQ#	Interview Questions and Probes
1	Question 1
	<ul style="list-style-type: none"> How have services for your child changed during this time? <p><i>Probes:</i> Tell me a little about how services were before COVID compared to now. How do you feel about that? Are you using video conferencing (Zoom, Skype, Facetime) or other ways of connecting with service providers? How has this been working? Is your child being asked to learn things through a virtual environment? How is that going?</p>
	Question 2
2	<ul style="list-style-type: none"> During this time, what are your thoughts about the quality of services you received? <p><i>Probes:</i> Challenges? Positive changes? What are your service providers doing that works well during this time? What could be better to meet your service needs?</p>
	Question 3
	<ul style="list-style-type: none"> If your services were put on pause and then reconvened, how did that look? <p><i>Probes:</i> How many days or weeks were the services put on pause? Which services/evaluations came back for your child? Which ones are you still waiting for? What was communication like with your service provider(s) during the period when they were shut down?</p>
3	Question 4
	<ul style="list-style-type: none"> Have there been benefits or surprising opportunities for you during this pandemic? <p><i>Probes:</i> In this extended time together, have you learned anything new about your child or yourself as a parent?</p>
	Question 5
	<ul style="list-style-type: none"> To what extent have the changes in services affected your family/child? <p><i>Probes:</i> Have you discovered any new strategies that have helped your child/family throughout the day?</p>
	Question 6
Final	<ul style="list-style-type: none"> What coping strategies are you using for yourself during this time?
	Question 7
	<ul style="list-style-type: none"> How do you see the coronavirus pandemic affecting your services/family/child long-term? <p><i>Probes:</i> Have you observed any changes in behavior? How do you feel about those changes?</p>
3	Question 8
	<ul style="list-style-type: none"> How are things going for you since the beginning of the stay-at-home orders, social distancing, and remote services due to COVID-19? <p><i>Probes:</i> What has been most challenging? What is going well? Have your family/child/personal needs shifted due to COVID-19? Have life circumstances changed?</p>
Final	Question 9
	<ul style="list-style-type: none"> Are you being asked to teach your child skills while you are at home? How is that going? <p><i>Probes:</i> Are you getting specific instructions from your provider? How is that working? Could you describe this to me?</p>
Final	Question 10
	<ul style="list-style-type: none"> What are your hopes for the future? Is there anything else you would like tell us?

Note. Each session was scripted to begin with “We want to first acknowledge the extraordinary circumstances we all find ourselves in because of the global pandemic, COVID-19. We would like to ask you some questions about your experience during this difficult time to see how your child and family have been impacted. As always, if there are any questions you don’t want to answer, please tell us you’d like to skip.”

Participants completed interviews using HIPAA-protected Zoom video conferencing technology, which lasted 60–90 minutes. The interviews were conducted by a doctoral researcher trained in early childhood special education and a graduate student with experience interviewing for qualitative research. Both interviewers have extensive experience collecting interview data from parents of children with DD and working with this population in clinical settings. The five-member analysis team consisted of two qualitative research experts, one doctoral researcher with extensive experience working with the population of interest (content expert), and two additional researchers who conducted interviews with the content expert.

Interviewers followed a semi-structured protocol to allow the participants to share their open-ended, nuanced, and salient experiences, which are best captured through interviews. Participants were asked

questions about their family structure, how services have changed during the pandemic, coping strategies, and the potential long-term impact of changes in service delivery. Interviewers followed up questions from the protocol with probes to foster a conversational interview environment and provide more opportunities for detailed responses to protocol questions. To ensure data accuracy, interviewers transcribed and edited their interviews (i.e., adjusted for common homonyms in the English language such as their and there). The analysis team met weekly throughout data collection to review interviews and discuss emerging themes.

Data Analysis

Thematic Analysis, a structured method for rigorously analyzing interview data and identifying salient patterns or themes, was the primary framework for analyzing the data (Braun & Clarke, 2006, 2020). The analysis team used the entirety of the data set to determine organized themes inductively after carefully reading the data and then identifying semantic (as opposed to latent) themes within a critical realist epistemology. We chose a critical realist epistemology because we believe these participants are capable of examining the systems in which they participate, resulting in conclusions about the tangible or material ways they have been affected by COVID-19. Conversely, we also value that, within a critical realist epistemology, we are not required to discount additional causal factors that impact the systems in which our participants operate as a result of COVID-19 (Bhaskar, 1989). Additionally, critical realism provided a framework for the careful analysis of underlying relationships between the events being studied, while still leaving room for the authors to provide strategic recommendations and implications (Fletcher, 2017). Each design decision listed above is essential to a rigorous Thematic Analysis, which was discussed and finalized before the start of the study (Braun & Clarke, 2006).

The analysis process was iterative. After the conclusion of each interview, the analysis team read the data carefully to identify potential codes or salient ideas. To improve the reliability of the coding process, the analysis team met weekly to discuss their findings and reach a consensus on the salient codes. The consensus was achieved through a three-step process. First, each researcher identified codes they found to be relevant during their analysis. Second, each section of data associated with a specific code was discussed synchronously by the analysis team to determine how each researcher categorized and described the same section. Third, the analysis team came to a consensus about how each example of text would be described and coded in future interviews. Notably, researchers recognized that each of our identities, perspectives, and goals impacted the ways in which we analyzed data. Though we came to consensus we acknowledged that all analysis is affected by inherent biases. After consensus about the unique codes, the qualitative research experts identified themes within the data. The analysis team then met to determine which statements of participants were exemplars of each of the themes. Next, the analysis team finalized, defined, and described each theme. After themes were finalized, domains were created to organize and categorize the themes identified in the data. Codes were initially documented on the transcriptions in Microsoft Word and then were transferred into Dedoose (2019) to document the creation of themes.

An example of the process in its entirety: (a) the analysis team noted that some sections of the data were coded as positive aspects and outcomes of COVID-19. The team came to a consensus determining that these data would be coded as positive outcomes of the pandemic leading to the theme entitled *Future Worries and Positives*, which ultimately fell under the domain of *Effects on Education and School*.

The analysis team used the recommended practices made by Brantlinger and colleagues (2005) throughout the analysis to facilitate a trustworthy and credible qualitative study. Such practices included engaging in investigator triangulation (through coding by consensus), first-level member checking, engaging in collaborative work in each step of the analysis process, debriefing with authors/peers who were not on the analysis team, and creating an extensive audit trail of each decision concerning code, theme, and domain creation. Braun and Clarke (2013) also identified the importance of “dependability” or “trustworthiness” in the analysis process, and engaging in the decision-making process as a function of completing a Thematic Analysis, further echoing Brantlinger and colleagues’ (2005) critical perspective of a trustworthy and credible qualitative study.

Results

Our analysis produced four domains in which families reported significant effects from COVID-19. Each domain contains the research team's frequent and salient themes. The organization of the domains and themes paired with each RQ and the number of participants who discussed those themes can be found in Table 3. Parents reported both positive and negative experiences, including suggestions for remediation. Each domain includes themes specific to participants' resiliency, examples of positive outlook, and coping strategies. The results are presented with participant quotes by domain and theme in relation to the study RQs. Domains 1-3 support findings in response to RQ1 and RQ3. Domain 4 supports findings in response to RQ 2 and RQ 3. Quotes are identified by participant (P) number.

Table 3. Domains and themes

Domain #	Domain Description	Themes and Number of Participants Who Commented
1	Effects on Education and School (RQ 1 and 3)	<ul style="list-style-type: none"> Disparities for children with disabilities ($n = 13$) School and community support ($n = 13$) Importance of communication ($n = 12$) Future worries and positives ($n = 14$)
2	Effects on Therapeutic and Medical Services (RQ 1 and 3)	<ul style="list-style-type: none"> Loss and changes in services ($n = 14$) Navigating the service system ($n = 14$)
3	Effects on Child with Disabilities (RQ 1 and 3)	<ul style="list-style-type: none"> Change in routines and transitions ($n = 14$) Social engagement ($n = 12$) Positive outcomes ($n = 13$)
4	Effects on Parents and Family (RQ 2 and 3)	<ul style="list-style-type: none"> Pre-COVID challenges magnified ($n = 11$) Parent resourcefulness ($n = 14$)

Note. Each participant contributed to each domain. Themes were not mutually exclusive.

Domain 1: Effects on Education and School

To answer RQ 1 and 3, all fourteen participants described positive and negative aspects of how school closures and changes in service delivery affected their child's education and school experiences. Parents' unique experiences with schooling during the pandemic are presented in quotes and summarized as four themes: (a) disparities for children with disabilities, (b) school and community support, (c) importance of communication, and (d) future worries and positives to carry forward. Participant quotes are labeled by Participant (P) number with a description of their child's age and primary diagnosis.

Disparities for Children with Disabilities ($n = 13$)

Parents identified disparities in how COVID-19 restrictions affected school services for their child with a disability and those without disability. The issue of educational inequity was mentioned across interviews and included concerns about the legality and lack of individualization of their child's education. Parents voiced fears about losing the right to educate their child in public schools. One parent commented:

I think that was a fear for a lot of parents the concern that we were going to lose our rights...making sure that our kids had their services that they were entitled to. Moving forward, just staying hypervigilant and trying to make sure that that doesn't happen. (P5: Mother of twin five-year-old children with ASD)

Individualized learning in hybrid, virtual, or limited in-person sessions was also a concern for parents. A mother of two children with ASD discussed virtual learning for her 3-year-old and said:

I do feel there is a difference with families that have kids with disabilities and those that don't. I stopped doing it. I just didn't feel it was productive enough for us, for me, to sit down and Zoom where I could do something better with those 40 minutes. (P3: Mother of three-year-old with ASD)

One mother described remote learning as having minimal focus on the IEP goals for her daughter: "I tried remote learning with her. But the remote learning the school offered wasn't based on IEPs. So, it made it a lot harder." (P7: Mother of a six-year-old with speech disorder).

Parents discussed specifics about their children's IEPs and special educational needs overall. Exceptions and limits to what schools could provide were an issue for many families. For example, some schools provided limited or no bus service.

My child can't go to school today because they can't get a bus for him to ride? It's in his IEP... that's a service that you're required to provide to him by law. And you're just going to email me in the morning and tell me that you can't do it? It's not acceptable. (P5: Mother of twin five-year-old children with ASD)

Another concern discussed by parents was the limited progress made by children on IEPs during the pandemic.

My kids have fallen behind further than what they were already... it sort of feels like schools are using COVID as an excuse for that, "Don't worry that your son can't write his name anymore, even though he could before. Because all of the kids are falling behind." It feels like it's an excuse... they're not trying as hard as they could. (P6: Mother of a four and six-year-old with ASD)

School and Community Support (n = 13)

Experiences with support varied across families. Supports include respite care, social work, service coordination and therapeutic services (e.g., educational, speech-language, occupational, physical). Some participants indicated that they received support from the school or early childhood programs. A parent provided the following examples:

When we had the toilet paper shortage, Head Start was the ones that actually ordered it. They were ordering hand sanitizer by the gallon and toilet paper and giving it to families that couldn't get it. (P6: Mother of a four and six-year-old with ASD)

Elementary schools were recognized as providing some support as well. Parents said their schools provided activity options, ideas to assist with self-regulation, and visual tools for communication and scheduling. One parent shared that COVID-19 prompted more outreach between school and home:

At first, they kind of pushed the information on me. And then I was like "okay this thing works, so let me ask about this too." They do give really good resources and information. If I need help with something, they're willing to help. (P7: Mother of a six-year-old with speech disorder)

Some mothers found support by reaching out to other families in similar situations and relying on extended family members. For others, COVID-19 eliminated the opportunity to rely on others. For example, some families felt it was not safe to use grandparents in child care as they did prior to the pandemic. Other families created small groups with extended family members to limit exposure with people outside of that designated group. With children out of school, one single Mother had to rely on others for support but found it difficult to get help: "My support system has gone from humongous, down to like 10 people... if I'm lucky." (P2: Mother of three-year-old with ASD, four-year-old with global delay and six-year-old with ADHD).

Importance of Communication (n = 12)

Parents discussed the importance of communication between the school and families and focused on concerns, including variability in the amount of communication (e.g., too much, too little) and mode of communication (e.g., virtual) A parent recounts difficulty navigating virtual communication during IEP meetings.

When we had an IEP virtually I thought "oh, everyone's here!" But then they just leave and didn't even say bye, they just left. I didn't even know that they weren't in the meeting anymore until the end. And I was like, "Wait, we lost the person." It affects the trust. (P5: Mother of twin five-year-old children with ASD)

The content of communication was also addressed. For example, a parent reported receiving limited information about the kindergarten transition: "When he turned five, they cut out his services completely because it rolls over to the elementary school, but schools are closed, so his services have been in limbo" (P1: Mother of five-year-old with speech delay). This parent found that navigating the kindergarten transition without assistance from the school was difficult. "I thought you can sign paperwork, and your kid's in school. And now, I have multiple emails and multiple different contacts, and not even a start date for when they may even have school open for him to begin" (P1).

Another parent described frustration with limited communication about school placements. She questioned the school's plan:

He was supposed to be in a general education class. Nobody said anything to me. Then come to find out... his biggest issue is transitions. They've got him transitioning every half hour [in general education] so then they moved him in with the special education teacher so he wouldn't have a hard time... They just did not say anything to me! (P4: Mother of five-year-old with ASD).

Future Worries and Positives (n = 14)

Parents expressed concern about the future, such as the possibility of schools remaining virtual. They also described the irreversible loss of developmental progress. A Mother expressed her worry:

My fear is for the future. Because he's not prepared for the school system when he gets there, and that's coming. Because if things don't change, how am I going to serve my child? How am I going to make sure that he gets the education he's supposed to get? (P10: Mother of 6-year-old with ODD and ADHD)

Another Mother pointed out the added stress of in-person schooling because she worries about her child's possible exposure to the virus. This Mother detailed her vigilance as part of her role as a mother:

I don't know what the future holds... it's going to be here permanently... I feel more comfortable with them being at home, even if I have to work my butt off and maybe running around crazy, you know, being Wonder Woman, but I rather do that and keep my kiddos safe. (P3: Mother of three-year-old with ASD)

Other positive outcomes of the pandemic identified by parents are smaller class sizes as a result of social distancing and additional online resources that were not previously available. One mother said that, prior to the pandemic, her child was not able to handle the length of the bus ride and the high number of children on the bus:

If not for COVID, we would have been driving my son to school because he couldn't handle a bus ride with 30 or 40 kids. Because of COVID, there's half the kids on there, and the ride is much shorter. (P6: Mother of a 4 and 6-year-old with ASD)

Parents also talked about things that would have improved distance learning and should be implemented in case of future school closures. Those include teaching kids to use technology while in the classroom, standardizing technology platforms in a school district, and allowing usability across devices (e.g., Android and Apple).

Domain 2: Effects on Therapeutic and Medical Services

Continuing to answer RQ 1 and 3, all fourteen participants discussed how COVID-19 affected therapeutic and medical services for their child with DD. These reports were categorized into two themes (a) loss and changes in services and (b) parents' stories of navigating the service system.

Loss and Changes in Services (n = 14)

Beyond school closures due to COVID restrictions, many families experienced changes in therapeutic and medical services. During the pandemic, therapeutic service offerings ranged from limited in-person to virtual-only to suspension. Therapy previously provided in school settings was often canceled due to school closures. As a parent of two children with autism, one in kindergarten and the other in preschool, this mother described her frustration with the school's cancellation of therapy for one of her sons:

I was really bothered that schools weren't trying to offer therapy virtually... Yes, the schools need to close, but only [a few] kids need to have therapy. Why can't they come in one day a week and social distance? Occupational therapy is the major issue [for my son]. Not getting that has really, really hurt him. (P6: Mother of a 4 and 6-year-old with ASD)

Participant 6 continued by describing how the absence of therapeutic services affected her daughter as well.

We tried to get the doctor to refer her out for speech services because that was her biggest delay. The university where we would go to get speech therapy actually closed down. So, there was no option of getting speech around us; we would have to drive about two hours just to go once a week. (P6: Mother of a 4 and 6-year-old with ASD)

Medical services were a stressor for some families. Changes in medical services included delayed

diagnosis, delayed surgery, and canceled intensive interventions in hospital settings. A mother described her family's experience when she recognized that therapy for her son would end very soon due to the pandemic:

We basically were just waiting for them to shut the door on us and sure enough they said everything's canceled. We had to eject from the program early and then went home, and of course school was closed, so in terms of the services that was the big shift, and then also the local outpatient therapies were closed. (P8: Mother of five-year-old with Cerebral Palsy)

Once schools and therapy providers began offering virtual sessions, there was still a delay in services for many. This delay also changed therapy options for some, which added to frustration of parents. For example, a parent of kindergartener with developmental delays said: "So he's missed a lot. He's only been to a therapy session three times since his IEP services started in early November [six months prior]. He was supposed to have 45–60 minutes per week" (P10: Mother of six-year-old with ODD and ADHD).

Similarly, the mode of delivery for therapy was difficult for families, and the changes in delivery were noted in delayed development and skills. A mother recounts their experience:

She has OT virtually. And that's one of the hardest ones to do virtually, because I don't know how to teach her how to write, and it just does not translate over the computer. I think they realized that she has missed out on a lot. [If she was] in the classroom, she would have been working on writing and getting that extra support, which she is not getting at home. (P17: Mother of three-year-old with Down's syndrome)

Navigating the Service System (n = 14)

The unforeseen barriers to getting therapy prompted many parents to become advocates for their child with DD. Identifying services and getting their therapy and medical needs met was difficult. One parent discussed her challenges in getting her child's medication needed for various complications with his syndrome.

Some medications with the pandemic were harder to attain or, if not completely sold out. And so, it's a constant phone call to either the doctor or the pharmacies. And then you go from having one pharmacy to three pharmacies, just so you can make sure you can get the different medications that he needs to be in a good health status. (P11: Mother of six-year-old with ASD and Charge Syndrome)

While the mothers interviewed were persistent in successfully navigating the service system, it was a trying, multifaceted task. Advocacy was challenged by the barriers of the pandemic. One mother whose child was newly diagnosed with ASD and also had medical complications during COVID-19 provides details of her situation:

The problem that I'm going to have is that I need to call the hospital for this. We're doing all these alternative tests, and I would love to meet a dietitian that specializes in autism, because I have no clue what I'm doing. ...unfortunately this past year has put everything on hold. Her diagnosis was over Zoom; I dropped the ball on referrals..... I mean, I need to make dental appointments, and I have no idea what to do. (P12: Mother of three-year-old with ASD)

Delays in diagnostic appointments required additional navigation by a parent. One mother reports the trouble she had in getting her child diagnosed with ASD during the pandemic:

The doctor, [told] me it would be a month before the specialist was going to call me. Then two months later, I finally called them and they said, "oh, we're just now getting to referrals from January, so it's still going to be another month or two before they call you". COVID had everything all backed up... their wait times are ridiculously long anyway, but COVID added a significant amount of time. (P4: Mother of 5-year-old with ASD).

During the pandemic, it became more difficult to get prescriptions filled and arrange for in-home services and appointments for children with disabilities. Nonetheless, parents demonstrated resourcefulness during this challenging time. One parent describes her perseverance in maintaining routines and appointments, "We have to stay on top of it... we have to make profound decisions that would work for us because we can't miss a beat" (P14: Mother of six-year-old with ASD). Another mother relied on resources for help:

I went directly to the special education director, and she helped me navigate what I needed to. She sat in with me in meetings, which was very useful and helpful because I wouldn't have known to do this or do that. I'm 52 years old and never had a child. Now I've got a child, and I'm trying to navigate all these things that I'm supposed to do for

him. (P10: Mother of six-year-old with ODD and ADHD)

Navigating these systems requires parents to be advocates. One mother, whose kindergarten-aged son experienced severe medical complications said,

I-f I don't get the answer I like from one person... I'll call again just to make sure that I actually get them thinking about this outside the box. I think if the child's parent isn't like that, it is a lot harder to get what you need... (P8: Mother of five-year-old with Cerebral Palsy)

Domain 3: Effects on Child with Developmental Disabilities

In support of RQ 1 and 3, participating mothers reported the effects of COVID-19 on their families overall. This domain highlights the specific effects on their child with DD. This domain is presented in three themes: (a) changes in routines and transitions, (b) social engagement, and (c) positive outcomes.

Change in Routines and Transitions (n = 14)

Various participants described the difficulties their children have with changes in routine and unexpected transitions and noted that the restrictions implemented by state governments were unpredictable. One mother said, "you're always trying to explain it, [but really just] say "I don't even know what to tell you" because in an hour, the governor could tell us something completely different is about to happen" (P13: Mother of four-year-old with Global Delay). The mothers recounted that the abruptness of the COVID restrictions, followed by continued uncertainty, made things even harder for their children to regulate.

Once hybrid school opened again, unpredictable transitions and routines continued. One mother described how the issue of school personnel being out affected her twins with ASD in multiple ways:

For the girls, it's the change in routine, and I have noticed when those schedule changes happen — it affects a little bit of their behavior at home, especially with sleep patterns. Also, their self-stimulation and repetitive behaviors have increased. (P5: Mother of twin five-year-old children with ASD)

A single mother of three children under the age of six with various disabilities has seen several changes in behavior due to routine and schedule changes. Here, she describes what it has been like for her toddler, who was recently diagnosed with ASD and experiences several other health impairments:

They can't come in and do home visits. School is not open. We get phone calls, but the phone calls don't help. There are virtual story times, but there's no in-person services. We relied on those! They came in, and they worked with her when she wasn't at school. And now we're not getting anything, and I feel like... we're definitely.... we're having more meltdowns, we're having more issues. (P2: Mother of three-year-old with ASD, four-year-old with global delay and six-year-old with ADHD)

Social Engagement (n = 12)

A common theme was concern about the limited opportunities for social engagement due to COVID restrictions. For many children, social engagement was an area of focus or a goal in their IEP. Due to the limited exposure to people beyond the immediate family, mothers were concerned that their children would make limited gains in social-emotional development and possibly experience social skill regression. One mother commented, "Thinking about it, really the social piece was probably the biggest thing that she's missing out on. She was really starting to click at Head Start, knowing other kids' names" (P6: Mother of four and six-year-olds with ASD).

Another parent said of her child's social connections:

I think he does miss being around other kids because he is a social kid. ...And a lot of his IEP goals are social-emotional, which is really hard to work on when you're not around other kids. (P17: Mother of three-year-old with Down's syndrome)

One mother said that even though she tries, she feels that the social opportunities available during the pandemic are not enough for her son:

I mean, I still feel that [I'm not enough] in some sense, with like the social piece; those types of skills are what I get nervous about — those little things that I can't teach them. It's something that they learn and they observe and those

are the things that I think that make me worry. He needs that social piece.. (P13: Mother of four-year-old with Global Delay)

Positive Outcomes (n = 13)

Despite school and community routines being interrupted, some families found that home routines were strengthened, which decreased child anxiety and facilitated progress in skills on which the parents could focus in some cases. One mother described their experience:

I think because of the pandemic, everything was sort of simplified. We've established more family routines in terms of eating at similar times now and establishing a morning routine like sitting on the couch and reading books. (P8: Mother of five-year-old with Cerebral Palsy)

Another mother shared,

It's nice, especially for my daughter with anxiety, it's nice to not have that pressure of constantly running around and being on time for things. Not having to be in a certain place at a certain time and navigating and juggling their different therapies. We're still juggling them, but it's a lot easier when you can just open up your computer.(P17: Mother of three-year-old with Down's syndrome)

Some families described progress in their child's development when they were expecting regression. Parents reported an increase in their child's vocalizations (P13: Mother of four-year-old with Global Delay) and more reciprocal interactions with family members (P3: Mother of three-year-old with ASD) and pets (P12: Mother of three-year-old with ASD). Family experiences of child progress varied across participants. One mother described how she carried on in the unpredictable journey of raising her son with ASD:

If you work with people and maintain good relationships with them, I think you can make anything happen. If this [therapist] can't identify that barrier or wall and they can't get to your child, there is going to be another specialist out there that probably is going to get to your child. It's just a patience game. And then, when you run out of patience, you have a higher being you could talk to...or you vent a little and cry a bunch. And then you reset. (P14: Mother of six-year-old with ASD)

Domain 4: Effects on Parents and Family

To answer RQ 2 and contribute to RQ 3, this domain summarized how the COVID-19 pandemic has affected parents and family members of children with disabilities beyond the changes to schooling and therapeutic and medical services. Parents describe the loss of seeing extended family for visits, as well as the loss of their assistance providing care. Families miss routine breaks, such as family vacations, holidays, and spousal date nights. Parents also describe a sense of loss for neuro-typical siblings in the family whose activities and celebrations (e.g., birthdays, community outings) have also been limited. All participants agreed that COVID-19 had both positive and negative effects on family life. Their experiences are explained here using unique quotes and stories in two themes: pre-COVID challenges magnified and parent resourcefulness.

Pre-COVID Challenges Magnified (n = 11)

Challenges that were already part of these families' lives pre-COVID became more difficult during the pandemic. For one family, health issues became extremely difficult to navigate due to trips to the hospital for spousal health problems during COVID restrictions and limited child care: "So it was like almost juggling knives at this point with just, the amount of [stress]...I don't know where we're going to go from here" (P11).

Additional perspectives from parents describe the limitations of living with a child with a disability, pre-COVID.

So, we were going to the hospital a lot. And so that was like we were already kind of going through our own pandemic. I think the hard thing is we've just felt like we've been living in a pandemic since our son was born, and that's been a lot of trauma. There's been a lot of acute issues from infantile spasms to unexpected issues; he's going to have major hip surgery in the spring. All of that's not even related to COVID. I remember my sister-in-law saying, "oh, my family is just not used to not being able to do what we want to do," and I just thought, "well, welcome to our world, pandemic aside!" (P8: Mother of five-year-old with Cerebral Palsy)

Homeschooling multiple children during COVID is difficult. When the children have a disability

and difficulty learning, the challenge is magnified. One mother with two children with disabilities describes her experience:

You know bouncing back and forth between two kiddos and sometimes.... Yeah, I do feel pressure because I feel like I'm not giving one enough, I'm not giving the other one enough...there's just one of me. So yes, it can be challenging.
(P3: Mother of three-year-old with ASD)

Parent Resourcefulness (n = 14)

Similar to past themes, mothers described examples of their resourcefulness. A mother who was furloughed for three months during the pandemic used that time to focus on her family.

It was like vacation. I got to grow with my older daughter, I got to grow with my nine-year-old. I spent time with my dogs and trained them better. I mean, I just had the time. And then school and everything was going great, and I was home if one of the kids had to be quarantined for any reason. I was hoping they'd fire me, but they didn't. That was my little secret [laughter]. (P14: Mother of six-year-old with ASD)

In addition to resourcefulness, mothers shared means of coping during the pandemic. One Mother said about her own self-care, "Let me push the reset button and figure out what needs to happen from here. So, I made an appointment with a doctor, went in, and now just try to be vigilant with my own mental health" (P11). Maintaining a positive outlook was a coping strategy for some mothers. For example:

We have really tried to be super positive and look at how fortunate we are. We've been healthy, and we haven't had any major issues with this whole situation. Yes, we've been inconvenienced, and that is super frustrating. But in the grand scheme of things, it could be way worse. . (P13: Mother of four-year-old with Global Delay)

Other mothers described self-care opportunities. One mother said she "takes some time in the morning to walk or run or whatever, whereas usually, we were running out the door. I've been able to read more and meditate more" (P17: Mother of three-year-old with Down's syndrome)

Discussion

The current study aimed to elucidate some of the impacts of the COVID-19 pandemic on family life for parents and young children experiencing DD. Qualitative interviews with mothers were used to measure the influence of this unpredictable event. Overall, the results indicate that events (e.g., school closures, loss of therapeutic services) in response to the COVID-19 outbreak negatively affected families and children with DD and these changes in daily life were described as stressful by Mothers Results further highlighted that despite many negative reports (e.g., limited support systems, increase in child-rearing responsibilities), some parents spoke of positive outcomes, their increased resiliency, and advocacy actions. This discussion will summarize participant voices in response to the research questions targeted in this study. Implications for practice, future research, and limitations are described.

Impact of Changes in Educational, Therapeutic, and Medical Services (RQ1)

Early intervention and early childhood special education services for young children with DD provide necessary developmental support and services (Warren & Stone, 2011; Zwaigenbaum, et al., 2015). Delays or lack of access to early intervention services negatively impact a child's growth trajectory and can result in a limited gain or loss of skills, thus increasing the disparities between children with DD and their typically developing peers. Some mothers in this study suggested that limited social opportunities due to isolation, as required to decrease exposure and spread of COVID-19, stunted their child's social-emotional development. Similarly, parents discussed significant concerns about academic performance (i.e., writing, reading, and math). These mothers hypothesized that their child's disability, combined with the interruption in education, caused their child's academic progress to be minuscule compared to a typically developing peer despite all children being denied educational opportunities. The examples listed here are supported by other literature about parenting experiences during COVID-19 (Hochman et al., 2022, Neece et al., 2020; Ren et al., 2020). However, the perspectives included in the current study are unique as they are results of direct quotes from the participants, rather than cumulation of survey data.

Implication for Practice

Eliminating service disruptions may decrease further disparities due to lack of availability. Training professionals to coach parents and deliver interventions or academic lessons virtually allows skill development to continue despite extenuating circumstances (Kunze et al., 2021; Lerman et al., 2020). Virtual interventions have been explored in addressing disparities in rural communities and may have similar positive impacts on families who experience isolation under various circumstances. Due to COVID-19, professional training protocols have become more available based on the demand for guidance on how to deliver virtual intervention (see Poole et al., 2020).

Evidence-based training and practices for professionals in the delivery of effective virtual interventions are still evolving and have yet to become a standard part of pre-training and in-service education for early intervention providers and educators. Further research is necessary to test the fidelity of virtual intervention delivery, the efficacy of parent-mediated technologies delivered via distance, and the efficacy of training protocols to prepare professionals to deliver such services.

Additionally, the positive influences of the Covid-19 shutdown should be considered in practice and policy. Some mothers shared that the shutdown put a temporary stop to constant therapeutic and educational appointments leading to feelings of being overscheduled. They found that spending time at home was a welcomed break. As these interviews represent one snapshot in time, the next steps in understanding the impact of Covid-19 on families should consider the family's view of scheduling, commitment, and breaks from back-to-back appointments. Because early intervention is family-focused, it is vital to consider both social validity and usability of parent-mediated interventions delivered via distance, which decreases a family's commitment to appointments outside of the home.

Effects on Parental Stress and Resiliency (RQ2)

Our findings suggest that COVID-19 has increased parental stress, which aligns with other pandemic research (Asbury et al., 2021; Cooke et al., 2020; Gonçalves-Pinho et al., 2021; Howard-Jones et al., 2022). At the same time, participants' descriptions of their pandemic experiences also highlighted their resiliency. Some mothers described their connection with their spouse, spiritual practices, and social supports may have acted as protective factors for their mental health. For example, participant 11 described an experience of reaching her "breaking point" and using her resources (i.e., medical doctor, spouse) to support her recovery, preventing further stress-induced mental breakdowns. In addition to external support, parents reported using a positive outlook, patience, prayer, and emotional outlets to cope.

Implications for Practice

The results of this study highlight the critical role of support systems in the lives of families with young children experiencing DD. Professional support in therapeutic and educational services can provide mental health guidance for families through referrals and social networking suggestions (Bronfenbrenner, 1979). Professionals can prepare the families they serve for interruptions in services due to unexpected high-stress events by assisting families in identifying their strengths and resources. Established strategies such as Routines-Based Interviews (RBI)(McWilliam et al., 2009), ecological-mapping (Eco-maps)(McCormick et al., 2008), and motivational interviewing (MI)(Williams, & Wright, 2014) demonstrate promising outcomes in early intervention. These strategies can assist families in establishing healthy routines, identifying supports, and following through on goal setting to increase family resiliency in response to disruptions, ultimately protecting families from the negative impacts of unforeseen stressors. Research specific to parental stress and the use of established strategies (e.g., RBI, Eco-maps, MI) is necessary to better understand the role of support systems in high-stress events. Additionally, future research and practice should consider each families' unique experiences during COVID-19. Because many parents were left without support systems (e.g., missing therapists, professionals, and teachers from Microsystem; Bronfenbrenner, 1979), parents were able to experience what providers and services were most essential. This increase in understanding of the necessary interventions for their child may have been amplified by an increase in parental awareness resulting from time with their child. This informed and

critical viewpoint possibly highlighted who is important and what services are not.

Multiple Parental Roles and Responsibilities (RQ3)

Mothers described the difficulty they had in taking on additional roles as a result of COVID-19 restrictions. Parents were left to take on the many roles previously filled by various professionals (e.g., teacher, behavior analyst, physical therapist). This lack of educational and therapeutic support for children was also heard in the legal concerns posed by parents: school and therapy closures affected children with disabilities to the point of decreasing their quality of life and producing inequity in education. Ultimately, COVID-19 isolation contradicts both the purpose (i.e., to promote progress) and urgency (i.e., more developmental gains are made when access is early) of early childhood intervention (McIntyre et al., 2021)

Implications for Practice

Parents emphasized difficulty fulfilling and navigating services between schools, therapists, and service providers. Being the go-between for schools and professionals was perceived as a burden by the parents in this study. Early childhood practitioners are uniquely positioned to provide this link by, for example, facilitating communication between a clinic and school. Mothers interviewed in this study emphasized their need for a professional to assume the role of “parent educator” and “family supporter” (P10) and to “think outside the box” (P8) in their practice with families. These findings echo parents’ need for help with disability education, system navigation, and advocacy.

Using a transdisciplinary model, commonly cited as a best practice for early intervention, is one option to support families using special education services during early intervention and through their time in school (Bricker et al., 2020). However, this delivery model, where the family is central to intervention delivery, goal-setting, and choice-making for their child, is typically only used in early childhood education, under age five. In these initial years of identification and vital intervention, families have a team of professionals that provide services, collaborating with one another to increase the amount of opportunities for a child to succeed in their milestone achievement. However, once children with DD move into a school system (e.g., kindergarten and beyond), the services often become isolated rather than collaborative. It is likely that due to the distance of professionals from one another and from the family, service delivery did not follow the suggested transdisciplinary model during the early part of the pandemic and became isolated rather than remaining collaborative.

Limitations

There are several limitations to note within this research. First, parents’ responses were likely linked to their child’s disability severity (e.g., disability severity influenced parents’ perspective of their effectiveness in caring for their child). While disability information was collected, the severity of the disability was not measured. Second, spousal and partner support was a topic volunteered by participants in several interviews; however, the quality of those relationships was not measured. Additional questionnaires could have been used to measure whether familial relationships moderate stress levels and the participants’ capacity to handle the additional burdens set forth by the pandemic. Third, the variation among the participants was minimal; thus, broad generalizations to diverse populations are cautioned. The sample overall was small, generally middle to higher SES with minimal representation from Black or Hispanic families. Fourth, details on stopping and starting therapies and in-person education were collected in an interview format, which relied on parents to recall their child’s experiences retrospectively. The participant experiences presented here were drawn from parent reports and represent individual experiences and should be interpreted with caution beyond those of each family. Last, the timing of the interviews, each family’s geographic location, and SES likely impacted the family’s experiences. The variability between these differences may hinder the opportunity to draw broad conclusions, especially considering the ongoing pandemic.

Conclusion

Early childhood intervention is crucial in supporting child development and family well-being (Zwaigenbaum et al., 2015). COVID-19 has drastically altered education, intervention, and services for families with young children, and the effects of those service changes for young children with DD and their families continue to unfold. This study examined a snapshot in time during the onset of COVID-19, capturing the stories of the families' experiences to better understand its impact on their family life. The voices presented here suggest valuable lessons to prevent future educational and therapeutic disparities, provide family support in schools and communities, and hold on to hope for the future. The findings of this study are in line with research suggesting that families with children with DD have higher levels of stress than other families, and COVID-19 restrictions may exacerbate that disparity. The findings from this study are uniquely framed in the theoretical framework of Bronfenbrenner's Ecological Model (1979) and the transdisciplinary model (Bricker et al., 2020) used in early intervention. These models are used to highlight the importance of service support systems for families. Intervention providers can act as a protective barrier preventing some stressors from impacting a family unit. When such supports are unavailable, families become vulnerable- allowing for an opportunity for additional stressors to negatively impact their family.

The unfortunate fact that COVID-19 will remain with us, and that future high-stress events may lead to service and school interruptions, makes further research necessary. Understanding family experiences during high-stress events, such as COVID-19, will highlight individual support needs by suggesting modifications and adaptations increase equity and quality in service delivery at times of unprecedented challenges (Lerman et al., 2020). Future research should work to identify post-pandemic needs, including systematic response to crises, the efficacy of virtual education, essential support systems for families, and the impact of service interruption during vital windows of opportunity in the development of young children.

Declarations

Authors' Declarations

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Promoting decoding among young students with Swedish as a first and second language within a response to intervention model

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Abstract: Many young students with Swedish as their second language need support to acquire reading ability. There is a need for evidence-based reading instruction in early reading education for students with Swedish as their first or second language. Therefore, the current study investigated whether early reading education based on a Response to Intervention (RTI) model with a focus on decoding skills can promote reading ability among young students with Swedish as their first or second language. In Grades 1 and 2, 113 students with Swedish as a first and Swedish as a second language were followed. Applying the RTI model, teachers used evidence-based reading instruction in the whole class. Besides, additional instructions were provided in small groups and individually for students with weak decoding. Results of the study showed that the additional instruction provided within the RTI model had the potential to promote decoding, but to a different extent among students with Swedish as their second language. The importance of differentiated instruction, early monitoring and support, a bilingual approach in reading education for second language students, and collaboration between teachers are discussed.

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Introduction

Competent reading is crucial for students' development in school and is a prerequisite for academic achievement (Herbers et al., 2012). Therefore, acquiring good reading ability during the first school years is essential (Arnold & Doctoroff, 2003; Herbers et al., 2012). Students with another first language than the school language often need more support from the teacher to acquire good reading ability (Abedi & Gándara, 2006). In international evaluations, such as Progress in International Reading Literacy Study (PIRLS, 2011; 2016) and Programme for International Student Assessment (PISA, 2012; 2015; 2018), second language (L2) students in Grades 4 and 9 in Sweden perform weaker in reading comprehension compared to first language (L1) students. Their word decoding and vocabulary also lag behind their L1 peers (Fälth et al., 2023). About 20% of L2 students in Grades 1-3 in Sweden need additional instruction to develop decoding skills, and 18-38% need additional instruction to strengthen reading comprehension. To our knowledge, no previous studies address both L1 and L2 students' reading development in Swedish in early reading education using the Response to Intervention (RTI) model with three tiers. Therefore, the current study investigated whether early reading education based on an RTI model with a focus on decoding skills could promote early reading ability among young students with Swedish either as their first or second language.

Theoretical Frameworks

In the theoretical model, the *Simple View of Reading* (Gough & Tunmer, 1986; Hoover & Gough, 1990), reading comprehension is conceived as the product of two factors, decoding and linguistic comprehension

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($R = D \times L$). The factors are combined multiplicatively, and according to the model, both fast and accurate word decoding and linguistic processes contribute to reading comprehension. If one factor is zero, the product, i.e., the reading comprehension, is zero. Consistent with the model, it is also claimed that automatized word decoding frees resources for comprehension in reading. Therefore, both decoding and linguistic comprehension must be stimulated and trained for both L1 and L2 students to acquire reading comprehension. Likewise, in L2 reading comprehension, word decoding and linguistic comprehension are two major components contributing to reading comprehension (Lee et al., 2022). In orthographic decoding, there are links between phonology, orthography, and vocabulary knowledge (Ehri, 2014). Therefore, word decoding and linguistic comprehension should not be seen as two separate processes. As a further development of the Simple View of Reading, Duke and Cartwright (2021) described an *Active View of Reading*, where different components of word decoding and language comprehension overlap and bridge to each other rather than influencing reading independently. For example, students with a limited vocabulary and unsecured word pronunciation might struggle to acquire decoding skills.

An additional useful framework for understanding L2 students reading acquisition is the *Linguistic Interdependent Hypothesis* (Cummins, 1979; 2021). According to Cummins, languages within multilingual learners do not develop in isolation. Strong linguistic skills can be transferred between languages, and developed concepts in one language are more easily available in another. Crosslinguistic transfer in reading tends to be stronger when the languages are similar according to the orthography and syllable structure (Cummins, 2021; Jeon & Yamashita, 2014). Consistent with Cummins (2021), the transfer can be seen in phonological and morphological awareness, metacognitive strategies, pragmatic aspects of the language, and understanding the concepts of elements and words. Melby-Lervåg and Lervåg (2011) reported that the association between L1 and L2 decoding is higher if both L1 and L2 are alphabetic writing systems.

Early Reading in L1 and L2

The importance of students cracking the alphabetic principle to be able to decode is well-known; students must be taught that graphemes symbolize phonemes in alphabetic writing systems (Castles et al., 2018). The National Reading Panel (2000) summarized what teaching reading in both L1 and L2 should focus on, namely phonological awareness and the correspondence between phonemes and graphemes, to synthesize the sounds into words, to decode words confident and correct and to make sure that the students reach reading fluency. When the student can connect phonemes to graphemes and decode isolated words without effort, this can free resources for reading comprehension (Oakhill et al., 2014). Skills underlying reading comprehension in L1 and L2 are similar, and fluent word recognition skills are essential for both (Lipka & Siegel, 2012).

According to Jeon and Yamashita (2014), four components demonstrate strong correlations with students' reading comprehension in L2, namely their word decoding ($r=.56$), vocabulary ($r=.79$), and grammar knowledge ($r=.85$). Moreover, reading comprehension in L1 is positively associated with the reading comprehension in L2 ($r=.50$). These components are also moderated by age of the reader, L2 proficiency, the distance between L1 and L2 in both script and structure of the language. Furthermore, crucial for reading comprehension in L2 is also phonological awareness, orthographic knowledge, morphological knowledge, listening comprehension, working memory, and metacognition.

Longitudinal studies demonstrated the significance of word decoding skills for L2 reading comprehension, particularly in the early grades (Hou et al., 2021; Lervåg & Aukrust, 2010; Verhoeven & van Leeuwe, 2012). Grabe (2009) argued that for L1 students, the connection between fluent word decoding and reading comprehension is strong, although more complex for L2 students since the language proficiency for L2 students varies more than for L1 students. Nevertheless, Lee et al. (2022) stated that the language comprehension abilities of L2 readers play a more critical role when word decoding has become fluent and efficient. Moreover, vocabulary might be crucial for reading comprehension in L2 readers (Droop & Verhoeven, 2003; Lervåg & Aukrust, 2010; Nation, 2009). Therefore, vocabulary instruction in grades 1-3 is also necessary for L2 students to develop and acquire good reading comprehension (Lervåg & Aukrust, 2010).

Consistent with Lovett et al. (2017), early identification of students with reading difficulties is essential, and L2 students should be offered evidence-based interventions to prevent long-term difficulties. However, few studies on reading interventions address L2 students' individual needs in reading and their various second languages (Hall et al., 2019). Rivera et al. (2009) recommended that reading interventions should be carefully matched to the student's individual needs and provided within a RTI model.

Early Reading Interventions for L2 Students and the Response to Intervention

There is substantially less evidence of effective interventions for L2 students than for L1 students (Hall et al., 2019). However, students learning English as L2 seem to benefit from the same explicit and systematic early interventions as L1 students (August & Shanahan, 2017). According to Ludwig et al. (2019), the reading interventions should not be postponed until L2 students have reached a certain level in English as an oral second language. They tend to benefit from reading interventions despite their oral language proficiency at different levels. Early reading interventions for students learning English as L2 are recommended to focus on phonological awareness, grapheme-phoneme correspondence, and word decoding (Hall et al., 2019). The instructions should be explicit and systematic and delivered in small groups of students (Ludwig et al., 2019). However, languages differ, so research on various languages is needed. It is still unclear whether L2 students with Swedish as their second language show the same benefits from early reading education as L2 students learning English. Thus, there is a need to establish whether results from L2 students learning to read in English apply to L2 students acquiring reading in Swedish. For example, compared to English, Swedish has a shallower orthography with a more consistent grapheme-phoneme correspondence, whereas the syllabic complexity is more equivalent between these languages (Seymour et al., 2003). Consequently, such differences might affect the outcome of an intervention, as both syllabic complexity and the orthographic depth in a language affect decoding skills development.

As mentioned, Rivera et al. (2009) recommended that reading interventions for L2 students should be provided within an RTI model. Fuchs and Fuchs (2006) described RTI as a prevention model in two to four tiers with evidence-based reading instruction and early identification of students with difficulties throughout the different tiers. When using RTI, the efforts increase gradually, become more individualized and rely on specialized educators to enable each student to reach the best possible result. The student's progress is regularly monitored throughout the intervention to check that the students benefit from core classroom reading instruction and targeted and tiered interventions. Data from monitoring is used to decide if there is a need for changes in curricula, materials, or instructional procedures or moving students from one tier to another. The model aims to identify students at risk of reading difficulties, provide struggling students with early support, and adapt the teaching to the needs of the students. It has been used mainly in the US (Denton, 2012; Mellard, 2010). The education is evidence-based and based on assessment data in different tiers (Denton, 2012; Fuchs & Fuchs, 2006). According to Fien et al. (2011), multi-tiered support systems can support all students' early reading development, including English language learners, especially when L1 and L2 are alphabetic languages.

According to Denton (2012), three tiers in an RTI model for preventing reading difficulties must include effective and explicit instruction in phonemic awareness, phonics, and automatic recognition of high-frequency irregular words. Moreover, vocabulary, reading fluency, and comprehension should be promoted. Tier 1 is differentiated and evidence-based core classroom reading instruction. The differentiation in instruction is based on data from progress monitoring. In Tier 2, additional interventions are typically provided in smaller and more homogenous group settings with more intensity, systematic, and explicit instruction based on data from student curriculum-based reading assessments. Similarly, the interventions in Tier 3 are based on data from the student curriculum-based reading assessment, but the instructions are more individualized and provided one-to-one with even more intensity.

Although there are studies (e.g., Arias-Gundín & García Llamazares, 2021; Gersten et al., 2020) demonstrating the importance of supporting students' reading development in several tiers, Haager (2007) discussed cautions with RTI for students learning to read English as L2. For example, the evidence-based

and flexible teaching in Tier 1 and the additional instructions in Tier 2 regarding explicit teaching in phonological awareness, letter-sound relationships, and decoding must be integrated into meaningful contexts to be appropriate for L2 students. There is limited research on RTI among second-language learners. However, earlier studies have shown positive results of early Tier 2 small-group reading interventions for Spanish-speaking students learning English as L2 (Kamps et al., 2007; Nelson et al., 2011; O'Connor et al., 2014). In the Kamps et al. (2007) study, Tier 2 interventions with small groups of 6-15 students positively affected the L2 students' phonological awareness, grapheme-phoneme correspondence, word decoding, reading fluency, and reading comprehension. Findings in the study by Nelson et al. (2011) demonstrated that instructions within Tier 2 positively affected root word vocabulary and word decoding among L2 students. In addition, O'Connor et al. (2014) reported significantly higher outcomes in phonological awareness, nonword decoding, and word decoding at the end of Grade 2 for students attending Tier 2 interventions compared to a control group. In addition, O'Connor et al. (2014) did not find significant differences between L1 and L2 students in response to the Tier 2 treatment condition.

Aim of the Present Study

No previous studies have, to our knowledge, addressed the RTI model and targeted young students' individual needs to develop basic reading skills and word decoding, focusing on L1 and L2 students. Therefore, it is also unclear whether early reading education using an RTI model could support both L1 and L2 students' reading development and prevent them from later reading difficulties. Early reading instruction should have a strong focus on supporting young students to acquire a secure phoneme-grapheme correspondence, cracking the alphabetical principle, and decoding skills (Castles et al., 2018), which one of our previous studies on a multi-tier RTI model focused on and showed positive outcomes in students' development of decoding skills (Nilvius, 2022; Nilvius et al., 2023). The proportion of students with weak decoding skills was significantly reduced after two years of reading education compared to a reference group. However, whether the L2 students benefitted from the multi-tier reading instructions is unclear. Therefore, the present study investigated whether early reading education based on an RTI model with a focus on decoding skills could promote early reading ability among young students with Swedish as their first or second language. The following research questions guided the study:

- Do L1 and L2 students have different letter knowledge, listening comprehension, decoding, and reading comprehension skills at the beginning of Grade 1?
- What proportion of L1 and L2 students perform below or at the 25th percentile in decoding tests after one semester of evidence-based reading education within Tier 1 and were therefore provided additional decoding instruction within Tier 2 during Grade 1?
- What proportion of L1 and L2 students performed below or at the 25th percentile in decoding tests in Grade 2 and were provided additional decoding instruction within Tiers 2 and 3?

Materials and Methods

Context of the Study

The present study was conducted in Grades 1 and 2 in three Swedish schools in rural areas. In Sweden, parents can choose a school, but most commonly, students attend the school nearest their homes. The year the students turn six, students in Sweden start a compulsory preschool class. Preschool and compulsory school are free of charge (Swedish Education Act, 2010:800). In elementary schools in Sweden, teachers are expected to meet students' diversity (e.g., ethnicity, educational background, language, special needs) and adjust the education for all students in the classroom.

The Swedish national curriculum (Swedish National Agency for Education, 2022a) emphasizes the importance of including play in preschool class education. In addition, educational activities within the preschool class aim to stimulate language development and prepare students for reading education. The year students turn seven years old, they start first Grade, and the formal teaching of reading in the subject Swedish or Swedish as a second language starts. There are two options for L2 students: they can follow the curriculum for Swedish or Swedish as a second language. The principal will decide for each L2 student

which curriculum is most appropriate (Swedish School Ordinance, 2011:185). Teaching in Swedish as a second language starts from a second language perspective, but the knowledge requirements in reading in the two subjects are similar and specified for Grades 1-3. In both Swedish and Swedish as a second language, the connection between sound and letter and strategies for word decoding are addressed. In the current study, the teaching for both L1 and L2 students was conducted in the same classroom.

Participants

In the current study, 113 students participated, 53% were boys, and 47% were girls. At the beginning of the study, they attended first grade in elementary schools in Sweden. Their mean age was 7.2 years ($SD=0.3$), and 30 (27%) students had Swedish as their second language. The first language of the L2 students was Albanian ($n=1$), Arabic ($n=3$), Assyrian ($n=1$), Bosnian ($n=10$), Chinese ($n=2$), Finnish ($n=1$), Polish ($n=1$), Syrian ($n=1$), Tigris ($n=1$), Twi ($n=1$), and Vietnamese ($n=4$). Five (4% of the total sample) students arrived in Sweden close to the school start in Grade 1, which was also the same time as the start of the present study. Therefore, these five students had not attended preschool or preschool class education in Sweden. Consequently, the participating students had different educational backgrounds, exposure to Swedish as L2, and had reached different levels of their oral second language. All students and their caregivers signed an informed consent form. The study has received ethical approval (Dnr 2019-04814).

Measures

We used several reading tests to measure the students' letter knowledge, decoding of nonwords and words, listening comprehension, and reading comprehension in Grades 1 and 2. The tests were retrieved from LegiLexi (Fälth et al., 2017). LegiLexi is a non-profit, free-of-charge, educational online resource for teachers reading education of Swedish students in grades 1–3. During the school year 2021 to 2022, about 20000 teachers were registered for using LegiLexi's tests, and about 126000 students were assessed with the tests (LegiLexi, 2023). LegiLexi's tests have also been applied in previous reading research (Hallin et al., 2022; Fälth et al., 2023). For the present study, LegiLexi was contacted, and we received cut-off scores for the 25th percentile based on the performance of over 16 000 students. The cut-off scores were delivered for each test and Grade. The test procedure was standardized and followed the instruction in the test manual (Fälth et al., 2017). Paper and pen versions of the tests were applied in the current study. The researchers collected all data at the beginning, middle, and end of Grades 1 and 2 with six tests described in more detail below.

Letter Knowledge

Letter knowledge was measured in a group setting three times during first Grade. The test leader pronounced the phoneme, articulated the sound, and stated, for example, *L as in lamp* and *S as in the sun*. The students were instructed to choose the corresponding grapheme from 10 possible alternatives. Students could receive scores between 1 and 12, where a higher score indicated better performance. The test took five minutes to complete. The test-retest correlation for Grade 1 is $r=.58$ (Fälth et al., 2017).

Listening Comprehension

The listening comprehension test was conducted in a group setting three times in Grade 1 and on the last test occasion in Grade 2. The test leader read a text out loud, and the students were instructed to choose one picture out of five corresponding with the text. It starts with simple sentences like *Today the sun is shining, and Leo goes out without a jacket*. Then the sentences become more numerous and extended; for example, *It is Friday. When school is over, Sara calls home. She wants to bring Leo home to play, but Sara's mom says they are going to the supermarket to shop for the weekend. She says Sara will get to choose ice cream for their Friday treat. Sara and Leo are disappointed but decide to play tomorrow instead. What does Sara do after school?* The

scores on the test are between 0 and 12, and high scores indicate better performance. The test-retest correlation reported for Grades 1 and 2 is $r=.65-.59$ (Fälth et al., 2017).

Decoding Words

The test leader accomplished the test by measuring word decoding skills individually with each student. The student was requested to read aloud common words with increasing length and difficulty as quickly and accurately as possible within one minute. The test initiates with elementary two-letter words, e.g., *on, in, me*, to gradually increase the number of letters to a maximum of seven and complexity, specifically in consonant clusters, e.g., *think, summer, before, running*. One correct read word represented one score. The maximum test score was 144. For students in Grades 1-2, the reported test-retest correlation is $r=.88-.89$ (Fälth et al., 2017).

Decoding Nonwords

The test measuring nonword decoding skills was also completed individually with each student. The students were asked to read aloud nonwords from a horizontal list of nonwords with increasing length and difficulty. In line with the decoding words test, this assessment commences with two-letter words and progressively increases the number of letters to a maximum of seven. One correctly read nonword represented one score; the maximum test score and the maximum score was 84. The test-retest correlation is $r=.84-.85$ for Grades 1 to 2 (Fälth et al., 2017).

Reading Comprehension – Short Text

The reading comprehension “short text” test was carried out in groups of students. The task for the student was to read short texts of one to three sentences silently on their own and mark the corresponding picture from a choice of five options. The test commences with short sentences, such as *Sara jumps high*, and gradually increases in length and complexity, exemplified by sentences like *Simon runs and runs. He climbs over a fence, runs under a bridge, and then up a high hill. There, the headwind blows fiercely*. The test is time-limited to five minutes. The maximum score for the test was 12, and the test-retest correlation reported for Grades 1 to 2 is $r=.73-.80$ (Fälth et al., 2017).

Reading Comprehension – Long Text

The second applied reading comprehension test, “long text”, is developed for students attending Grades 2 and 3. The test was completed in a group setting. The task for the student was to read silently on their own and mark the correct answer out of three multiple-choice questions corresponding to the text. The length and complexity of the six texts in the test increased; the time limit was 7 minutes. For example, one of the texts was: *The sun is shining, and it is warm outside. When Axel looks out the window, he sees grandma coming. She is carrying a large cake and three small packages. She walks carefully on the small road that leads up to the house*. The maximum score was 18, and the reported test-retest correlation for Grade 2 is $r=.82$ (Fälth et al., 2017).

Procedure

The study was implemented according to the RTI model in three tiers, and all participating teachers and special needs teachers were given training before the study. Primary school teachers and special education teachers implemented the intervention. There were seven teachers, each responsible for a class, and all qualified to teach reading at the primary school level. Their working experience ranged from 4 to 30 years. Besides, each of the three participating schools had one special needs teacher.

None of the teachers or the special needs teachers had prior experience working with RTI in practice. Therefore, the research team presented the project plan and provided the teachers with training to familiarize them with the RTI model and intervention content, which focused on balanced and evidence-based reading instruction following the recommendations of Taube et al. (2015). The recommendations comprise systematic and explicit instruction of grapheme-phoneme correspondence, counteracting word guessing in reading (secure correct decoding), repeated reading to obtain fluency (as a motivational

activity), implicit and explicit word activities, and reading comprehension strategies. In addition, the teachers had an introduction to LegiLexi and how the test material could be applied to monitor individual students' progress during the project. Students were assessed at the beginning, middle, and end of Grades 1 and 2. From the middle of Grade 1, those students scoring at or below the 25th percentile on the tests measuring word or nonword decoding were considered in need of additional instruction provided in Tier 2 or 3. Monitoring was conducted by the researchers and occurred before, in the middle and end of Tier 2 and 3. The teachers and the research team jointly analyzed the data obtained from the reading test and the observations made by teachers in the classroom regarding the reading development of each student. This monitoring aimed to facilitate the differentiation of teaching methods and interventions and to determine the students who would benefit from Tier 2 and Tier 3 interventions and the extent to which these interventions should be provided for each student.

Evidence-based Instruction in Grade 1

The teaching in Grade 1 followed evidence-based recommendations for early reading education (Taube et al., 2015). In the first semester of Grade 1, L1 and L2 students were taught together in the classroom. They were all provided reading instruction within Tier 1, and no additional teaching was provided for L2 students. Students' reading was monitored with several reading tests (see the section on measures). Those identified as having weak grapheme-phoneme correspondence knowledge and decoding skills at the beginning of Grade 1 were explicitly highlighted to the teachers as needing targeted instruction during the first semester in Tier 1. After one semester of reading education in Tier 1, students scoring at or below the 25th percentile on the tests measuring word or nonword decoding were considered in need of additional instruction offered in Tier 2. Therefore, during the second semester in Grade 1, students were taught reading in Tiers 1 and 2.

Tier 1. Ordinary teaching for all students was provided within Tier 1 in the current study. Consequently, all students participated in Tier 1 in the classroom setting during the first semester in Grade 1. They were taught together in the classroom, and the teachers provided differentiated reading instruction for 7 hours per week. The teaching followed evidence-based recommendations for early reading education from Taube et al. (2015), including explicit and systematic teaching of grapheme-phoneme correspondence, counteraction of word guessing to secure correct decoding, repeated reading to obtain reading fluency and motivation, implicit and explicit word activities, and reading comprehension strategies. The teachers strived for a balanced reading program. The students used a reading book in Swedish for beginners (Felth Sjölund et al., 2011) with three different decoding levels, enabling a joint reading experience for the whole class. A new chapter, a new grapheme, and the corresponding phoneme were introduced weekly. Students were instructed to read the week's chapter several times at school and at home to enhance reading fluency. The most advanced book was also used when the teacher read for the students to stimulate language development, listening comprehension, and vocabulary. In addition, multisensory activities were used for grapheme-phoneme correspondence training. The reading in the book was inspired by Reciprocal teaching (Palinscar & Brown, 1984). In reciprocal teaching, the teachers educate students to acquire reading comprehension strategies. Difficult words from the chapter were explicitly explained. The Tier 1 instruction also contained additional reading of fiction books, writing activities, and illustrations and dramatizations of the texts.

Tier 2. Students with weak letter knowledge or decoding skills (i.e., <25th percentile) were provided additional instruction within Tier 2. A special needs teacher provided the Tier 2 instruction in small groups with 2-5 students in three 30-minute lessons for five weeks, a total of 15 lessons. L1 and L2 students were mixed in small groups. The teaching was primarily focused on grapheme-phoneme correspondence using the Fonomix material (Löwenbrand-Jansson, 2018). This material is inspired by Lindamood and Lindamood (1998) and is multisensory, and concretizes the phoneme-grapheme correspondence. In addition, the students practiced phoneme synthesis by decoding lists with words and nonwords (Wendick, 2018) and reading fluency by repeatedly reading texts from a Swedish book series for beginners (Natur & Kultur, 2020). When students spontaneously asked questions about the meaning of single words or texts,

the special needs teachers explained the content. Materials and instruction were differentiated in word complexity level according to each student's progress.

Evidence-based Instruction in Grade 2

In Grade 2, the students continued to be taught reading in Tier 1, and the teachers used evidence-based teaching based on recommendations by Taube et al. (2015). Data from continuous monitoring informed the teachers during Grade 2 regarding students' progress in reading, especially decoding. Those who had not reached the 25th percentile in word or nonword decoding were provided additional instruction in Tiers 2 or 3 during the first and second semesters of Grade 2. When a student reached the 25th percentile on nonword and word decoding, the student participated only in regular teaching within Tier 1.

Tier 1. A balanced reading program was provided to L1 and L2 students, who were educated together in the classroom. Their education was mainly based on a reading book (Felth Sjölund et al., 2012). The book was available in two versions with different text complexity but the same content, which enabled the teacher to differentiate the reading instruction and give the students a joint reading experience. Each week a new chapter in the book was presented to the students, who read the text several times in school and as homework—the repeated reading of the chapters aimed to enhance each student's reading fluency. The teacher explicitly taught difficult words and reading comprehension strategies following recommendations by Palinscar and Brown (1984) and strived to enhance the students' motivation to read and their ability to formulate their ideas in writing. The students also illustrated and dramatized text from fiction books during the lessons.

Tier 2 and Tier 3. A special needs teacher provided additional instruction for students with weak decoding skills (i.e., <25th percentile). Teaching in Tier 2 was offered to 2-5 students in a group. L1 and L2 students were taught together and provided three 30-minute weekly lessons for five weeks, a total of 15 lessons. If needed, the students were, after four weeks, offered 15 additional lessons within Tier 2 and, after that, moved to Tier 3 for one-to-one tutoring. In Tier 3, students were provided five 30-minute weekly lessons for three weeks, a total of 15. The content of Tiers 2 and 3 was the same as provided in Tier 2 in Grade 1, with instruction differentiated in complexity level to each student's individual needs. When the students cracked the alphabetic code by training in grapheme-phoneme correspondence, this increased the training in phoneme synthesis and word decoding. This was followed by training in reading fluency by repeatedly reading.

Fidelity

In the current study, all teachers were qualified to teach both the subject Swedish and Swedish as a second language in Grades 1-3. Furthermore, the research team advised and guided the teachers and special needs teachers throughout the study. Students' progress according to the test results was discussed during six meetings between researchers and teachers and special needs teachers. At these meetings, joint decisions were made about students' needs for additional instruction in Tiers 2 and 3.

A logbook was used by the teachers and the special needs teachers during the study. They documented the content of the lessons within Tiers 1-3, and the logbooks revealed that they followed the instruction recommended by Taube et al. (2015). Moreover, to secure fidelity, one of the authors visited all special needs teachers during at least one Tier 2 or Tier 3 session to observe whether the instructional recommendations were applied accurately. It was noted that special needs teachers typically followed decided instructions.

Analysis of Data

Data were analyzed with IBM SPSS Statistics, version 29. In order to evaluate differences in test scores between L1 and L2 students independent sample t-test was applied, whereas the Pearson Chi-Square test was used for category data. Fisher's Exact test was applied in cases with less than 5 cases in a cell. The

decrease of students scoring at or below the 25th percentile in word and nonword decoding was conducted with the McNemar test. The significance level was set to 5%, and we applied two-tailed tests.

Results

L1 and L2 students' Reading Ability at the Beginning of Grade 1

At the beginning of Grade 1, all students performed tests in alphabetic knowledge, listening comprehension, decoding of words and nonwords, and reading comprehension. The test scores of L1 and L2 students at T1 were compared, and no significant differences were found except in listening comprehension (see Table 1).

Table 1. Comparison of reading test scores between students with Swedish as L1 and L2 at the beginning of Grade 1.

Test	L1	L2	<i>t</i> (111)	<i>p</i>
	(<i>n</i> =83)	(<i>n</i> =30)		
Letter knowledge	10.5 (2.1)	9.5 (2.9)	1.70	.08
Listening comprehension	9.8 (1.7)	8.2 (2.7)	3.16	.01
Decoding words	21.6 (18.7)	19.0 (22.0)	0.58	.36
Decoding nonword	8.7 (7.9)	8.4 (9.7)	0.15	.38
Reading comprehension, short text	3.7 (3.3)	3.0 (3.7)	0.88	.79

The Proportion of L1 and L2 Students in Need of Additional Decoding Instruction during Grade 1

Students' word and nonword decoding was assessed after one semester of evidence-based teaching in Tier 1. Those who scored at or below the 25th percentile in any of the two tests were considered at risk of reading difficulties. There were students scoring at or below the 25th percentile in either of the two decoding tests (*n*=46, 41%). In the word decoding test, L1 students (*n*=30, 36%) and L2 students (*n*=13, 43%) scored at or below the 25th percentile ($\chi^2=0.48$, *df*=1, *p*=.49, *phi*=0.49). The difference was not significant. In the nonword decoding test, L1 students (*n*=32, 39%) and L2 students (*n*=16, 53%) scored at or below the 25th percentile ($\chi^2=1.97$, *df*=1, *p*=.16, *phi*=0.13). Consequently, many L1 and L2 students needed additional decoding instruction during the second semester of Grade 1. This instruction was provided in Tier 2 for L1 students (*n*=19, 23%) and L2 students (*n*=15, 50%). The proportion of the L2 students requiring additional instruction was higher, but the difference was not significant ($\chi^2=7.70$, *df*=1, *p*=.01, *phi*=0.26).

The students' decoding skills were assessed at the end of Grade 1. In the word decoding test, L1 students (*n*=15, 18%) and L2 students (*n*=8, 27%) still scored at or below the 25th percentile, and in the nonword decoding test, L1 students (*n*=19, 23%) and L2 students (*n*=10, 33%) scored at or below the 25th percentile. The proportion of students who scored at or below the 25th percentile in word decoding decreased during the second semester ($\chi^2=18.05$, *df*=1, *p*<.001), as well as in nonword decoding ($\chi^2=12.00$, *df*=1, *p*<.001). The decreased number of students with weak word decoding was significant among L1 students ($\chi^2=13.07$, *df*=1, *p*<.001) but not among the L2 students ($\chi^2=3.20$, *df*=1, *p*=.06). A similar pattern was found in nonword decoding; there was a significant decrease of L1 students with weak decoding ($\chi^2=8.47$, *df*=1, *p*=.01) but not L2 students ($\chi^2=2.50$, *df*=1, *p*=.11). Some L1 and L2 students still needed support to develop their decoding at the end of Grade 1.

Table 2. The proportion of L1 and L2 students scoring at or below the 25th percentile in reading tests at the end of Grade 1

Test	Total sample	L1		L2		χ^2	<i>p</i>	ϕ
	(<i>N</i> =113)	<i>n</i>	(%)	<i>n</i>	(%)			
Letter knowledge	9 (8)	3	(4)	6	(20)	8.07	.01	.27
Listening comprehension	6 (5)	2	(2)	4	(13)	5.23	.04	.22
Word decoding	23 (20)	15	(18)	8	(27)	1.00	.32	.09
Nonword decoding	29 (26)	19	(23)	10	(33)	1.26	.26	.11
Reading comprehension, short text	21 (19)	11	(13)	10	(33)	5.87	.02	.31

Note: χ^2 was calculated with Pearson Chi-Square. Effect sizes are presented with *phi*, and .1 is considered a small effect, .3 is a medium effect, and .5 is a large effect.

Besides the decoding tests, the students were assessed with letter knowledge, listening comprehension, and reading comprehension at the end of Grade 1. A significantly higher proportion of L2 students scored at or below the 25th percentile in letter knowledge, listening comprehension, and reading comprehension than L1 students at the end of Grade 1 (see Table 2). Among the L2 students with weak letter knowledge, 3 of 5 students had arrived in Sweden close to the start of Grade 1 compared to 3 of 25 L2 students with experience of Swedish preschool class education ($\chi^2=5.69$, $df=1$, $p=.05$, $phi=.044$). However, no significant differences in word and nonword decoding among the L1 and L2 students were found at the end of Grade 1.

The Proportion of L1 and L2 Students in Need of Additional Decoding Instruction during Grade 2

At the beginning of Grade 2, students were again assessed with decoding tests to evaluate their need for additional instruction. In the word decoding test, L1 students ($n=16$, 19%) and L2 students ($n=9$, 30%) scored at or below the 25th percentile. The proportion of students with such low scores in word decoding did not differ between L1 and L2 students ($\chi^2=1.47$, $df=1$, $p=.23$, $phi=.11$). In the nonword decoding test, L1 students ($n=14$, 17%) and L2 students ($n=7$, 23%) scored at or below the 25th percentile. The proportion of students with weak nonword decoding skills did not differ between L1 and L2 students ($\chi^2=0.61$, $df=1$, $p=.44$, $phi=.07$).

During Grade 2, students with weak decoding skills were offered additional instruction in Tiers 2 and 3. Both L1 ($n=17$, 21%) and L2 students ($n=7$, 23%) were supported in Tier 2, whereas L1 students ($n=8$, 10%) and L2 students ($n=6$, 20%) had additional instruction in Tier 3. A slightly larger proportion of L2 than L1 students were supported in Tier 2 and 3 in Grade 2 (33% vs. 27%). The difference was not significant ($\chi^2=2.18$, $df=1$, $p=.19$, $phi=.14$).

The proportion of students scoring below or at the 25th percentile in any of the word and nonword decoding tests decreased during Grade 2. From 22% to 13% in word decoding ($\chi^2=8.10$, $df=1$, $p=.004$) and 19% to 11% in nonword decoding ($\chi^2=4.92$, $df=1$, $p=.02$). Further analyses revealed that the proportion of L1 students with weak word decoding had significantly decreased during Grade 2 ($\chi^2=5.14$, $df=1$, $p=.02$), but the proportion of L1 students with weak nonword decoding did not significantly decrease ($\chi^2=1.79$, $df=1$, $p=.12$). According to our results, the proportion of L2 scoring below or at the 25th percentile in word decoding ($\chi^2=1.33$, $df=1$, $p=.25$) and nonword decoding ($\chi^2=2.25$, $df=1$, $p=.13$) had not significantly decreased. For the proportions of L1 and L2 students with weak decoding skills, see Table 3.

Besides the decoding tests, the students were also assessed with listening and reading comprehension tests at the end of Grade 2. The proportion of students scoring at or below the 25th percentile is presented in Table 3. The proportion of students with weak listening comprehension was significantly higher among the L2 than L1 students. Similarly, a higher proportion of the L2 had weak reading comprehension of a long text than the L1 students.

Table 3. The proportion of L1 and L2 students scoring at or below the 25th percentile at the end of Grade 2

Test	Total sample	L1		L2		X^2	p	ϕ
	($N=113$)	n	(%)	n	(%)			
Listening comprehension	9 (8)	3	(4)	6	(20)	8.07	.01	.27
Word decoding	15 (13)	9	(11)	6	(20)	1.61	.21	.12
Nonword decoding	12 (11)	9	(11)	3	(10)	0.02	1.00	.01
Reading comprehension, short text	18 (16)	10	(12)	8	(27)	3.52	.06	.18
Reading comprehension, long text	30 (27)	17	(21)	13	(43)	5.90	.02	.23

Note: χ^2 was calculated with Pearson Chi-Square. Effect sizes are presented with phi , and .1 is considered a small effect, .3 is a medium effect, and .5 is a large effect.

Conclusion and Discussion

The present study investigated whether early reading education based on an RTI model with a focus on decoding skills could promote reading ability among young students with Swedish as either their first

or second language. The result showed that early reading education based on an RTI model with a focus on decoding skills, aiming to support all students but not with a particular focus on L2 students, has the potential to promote decoding among L1 and L2 students in Grades 1 and 2. The decoding instructions must be differentiated to each L1 and L2 student's reading development and needs.

The proportion of L1 and L2 students scoring at or below the 25th percentile in word decoding decreased in Grades 1 and 2; however, the decrease was only significant for the L1 students. An explanation could be the more limited vocabulary knowledge among L2 than L1 students. This might entail that it is more difficult for L2 students to build up an L2 reading vocabulary and to use contextual clues in word decoding, and the orthographic processes might be slower for L2 students than for L1 students (see Verhoeven, 2000). Therefore, word decoding and comprehension should not be seen as separate factors but rather as overlapping and influencing each other (Duke & Cartwright, 2021). The more positive results among L1 students might also be explained by statistical power due to the limited sample size of L2 students. However, comparing L1 and L2 students revealed small word and nonword decoding effect sizes. This indicates that early reading education based on an RTI model with a focus on decoding skills, aiming to support all students and not with a particular focus on L2 students, has the potential to promote reading ability in Swedish among both young L1 and L2 students. Consequently, many of the students were able to develop early basic reading skills, such as cracking the alphabetical principle, developing secure grapheme-phoneme correspondence, synthesizing the sounds into words, and decoding words confidently and correctly. These are essential skills to focus on in early reading education (National Reading Panel, 2000; Verhoeven, 2000). The importance of fluent word decoding for the development of reading comprehension has been highlighted in reading research for both L1 and L2 students (Lipka & Siegel, 2012).

The L1 and L2 students' development of decoding skills in the current study could be explained by the early identification of their needs in basic reading skills (Lovett et al., 2017). Another explanation could be that both L1 and L2 students were monitored throughout the early grades and that the tiers were matched to the individual needs of each student according to the RTI model (Rivera et al., 2009). Worth noting is that a larger proportion of the L2 students were supported during both the second semester in Grade 1 and during Grade 2 compared to the L1 students, but the difference was not significant. This is in line with Abedi and Gándara (2006), who stated that students with another first language than the school language often need more support from the teacher to develop good reading ability. Their challenges in learning to read in a second language could result from difficulties grasping the linguistic patterns of the second language (Verhoeven, 2000). It is also possible that the larger proportion of L2 students in need of additional support in word decoding could be related to the fact that the L2 students, to a higher degree than L1 students, may not have known the meanings of the words. Vocabulary knowledge is crucial for early reading in L2 (Droop & Verhoeven, 2003; Lervåg & Aukrust, 2010). As decoding a word can be supported by the student's understanding of the word or the surrounding words (Ehri, 1998; 2014), the special needs teachers in the current study explicitly taught difficult words and reading comprehension strategies, especially in Tier 2. Such instruction will support the student in predicting which word will come next, thus facilitating decoding. Subsequently, the early reading instructions within the current study might have contributed to the support of L2 students' development of word decoding skills.

The positive effects of the RTI model with a focus on decoding skills to promote early reading development among L1 and L2 students with weak decoding skills could be related to teachers' high expectations of both L1 and L2 students. L1 and L2 students were considered as having reading difficulties if they scored at or below the 25th percentile and had the same access to additional instruction in Tier 2 and 3. That might have led to high expectations for both L1 and L2 students' development of decoding skills. The importance of high expectations of students' academic achievement independently of their ethnic group has been highlighted previously (Peterson et al., 2016). High expectations are also a part of the conceptualization of differentiation in education. Eikeland and Ohna (2022) described four levels of differentiation: differentiation as individualization, as an adaptation to specific groups, as adaptations within diverse classrooms, and in a systematic perspective. At the first level, i.e., differentiation as individualization, teachers' high expectations of their students to achieve their full academic potential is

essential. In addition, at this level, differentiation means adapting the tasks and teaching to each student's different needs and skills in early reading. Adapting teaching to specific groups and within diverse classrooms entails finding effective strategies for teaching learners of different levels of reading development and proficiency in a second language. The fourth level of differentiation is a systematic perspective, which includes a broader context beyond just teachers and classrooms. It includes school leadership's role in making differentiation an everyday school practice. In the RTI model used in the current study, the instruction in three tiers was differentiated as individualization in specific groups and diverse classrooms, trying to find effective strategies for learners of different levels. Further, Tomlinson (2015) highlighted assessment as a part of the differentiated classroom and instruction centered on the learner, knowledge, and community. In the present study, data from assessing students' letter knowledge, decoding of nonwords and words, listening comprehension, and reading comprehension continuously informed the teachers on how to differentiate the instruction into different Tiers.

The present study showed that word decoding interventions might effectively support students with Swedish as a second language at different stages. This aligns with Ludwig et al. (2019), who argued that such interventions should not be postponed until students have reached a confidence level in the oral abilities of the second language. Given that languages do not develop in isolation, cross-language carryovers can be possible regarding phonological awareness and early reading skills (Cummins, 1979; 2021; Jeon & Yamashita, 2014). Consequently, a student with well-developed language proficiency in L1 may find it easier to develop reading skills in L2. Likewise, it might be a greater challenge to develop early reading in L2 if the student has an L1 that differs regarding the alphabetic writing system, orthography, or syllable structure in the current L2 (Jeon & Yamashita, 2014; Melby-Lervåg & Lervåg, 2011). Waiting to provide additional instruction can leave L2 students lagging behind their peers in developing decoding skills. All students should have the opportunity to acquire fluent word decoding as soon as possible. The relationship between basic reading skills and vocabulary is highlighted by Stanovich (1986), who describes The Matthew Effect whereby the 'rich-get-richer.' For example, students who read with success in the early grades get a richer vocabulary, and a richer vocabulary and language skills contribute to success in reading development. The relationship between regular early reading, a developed vocabulary, and a deeper understanding of reading is also confirmed in later studies (Keuleers et al., 2015; Nation, 2009; Schoonen & Verhallen, 2008). Consequently, good decoding ability is essential for both L1 and L2 students at all levels of language acquisition to create a positive spiral. That means it is essential as soon as possible to provide all students with learning opportunities to acquire basic reading skills in their early school years. All students should have the possibility to practice reading and become better word decoders and build vocabulary through their reading.

Practical Implications

One useful model for planning and teaching reading education to young L1 and L2 students is the *Simple View of Reading* (Gottardo & Mueller, 2009; Jeon & Yamashita, 2014; Sparks, 2019). This model by Gough and Tunmer (1986) highlights the importance of focusing on both decoding and linguistic comprehension to acquire good reading comprehension. Results from the present study showed that decoding skills can be taught to both L1 and L2 young students. However, teachers should be aware that decoding and linguistic comprehension are related (see the *Active Model of Reading*, Duke & Cartwright, 2021). Consequently, both decoding and linguistic comprehension should be included in early reading education to promote all students reading acquisition.

The results of our study highlighted the importance of early monitoring of all students' reading abilities to support their teachers in providing differentiated instruction. Early and differentiated reading education provided in the whole class, in small groups, and with individual students has the potential to meet the needs of both L1 and L2 students and to develop their word decoding skills. L2 students at different levels of their second language development can benefit from interventions regarding word decoding. We argue that there is no need to delay interventions regarding basic reading skills until L2 students have reached a certain level in the second language, in line with earlier research on students

learning English as L2 (Ludwig et al., 2019). L1 and L2 students needing support should be identified and supported to develop secure word decoding in Tier 2 as early as possible. The study indicated that early reading interventions for L1 and L2 students could be provided in the same groups according to the RTI model to support all students' word decoding skills. When L1 and L2 students attend the same group, their heterogeneity might benefit the students' decoding skills development (Woore, 2010). For example, L2 students might find distinguishing between graphemes in Swedish easier when they hear accurate pronunciation from their L1 peers when attending the same group.

Our findings also revealed that only 15 lessons of small group interventions in Tier 2 could improve word decoding during Grade 1 for some L1 and L2 students. Monitoring the students' reading ability and the differentiated teaching in Tier 1 during both Grade 1 and Grade 2 could also motivate both L1 and L2 students who have reached secure word decoding skills and reading fluency to develop reading comprehension further. Some L1 and L2 students still needed support at the end of Grade 2. Therefore continuous monitoring and support of the reading development in Grade 3 are essential. Students who still score below the 25th percentile in decoding at the end of Grade 2 should continue to be provided instruction in Tier 2 and Tier 3 in Grade 3. To enable all students to crack the alphabetic principle and develop secure grapheme-phoneme correspondence in the first part of the first semester in Grade 1 (Castles et al., 2018), we first suggest monitoring letter knowledge and word decoding skills during the first semester in Grade 1. We also recommend providing additional decoding instruction in Tier 2 as early as possible, i.e., in the second part of the first semester in Grade 1, especially for L2 students in need of developing secure grapheme-phoneme correspondence. According to Verhoeven (2000), being able to distinguish sounds can be more challenging for L2 students, and the orthographic processes can be slower than for L1 students. Therefore additional instruction could be necessary for L2 students who struggle with grapheme-phoneme correspondence and word decoding.

Of course, early reading education should focus on more than just developing the students' decoding skills; a balanced approach is preferable (Taube et al., 2015). Our results indicate that systematic decoding instruction limits the number of students with weak decoding skills, although not significantly among L2 students. Similarly, some students might need more intense and systematic instruction in vocabulary, grammar, and reading comprehension strategies (e.g., Jeon & Yamashita, 2014) to acquire reading comprehension. Collaboration between class teachers, second language teachers, first language teachers, and special needs teachers in assessment, evidence-based teaching, and interventions is crucial during the early school years. This suggestion aligns with Fuchs and Fuchs (2006), who argued for involving more specialized educators throughout the RTI model to enable each student to reach the best possible result. The second language teacher has knowledge about second language acquisition and teaching from a second language perspective in all tiers. The first language teacher could contribute with knowledge about the structure of the student's first language and the language proficiency in L1 to take cross-linguistic carryovers between languages into account (Cummins, 1979, 2021; Jeon & Yamashita, 2014). Besides, the special needs teacher's competence in reading difficulties, assessment of reading development, and content of the interventions to meet each student's reading development needs are valuable in the different Tiers of RTI.

Limitations and Future Studies

The current study has some limitations. Firstly, the nonsignificant results could result from the small sample size that limits the statistical power. Secondly, the group of L2 students is heterogeneous in language and exposure to Swedish. Besides, like L1 students, these students' results could be influenced by additional factors such as developmental disorders, social-economic status, and other cultural and social factors. Moreover, the student's exposure to the Latin alphabet could vary. These factors were impossible to control for in the present study due to the limited number of L2 students in each group, but they could be a focus of future studies.

The proportion of L2 students was 27% in the current study and corresponded to the national average of L2 students in Grades 1-2 in Sweden, which was 26% in Grades 1-2 in the school year 2021/2022

(Swedish National Agency for Education, 2022b). In replicating the study with more participants, the proportion of L2 students should still correspond to the national average proportion of L2 students. Also, in a future study, it would be valuable to include a comparison group without additional instructions in the multi-tier RTI model to evaluate the effects of the different tiers on the reading ability among L1 and L2 students.

According to our results, L2 students had a weaker result than L1 students in reading comprehension at the end of Grades 1 and 2. This aligns with Grabe (2009), who argues that the connection between word decoding and reading comprehension varies more for L2 and L1 students. Therefore, future studies should investigate the impact of an RTI model on vocabulary and comprehension skills in L1 and L2 students in Grades 2 and 3. Future studies should also investigate whether differentiated teaching in Tier 1 or Tier 2 and 3 interventions is more effective for developing vocabulary, grammar, and comprehension skills. Differentiated instruction in Tier 1 might be preferable regarding how much additional instruction the students can handle. The fourth level of differentiation (e.g., Eikland & Ohna, 2022) is also essential to consider in future studies, i.e., differentiation in a broader context than teachers and classrooms and the role of the school leadership in making differentiation a norm pattern in schools.

The evidence-based teaching in Tier 1 in the current study was based on Taube et al. (2015) recommendations but did not have a particular focus on second language development. Therefore, evidence-based teaching from a second language perspective in Tier 1 could be a focus of future studies. Besides, it is crucial to integrate instruction within all tiers into meaningful contexts to be suitable for L2 students (Haager, 2007). Tier 1, aimed at supporting all students, may need to provide more explicit, scaffolded instruction and practice for L2 students (Fien et al., 2011). Accordingly, Fien argued that future studies should examine the intensity and the length of the interventions to develop the language proficiency of L2 students. L2 students need more time and teaching from a second language perspective to develop cognitive academic language proficiency (Cummins, 1979; 2021).

Declarations

Authors' Declarations

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Family experiences of engagement in inclusive childcare programs for toddlers

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Abstract: Previous research has explored family engagement experiences and practices in childcare programs. The purpose of this study was to explore family members' experiences related to their engagement in decision-making processes across various inclusive, toddler childcare programs. Five early educators and eight parents participated in the study. Four parents had a child with a diagnosed disability or developmental delays, were at-risk for developmental delays, and/or received speech, occupational, or physical therapy. Eligible early educators participating in the study taught toddlers (18 to 30 months) in a private, faith-based, or university childcare program. A semi-structured interview style was used to collect family participant responses. The early educators' inclusive practice indicator rubric scores previously collected from the larger grant funded project were used to triangulate data. Through a phenomenological qualitative design, this study gained a better understanding of families' decision-making experiences, facilitators and barriers that may impact family engagement, and opportunities early educators have provided or not provided to encourage family engagement in inclusive, toddler childcare programs.

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Introduction

Today, there is an ever-growing number of children with and without disabilities playing and learning together in childcare programs across the nation (Division for Early Childhood/National Association for the Education of Young Children (DEC/NAEYC, 2009). In 2019, 59% of children from birth to age five participated in nonparental childcare (National Center for Education Statistics [NCES], 2021). With this growing demand for childcare, centers must work to find ways to engage families in their children's early education. Family engagement is a high-quality indicator in childcare programs that underscores early childhood inclusive practices (Soukakou, 2016). Family engagement refers to a partnership between families and early educators where acceptance, communication, support, collaboration, and bidirectional feedback are common practices to support positive gains in child outcomes (Soodak et al., 2002; Soukakou, 2016). Xu and Filler (2008) noted family engagement within childcare programs is one of the strongest child development predictors. Furthermore, Comer and Ben-Avie (2010) emphasize that combining quality educational practices and family engagement practices effectively promote young children's learning and development. As families and educators engage with one another, mutual feelings of belonging and community develop that impact how children play, learn, and develop new skills as learners (Comer & Ben-Avie, 2010). When high-quality programs implement family engagement practices, both families and young children benefit (El Nokali et al., 2010; Powell et al., 2010).

Bronfenbrenner (1979) explained that the family is a highly effective system for encouraging and

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sustaining a child's development. Parent engagement in inclusive childcare programs has shown positive correlations with early development. Powell et al. (2010) found collaboration and communication quality between parents and educators affected development and increased school readiness during the preschool years. Furthermore, parent involvement studies have reported positive changes in students' social and emotional skills, decreased problem behavior, and improved mathematic skills (El Nokali et al., 2010; Powell et al., 2010). Parental engagement was linked to long-term effects such as increased high school graduation percentages and lower unemployment and crime rates (Yoshikawa et al., 2013).

Although research has shown that positive student and family outcomes result from parent engagement and strong teacher-parent relationships in childcare programs, programs still face challenges in supporting and promoting parent engagement (Classen & Westbrook, 2020; El Nokali et al., 2010; Powell et al., 2010; Soukakou et al., 2014). Using the Inclusive Classroom Profile (ICP), family and professional partnerships are one of twelve items measured on a 7-point scale (i.e., 1 = inadequate, 3 = minimal, 5 = good, and 7 = excellent). An international study using the ICP reported a 3.27 rating for family and professional partnerships (Soukakou et al., 2014) while a study conducted in a southern state that currently does not have a quality rating system reported a rating of 1.06 (Classen & Westbrook, 2020). Both studies show a need to implement more evidence-based family engagement practices within childcare programs (Classen & Westbrook, 2020; Soukakou et al., 2014). Furthermore, according to Mereoiu et al. (2015), parents have reported challenges in building and maintaining partnerships with early educators. Levickis et al. (2022) stated that parents reported limited engagement with early educators and other families when attendance resumed during the first year of the Covid-19 pandemic. Further exploring family engagement experiences can provide insight to assist in implementing and improving family practice quality (Mereoiu et al., 2015). Most research to date exploring family engagement was conducted with families who had preschool-aged children. This study sought to explore family engagement practices from the perspective of parents who had a toddler enrolled in inclusive childcare settings.

Literature Review

The literature on early childhood education provides professionals with a clear family engagement definition which includes inclusion components and guidance from professional organizations on best practices. Family engagement theories have provided insight and assistance in explaining what impacts child development. Research exploring family engagement experiences and practices in childcare programs is growing.

Family Engagement: A Critical Inclusion Component

Effective practices that support high-quality early childhood inclusion include children and families having full access and participation in quality environments with needed support and services (Barton & Smith, 2015). It is critical to define family engagement expectations and practices for childcare programs to fully support all families (DEC/NAEYC, 2009). As stated in the joint position statement from the DEC/NAEYC (2009) there are three defining early childhood inclusion features: access, participation, and support.

Access

According to Barton and Smith (2015), access refers to providing frequent and challenging learning opportunities across different settings for all children by identifying barriers including structural, relationship, and program content barriers. Providing physical access to the program and program content and social access to encourage relationships can promote a sense of belonging and community with families (Barton & Smith, 2015). To meet family needs, multiple communication styles are used in their home or preferred language (Halgunseth, 2009; Soukakou, 2016). Welcoming relationships can increase trust and understanding between parents and educators, thus encouraging family engagement (Soodak & Erwin, 2000).

Participation

As Barton and Smith (2015) explained, in quality childcare programs, all children and families have the right to fully participate in all opportunities. To provide the opportunity to fully participate, early childhood educators must provide many opportunities for learning and engagement through various instructional methods (Barton & Smtih, 2015). Family capacity building in programs encourages and promotes using at-home learning activities that may generalize skills and enhance early learning. These opportunities can increase early learning in the home and encourage families to meet the goals established (Halgunseth, 2009). Reciprocal communication between the early childhood educator and parents can assist in addressing their child's concerns, resources, priorities, or needs (Soukakou, 2016). Furthermore, early educators and families can collaborate during the decision-making process including creating goals for individualized plans and implementing practices that convey the family's primary concerns and addresses the child's developmental strengths and needs (DEC, 2014). Promoting participation also encourages relationships within the classroom between all peers as well as relationships between families and educators (Barton & Smith, 2015). Strong relationships built through family empowerment and participation within a program can positively impact each family (Comer & Ben-Avie, 2010). Strong programs focused on family engagement often solicit feedback from parents concerning the program's quality and seek improvement efforts (Soukakou, 2016).

Supports

Supports refer to broader system features including stakeholders such as educators, service providers, families, and community members (Barton & Smith, 2015). Furthermore, high-quality inclusion includes communication and collaboration between families and stakeholders (DEC/NAEYC, 2009). Supports are a critical component for family engagement and professional development for early childhood professionals (Soodak & Erwin, 2000). Soodak and Erwin (2000) state that collaboration with community stakeholders can provide access to further resources and support to encourage family engagement. High-quality inclusion in childcare programs requires ongoing professional development and coaching opportunities that encourage team collaboration critical to supporting all children and families (Barton & Smith, 2015). Turnbull and colleagues (2015) described family professional partnership elements that encourage family engagement to include building trusting relationships, maintaining competence, assisting families in accessing knowledge and resources, discovering and implementing solutions to problem solve, and increasing social communication skills.

Family Engagement Professional Organization Guidance

Professional organizations, including the DEC and the NAEYC, have provided recommended practices and standards to guide early educators and practitioners in improving child outcomes. All are evidence-based, created by professional experts in the early childhood field, and expected to be provided from high-quality childcare programs. When early educators implement and adhere to these practices and standards, positive outcomes are expected for both children and families (DEC, 2014; NAEYC, 2019).

Division for Early Childhood Recommended Practices

In 2014, the DEC established recommended practices as guidelines for practitioners and families on how to effectively enhance learning outcomes and encourage child development. Included in these recommended practices were family practices which focus on being family-centered, building family capacity, and facilitating family and professional collaboration. Family-centered practices value showing respect to all families, individualizing family needs, understanding family situations, giving family members unbiased information to make well-informed decisions, and including the family throughout all educational processes. The second theme includes opportunities for families to gain additional knowledge and skill in parenting practices that increase self-efficacy. The final theme includes family and professional collaboration which focuses on practices that strengthen relationships between families and educators who collaborate to accomplish mutually beneficial goals that build on family competencies and assist with the child's development (DEC, 2014).

National Association for the Education of Young Children Standards

The NAEYC and Pre-K Now joint report in 2009 provided guidance for programs wanting to improve family engagement. First, high-quality inclusive programs invite families to participate in decision-making and goal-setting for their child through participation in parent-teacher conferences (Halgunseth, 2009). Successful meetings include a collaborative exchange of vital information including progress-monitoring results and other child-related information between families, early childhood educators, interventionists, and service providers (Soukakou, 2016). For students with disabilities, the Individualized Family Service Plan (IFSP) and the Individualized Education Program (IEP) require collaborative decision-making processes that include families sharing resources and information while educators seek information about family priorities and strengths in regular bidirectional communication between the childcare center and families (Halgunseth, 2009; Soukakou, 2016). High quality inclusive programs provide support to early childhood educators to attend IEP meetings with providers, families, and local educational agencies (Soukakou, 2016). Finally, programs are encouraged to use home and community learning activities to broaden the child’s learning environment and invite families to provide feedback and suggestions for program-level improvements (Halgunseth, 2009).

Family Engagement Theories

Family engagement theories have contributed to the literature on early childhood development and assist professionals when serving children and families. Family engagement theories can provide explanations when viewing a young child’s social environment, cultural background, or family system and how both direct and indirect relationships impact a child’s development. Furthermore, theories can provide insight into factors that impact or contribute to family experiences related to engagement in childcare programs.

Bronfenbrenner’s Ecological Model

In 1979, Urie Bronfenbrenner created an ecological model of systems to explain the direct and indirect influences on a child’s development and how each system influences one another. The first layer, the microsystem, includes a child’s immediate environment such as the family, school, peers, educators, childcare, health services, and religious organizations. Researchers in multiple studies highlight that safe and secure environments impact how trusting relationships between children and early educators are developed (Mereoiu et al., 2015; Purvis et al., 2007).

Furthermore, positive relationships built in early childhood can set the foundation for future relationships throughout the child’s life (Levy & Orlans, 2014). The next layer, the mesosystem, connects the immediate settings in a child’s life including the link between the home and the early education program. Negative experiences, especially during the diagnosis phase, can cause a lack of trust between parents and early educators, and parents are left feeling devalued during the decision-making process (Coussens et al., 2021; Stoner & Angell, 2006). Children are affected by the experiences in the home and at the childcare program but also by the indirect experiences linked between the home and early education program (Bronfenbrenner, 1979). “The developmental potential of a mesosystem is enhanced to the extent that there exist indirect linkages between settings that encourage the growth of mutual trust, positive orientation, goal consensus, and a balance of power responsive to action on behalf of the developing person” (Bronfenbrenner, 1979, p. 216). The exosystem, the next layer in the ecological model, includes social structures such as government agencies, school boards, extended family, the media, and family economic levels. The macrosystem encompasses the culture that the child is developing within. The final outside layer, the chronosystem, includes the environmental changes that occur within the child’s life including historical events or major transitions (Bronfenbrenner, 1979).

Family Systems Theory

Turnbull et al. (1986) created the Family Systems Framework to describe family characteristics. The framework views all family components as interrelated and greater than individual members’ characteristics. Family structure, family interaction, family functions, and the family life cycle make up the

four family system components. Family structure refers to the family size, relationships with each member, and their characteristics including disabilities, values, and beliefs. Family interactions include quality interactions among family members. Family functions define the responsibilities and the family's daily routines. A parent delineates and places value on certain responsibilities and functions whether it be financial, social, educational, or emotional. The last component, the family life cycle, refers to how the family evolves due to changes in development, relationships, roles, and functions over time (Pang, 2010; Turnbull et al., 1986). In conjunction with this research, Turnbull and colleagues (2015) also reported that utilizing a family-systems approach and promoting positive relationships between the educator, parent, and child result in positive child outcomes. Early educators can benefit from being able to identify the Family Systems Framework components for the families they serve. When considering a family's structure, characteristics, functions, and life cycle, much information can be obtained to understand different priorities, needs, values, beliefs, and other family dynamics. Furthermore, the family system can give insight into facilitators and barriers to family engagement in the decision-making process (McBride & Peterson, 1997; Turnbull et al., 1986).

Culturagram

In 1994, Culturagram was first developed to better understand families who come from non-dominant cultures within the community (Congress, 1994). The Culturagram can assist early educators in being more culturally sensitive when engaging families in their child's education. Congress (1994) discussed ten areas to consider when providing support. Early educators must consider causes for relocation, the family's legal status, a child's age at the time they relocate, languages spoken inside and outside the home, health care beliefs, special events and holidays celebrated, trauma's impact, value placed on education, and access to cultural resources in the community. Utilizing the culturagram, early educators can respect diversity and provide culturally responsive family partnerships and learning environments (Congress, 1994).

Skilled Dialogue Framework

The Skilled Dialogue Framework (Barrera & Corso, 2002) was created to increase two-way communication between professionals and families through respectful, reciprocal, and responsive interaction. Respect is honoring a person's individual identity as a valued community member. Reciprocity is believing that a person's voice is equally valued as one's own. Responsiveness requires the desire for connection including other's beliefs and perspectives. The Skilled Dialogue Framework discusses six strategies: Welcoming, sense-making, joining, allowing, appreciating, and harmonizing. *Welcoming* includes using words and behaviors that express our recognition of a person's value and dignity. When we *allow* diverse beliefs and perspectives to be present, we do so as to not change them. Attempting to understand a person's words or behaviors during face-to-face interactions describes the strategy of *sense-making*. *Appreciating* another's perspective can deepen relationships by acknowledging and explaining the significance it brings to the situation. After welcoming and seeking to understand (i.e., sense-making) shared information and/or behavior, educators must attempt to *join* or co-create a solution based on mutual understanding and shared responsibility. *Harmonizing* can help bring conflicting perspectives together and create a third choice in decision-making. Incorporating these six strategies during two-way communication between professionals and families can increase collaboration and joint decision-making (Barrera & Corso, 2002; Barrera et al., 2003; Barrera & Kramer, 2009, 2017).

Family Engagement Practice Studies

Along with family engagement theories, related research studies that contribute to the literature on family engagement are growing. Studies have focused on family engagement in preschool programs in regard to individualized education plans, learning activities, assessment, professional development, educator and parent experiences, and Covid-19 restrictions. Figure 1 shows a family engagement literature summary organized by topics including how many studies address each topic.

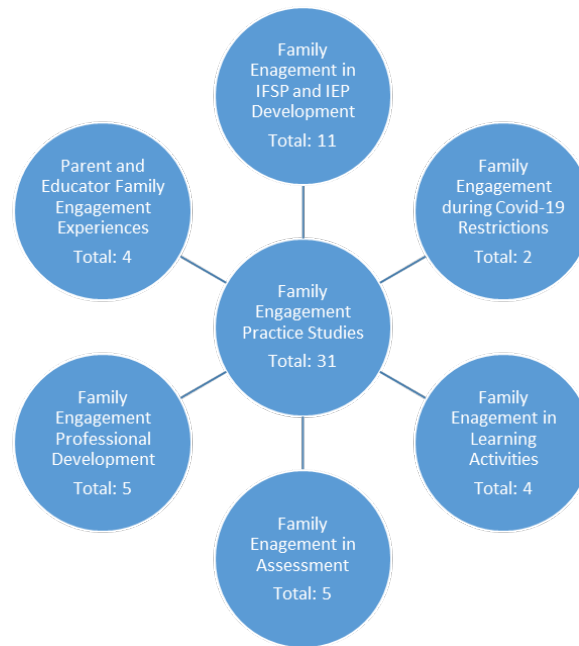


Figure 1. *Family Engagement Practice Studies*

Family Engagement in IFSP and IEP Development

IEP development has long been a discussion topic when it comes to involving and engaging families in the process. Under the Individuals with Disabilities Improvement Act (IDEIA) 2004, the law requires an IEP for all children aged three and above to be implemented if being provided special services for a categorized disability (IDEIA, 2004). Successful IFSP and IEP development requires a partnership between educators and parents (DeSpain & Hedin, 2022; Singh & Keese, 2020). IDEIA discusses parents being the most important team members involved in the IFSP and IEP development (IDEIA, 2004). For families with young infant or toddler children, early educators often provide the family with the first impressions of early intervention services (Kuhn & Higgins, 2020). Thus, it is important for early educators to build trust and provide support that is responsive to the families' needs and priorities during one of the most vulnerable times for families who have young children with delays/disabilities. Singh & Keese (2020) stated that IEPs should be developed by merging all team members' knowledge and creating a plan to encourage children's academic and functional success. This is an opportunity for all team members to come together to collaborate on what is in the child's best interest. Furthermore, the IEP development is designed to support and provide convenience for families such as providing yearly meeting notices with mutually convenient and beneficial meeting times for all parties (Singh & Keese, 2020).

Qualitative research has been conducted on parent and educator experiences related to these partnerships. When interviewing parents and educators, researchers have found various results. First, researchers have found that one party dominates the other during conversations when discussing opinions and concerns (Fish, 2008; Turnbull et al., 2015). Specifically, it has been found that parents feel that they don't have a voice during the process and aren't afforded the opportunity to discuss their parental observations, judgments, or knowledge (Fish, 2008; Turnbull et al., 2015). Frequently, decisions have already been made about placement and goals before the meeting takes place with the parent as a team member (Kurth et al., 2020; Ruppert & Gaffney, 2011). Specifically, parents feel powerless or express feeling like an invisible team member (Zeitlin & Curcic, 2014). Harry (2008) stated that to build trusting relationships and increase partnership, the families' priorities and goals must be valued and considered. Bruder and Dunst (2015) found that educators, specifically early childhood special educators, were more confident in a family-centered approach than they were competent. When educators dominate the meeting, parents begin to shut down from intimidation and take a back seat in the conversation (Carlson et al., 2020; Fish, 2008; Zeitlin & Curcic, 2014). Zeitlin & Curcic (2014) found that parents experience judgment and feel

they won't be able to meet expectations set by educators. Carlson et al. (2020) reported that parents wished educators would share more positive information, give them time to speak in meetings, and collaborate during the goal development.

Family Engagement in Learning Activities

Research on family engagement in learning activities has been explored. Several studies have concentrated on the impact home learning activities have on increasing positive child academic outcomes. Garbacz et al. (2019), Hindman and Morrison (2011), Lin et al. (2019), and Mendez (2010) explored parental experiences during family engagement opportunities including at home learning activities. Garbacz et al. (2019), Hindman and Morrison (2011), Mendez (2010) found that a positive parent-teacher relationship and program support encouraged parents to engage in the activities. Specifically, parents had positive experiences with shared reading in the home when provided additional support and relationships were positive between parents and educators. Lin et al. (2019) found that parents felt that open, consistent communication with educators about their child's development contributed to their engagement in at-home learning experiences.

Family Engagement in Assessment

Researchers have examined family engagement during the assessment process, specifically, during the initial phases. Developmental concerns for a child can arise in the early years from early educators or parents, and it is important to establish a parent-teacher partnership to collaborate through the assessment process. Parents may develop a concern for their child's development when comparing them to other same-aged peers and early educators are known to serve as an informant (Marshall et al., 2020). The DEC Recommended Practices state that early educators are responsible for including families in gathering assessment information and reporting results to families (DEC, 2014). If parents are invited to observe the child's development and offered an opportunity to share that information this could help them feel more prepared for meetings rather than feeling surprised. For example, Braiden et al. (2010) and Marshall et al. (2020) found that parents endured stress, anxiety, and uncomfortable feelings after early educators shared screening or monitoring results and concerns about their child's development. McConachie et al. (2018) stated that most parents expect to be included in the decision-making. Studies have shown that parents wanted to be given information that is relevant and applicable to their child to better understand their child's development (Auert et al., 2012; Braiden et al., 2010). Researchers found that if professionals had concerns for development, especially autism, parents preferred to understand the initial signs or red flags (Braiden et al., 2010). Furthermore, parents in this study reported a hesitancy from professionals when discussing a potential diagnosis but preferred to know cause for concern early (Braiden et al., 2010).

Family Engagement Professional Development

Several researchers have examined the family engagement professional development impact on educator change or implementation (Classen & Westbrook, 2020; Cummings et al., 2015; Herman & Reinke, 2017; Kuhn et al., 2017; Sheridan et al., 2010). Professional development training and coaching opportunities in the classroom are effective in providing early educators with practices that encourage and increase family engagement (Classen & Westbrook, 2020; Cummings et al., 2015; Herman & Reinke, 2017; Kuhn et al., 2017; Sheridan et al., 2010). Specific practices include establishing and maintaining parent-teacher partnerships, fostering parent-child relationships, collaborating to solve problems and address concerns, and implementing steps to assist with the decision-making process (Kuhn et al., 2017). Sheridan et al. (2010) found that when implementing both professional development and parent training on family engagement, child outcome measures were positive for both academic and social-emotional skill development. A professional development training program was implemented to examine its effects on parent-teacher and parent-child relationships and the correlation with positive student outcomes. The training program was found to increase positive relationships, thus increasing positive student outcomes (Sheridan et al., 2010).

Parent and Educator Family Engagement Experiences

Qualitative studies have researched family and educator experiences related to parent engagement in childcare programs. Rech et al. (2021) explored the use and perceptions of the NAEYC family engagement principles among early childhood educators in addition to barriers to implementation. Classen et al. (2019) identified barriers and facilitators between military families and early childhood educators when collaborating to meet the needs of young children with disabilities. Using interview questions aligned with the DEC Recommended Practices, the study found that families viewed educators who encouraged collaborative partnerships as showing empathy, communicating often, and exhibiting professionalism. Practices such as communication and parent-educator partnerships were important to parents and educators (Classen et al., 2019). Macy et al. (2019) stated that positive, trusting relationships can ensure effective two-way communication. Also, professional development was deemed important and requested from families and educators. When considering family engagement, families discussed how important it is for educators to understand family structure and functions to assist in overcoming barriers (Classen et al., 2019). Likewise, Douglass (2011) studied early educators' perspectives regarding their desire to collaborate and engage with families, support needed to assist collaboration, and facilitators and barriers impacting family engagement practices. The study found that family engagement is desired by families when childcare programs establish relationships involving caring educators and shared power. Modeling caring relationships and shared power within the program between educators was shown to facilitate family engagement. Power struggles and limited empathy between educators were reported as a barrier in building positive, collaborative relationships with families (Douglass, 2011).

Family Engagement during Covid-19 Restrictions

Covid-19 restrictions on family engagement have been explored in several research studies. For example, Levickis et al. (2022) found that major barriers to family engagement are the few opportunities for face-to-face interactions with educators and chances to observe their child within the childcare environment. Parents reported that, before Covid-19 restrictions were implemented, face-to-face interactions provided them with knowledge about their child's experiences in the classroom and made them feel like they belonged (Levickis et al., 2022). Levickis et al. (2022) found that parents continued to experience limited access and interactions with educators even when Covid-19 restrictions were reduced. Of more concern, Keengwe and Onchwari (2022) found the mutual shared relationships between the infant/toddler, parent, and educator were lower after restrictions began to be lifted than those reported during the pandemic. Specifically, parents who had infant and toddlers reported less opportunities for two-way communication than those parents who had older children (Keengwe & Onchwari, 2022). Parents reported limited access to walk inside the classroom and assist in settling their child before leaving resulting in parent and child distress. Also, Covid-19 restrictions resulted in programs providing various levels of support and resources depending on digital capabilities, funding, and program operations (Levickis et al., 2022).

Purpose Statement

The purpose of this study was to explore family members' experiences related to their engagement in decision-making processes across various childcare programs.

1. What are families' decision-making experiences in inclusive childcare programs?
2. What facilitators and barriers exist that may impact family engagement in inclusive childcare programs?
3. What engagement opportunities have early educators provided or not provided to families?

Hypothesis

1. Families may describe a variety of comparable decision-making experiences in inclusive childcare programs.

2. Families will report various facilitators and barriers that may impact family engagement in inclusive childcare programs.
3. The amount and quality of engagement opportunities provided by early educators may differ among families.

Methodology

A phenomenological qualitative research design was implemented to gain a better understanding of family engagement experiences in inclusive, toddler childcare programs. This research design was chosen because the authors were interested in the “affective, emotional, and often intense human experiences” (Merriam, 2009, p. 26) that families with young children who have disabilities often experience. This section provides information regarding the methods used to collect data from participants to answer each research question.

Recruitment

Convenience sampling (Gravetter & Forzano, 2012) was utilized to recruit families from childcare programs in the mid and south regions of Mississippi. Specifically, researchers recruited family members from childcare centers where the educators were involved in an inclusive practice professional development as part of a larger grant-funded project (i.e., Mississippi Early Childhood Inclusion Center [MECIC]). The childcare center directors or the technical assistant specialist discussed the family recruitment with the early educators. Then, the early educators from three childcare programs sent an email or written letter providing information about the research study to families. The PI followed up with the educator participants to gather family consent forms and contacts. Before the interview began, the signed consent forms were gathered by the PI.

Participants

For this study, and to add to the research in the early childhood education field, it is important to explore relationships between variables among various participant and center demographics. Eight parents participated in the study with four of the eight parents having a child with a diagnosed disability or at-risk for a developmental delay. One parent aged 18 years and older from each family was asked to participate. Parents participating in the study had a child with or without disabilities enrolled in one of five classrooms across three programs. In Table 1, the reader will find the parent demographic information including educational background, age, race, and parental experience.

Table 1. Participant demographics

Parent	Parent's Age (Years)	Parent Race	Child Age (Months)	Education Level	Parenting Experience	Program	Disability or Child At-Risk
Parent 1	32	W	30	Associates	12 years	1	Yes
Parent 2	36	W	18	Bachelors	18 months	2	Yes
Parent 3	27	W	25	Masters	25 months	3	Yes
Parent 4	26	W	22	Highschool Diploma	5 years 6 months	1	Yes
Parent 5	32	W	24	Technical Degree	2 years	1	No
Parent 6	27	W	24	Associates	2 years	3	No
Parent 7	28	W	19	Bachelors	9 years	3	No
Parent 8	29	B	15	Bachelors	9 years	3	No

Data Collection Procedures

A semi-structured interview style was used to collect family participant responses. This style assisted the researcher in leading a natural conversation with families and providing further questions for clarification. The interview protocol was constructed using the Crosswalks of DEC Recommended

Practices with Early Intervention (EI)/ Early Childhood Special Education (ECSE) Standards, and Early Childhood Education (ECE) Standards (Early Childhood Personnel Center, 2020). The interview protocol can be viewed by the reader on request. The interview question protocol included questions about the participants' demographic information, family engagement opportunities provided by early educators, family engagement experiences and beliefs, and facilitators and barriers that may impact family engagement opportunities. The interview protocol was developed to stay within the one-hour interview parameters. As the interview protocol is followed, the PI audio recorded the interview conversations to assist in transcribing. After the interviews were completed and transcribed, member checking (Doyle, 2007) occurred by providing a transcript copy to the participants to review for accuracy. Using member checking added to the study's credibility and trustworthiness (Doyle, 2007). Along with a transcript, participants were given follow-up questions for clarification if needed. One parent reviewed the transcript without any necessary changes and provided answers to follow-up questions.

The researchers used the inclusive practice indicator rubric scores from early educators previously collected from the larger grant-funded project (i.e., Infant and Toddler Special Needs Inclusive Practice Credential: MECIC) to triangulate data. Specifically, the research looked at the family engagement portion of the rubric. The rubric, scored by a MECIC technical assistance specialist, was a 3-point Likert scale to assess classroom practices that support children with and without disabilities in inclusive programs. The scale ranged from 0 to 2 with 0 being not applicable, 1 needing improvement, and 2 implementing in an exemplary manner with 10 being the total possible score for family engagement. Early educators were observed to evaluate practices promoting family partnerships including creating opportunities for open, two-way communication with families, utilizing multiple communication forms, creating and maintaining positive, trusting partnerships, involving families in program activities, and empowering families as valued educational team members.

Data Analysis

The data were analyzed through a thematic analysis approach (Glaser & Strauss, 1967). A thematic analysis focuses on identifying and describing ideas or themes within the data collection. Through a thematic analysis, constructs and patterns were explored to provide insight into participants' family engagement experiences through the decision-making process (Namey et al., 2008). After the interview responses were transcribed verbatim, and data was analyzed by hand. Once all interviews were transcribed, the data were reviewed multiple times by the PI and an expert researcher. The PI proceeded with the initial coding to reduce and categorize responses into themes. After, the expert researcher reviewed all coding for validation, and then, any discrepancies were discussed between both researchers (Miles & Huberman, 1994). Then, the PI made comparisons between discovered themes and developed constructs to better understand family engagement opportunities provided by early educators, family engagement experiences and beliefs, and facilitators and barriers that may impact family engagement opportunities.

Results

In this section we will present the initial themes and subthemes that emerged during the data analysis. Themes and subthemes will be presented as they collectively answer the research questions about families' decision-making experiences, facilitators and barriers that may impact family engagement, and opportunities early educators have provided or not provided to encourage family engagement in inclusive, toddler childcare programs.

Families' Reported Decision-Making Experiences

This study aimed to understand families' decision-making experiences within inclusive, infant/toddler childcare programs and the unique perspectives shared by parents who have young children with and without disabilities. Table 2 provides the reader with the initial themes, subthemes, definitions, and example quotes used to answer research question one. After Table 2, detailed reports of decision-making experiences related to communication, collaboration, resources, parent rights, and active

involvement are shared.

Decisions were reportedly experienced through different *communication* methods including passive and active communication. Parents reported brief, passive communication through text, notes, apps, or in-person communication related to topics concerning daily routines, incidents, and activities. “Every morning when I drop him off, we talk about like what they’re going to do, and in the afternoon, she’ll tell me how his mood was, how long of a nap he took, what and how much he ate, and what kind of activities they did” and “They send out weekly newsletters or monthly newsletters letting us know what they’re doing for the week.”

Table 2. Coding related to decision-making

Initial	Sub	Definition	Example Quotes
Communication	<ul style="list-style-type: none"> • Passive • Active 	Communication is defined as parents and professionals listening to one another, clearly describing their wants and desires, and being honest and open (Turnbull et al., 2015). Two-way communication involves both the family and professionals (Butera et al., 2016).	<p>Passive</p> <p>“They had yet to communicate that he’s trouble in the classroom. The only concern I had was them not communicating when my son was disrupting the class so that we could try to fix the problem.”</p>
			<p>Active</p> <p>“K and I communicate back and forth. It’s helpful the way she communicates with you.”</p>
Collaboration	<ul style="list-style-type: none"> • Program planning 	Collaboration refers to the purposeful process in which families and professionals identify problems and create plans to solve them (Friend & Cook, 2021).	“I gave them the handouts [from speech therapy] because they were more likely to be able to do the handouts with her than I was.”
Resources	<ul style="list-style-type: none"> • Screening • Evaluation • Public resources • Unsure/None 	Practitioners work with the family to identify, access, and use formal and informal resources (DEC, 2014, F7).	“They offered us the contact information for Early Steps and a couple different resources for that area, and we talked with them.”
Parent Rights	<ul style="list-style-type: none"> • Policy • Unsure 	Practitioners help families know and understand their rights (DEC, 2014, F9).	“They did provide me with a handbook that goes over all of that stuff.”
Activity Involvement	<ul style="list-style-type: none"> • Learning activities • Events 	Practitioners engage the family in opportunities that support and strengthen parenting knowledge/skills and competence and in ways that are individualized (DEC, 2014, F6)	<p>“They’ve brought me in here to do little lessons and read to him.”</p> <p>“It’s because of Covid we can’t [be more involved in program activities].”</p>

One parent explained using an app, “By app, they sent me pictures to let me know he had an allergic reaction to medication right when it began. I get to watch what he eats, diaper changes, every nap, and anything that’s going on within the facility.” Similarly, another parent preferred the app communication method over paper, “I didn’t really like the piece of papers. I really like the app interaction. If there is anything initially wrong, I’ll automatically get a notification right then, and then I, myself as a parent, get to make the decision if I need to go to him.” Some parents reported difficulty during the decision-making process with early educators due to passive communication. One parent explained, “I do wish there was more over the phone interaction or either face-to-face interaction rather than just via text/the app” while another parent stated, “I have to ask questions to get feedback about development.”

Several parents reported preferences for an active *communication* style by stating, “In person or through texts, [Teacher C] is very good at communicating things within the classroom or things that is he is learning.” Additionally, parents reported positive experiences through active communication by one reporting, “If you have a problem, being able to verbalize [any concerns] and [resolve them] versus ignored is a positive thing” and another reporting, “[Teacher B] gives me her undivided attention to actually listen and have that opportunity to express my feelings. [What I’m saying is] not just going in one ear and out

the other. She's actually taking it into consideration."

Parents reported decision-making experiences through *collaborative* program planning. Parents reported that early educators involved parents through weekly or monthly *communication* regarding program plans. Many parents reported the desire to extend learning at home by practicing skills taught at the program. For example, a parent reported,

"When [Teacher A] started doing colors [at the program] then I did colors at home. When [Teacher A] started counting numbers one to five, I started doing that at home. We were all on the same page. We communicate when [Teacher A] is going to potty train him here. I'm going to be able to start potty training him at home. I don't want to start at home if they're not going to do it here because [it will not be successful]. That helps everything work out together without going around in a circle."

Other parents had similar experiences stating, "I really like the newsletters that [Teacher C] sends out letting me know what they're learning that week so that I can follow up with teaching him the same thing at home" and "Each month [Teacher E] sends out like a letter or monthly calendar so that we can also practice at home with our child." Although parents reported educators communicating daily activity plans, only a therapist was reported providing at-home strategies for furthering development explaining, "They [the therapist] would show me exercises that I could do at home to work with him."

Parents reported a *resource* variety within the programs. Specifically, parents reported resources including screenings, evaluations, and public resources. Few were provided developmental screeners and/or evaluations. For example, "[The director] went out of her way to go and get two people that were going to do the screener because they knew I was struggling [with correspondence from an outside agency]." Another parent reported, "[The program] did some kind of evaluation on the children making sure that they were meeting their milestones appropriately and [they provided directions on] what we needed to do if our kid was behind." A parent also reported being informed about public resources stating, "I have spoken with people at the Public Assistance Office where they do WIC and stuff." A few parents were unsure or stated that no resources have been provided to them. One parent stated, "[The program has] not [provided any additional supports or resources] that I can think of. I remember doing [a checklist]," and another reported, "I'm not sure what resources are available."

The limited *parental rights* knowledge played an important role in family decision-making experiences. Parents reported not knowing their rights or recalling program policies being provided. One parent stated, "Nothing [was shared with me regarding parent rights] that I can think of off the top of my head" while another shared, "They gave us a handbook the first day and I'm pretty sure there's a section of your rights and stuff." Only one program discussed parent rights regarding special services at a local school district stating, "[The program] said that if I go to the public school that they have to [conduct an evaluation] if I request it."

When exploring *activity involvement*, parents reported the desire to be involved in the decision-making processes, planning, and learning activities. A parent shared her willingness to assist by stating, "If they need volunteers or assistance with anything, just let me know." Other parents provided suggestions on how to increase activity involvement in the programs. For example, parents stated, "[I suggest] maybe [planning] a parent-kid day where the parents, kids, and the teacher all get to go and just have a little party interacting with other parents and children as a whole." Another parent reported the program's desire to provide opportunities by stating, "I guess it would really require them having more activities that I can help with or help do with her [to become more involved]."

This study's findings presented differences and similarities in family engagement experiences during decision-making among parents who have children with and without disabilities or are at-risk for developmental delays. Parents reported differences in communication preferences modes and whether resources were provided by programs. The study found similarities when programs offered useful information regarding program planning and parents desired more active involvement within the program. Parents who had children with and without disabilities reported different communication preferences. For example, parents who had children with disabilities reported a preference for

communication apps but desired a face-to-face conversation or a phone call as needed for a follow-up. Parent 3 stated, "It starts over our app where we get daily updates. I ask them to call me up if I just need to further explain because I hate texting." Similarly, parent 4 preferred the communication app with immediate notifications so she could engage in decision-making. Parent responses were similar regarding decision-making experiences. Parents who had children with and without disabilities enjoyed receiving monthly or weekly newsletters containing useful program planning information to extend learning at home. Importantly, all parents seemed to be equally interested in decision-making in regard to planning learning activities or events within programs. In addition, public resources were equally shared with parents who had children with and without disabilities.

Reported Facilitators and Barriers to Family Engagement

This study's secondary goal was to gain insight into family perspectives regarding facilitators and barriers to their engagement in early education decisions. Specifically, this study explored the unique perspectives of families who had young children with and without disabilities ages 18 to 30 months. Table 2 and Table 3 provide the reader with the initial themes, subthemes, definitions, and example quotes used to answer research question two. Below you will find the family perspectives regarding family engagement facilitators by creating trusting relationships, providing active communication, supporting families' priorities, being culturally responsive to the family's values and beliefs, and parent knowledge and/or skills. Family engagement barriers were described as passive communication, limited support for family priorities, few training opportunities for parents, and limited parental rights knowledge.

Facilitators

Most parents reported positive *trusting relationships* between the parent and educator, the parent and child, and/or the child and educator. Safety and security seemed to play an important and common role in facilitating trusting relationships. Participants explained relationships between the parent and educator by stating comments such as, "[Teacher A] made me feel at ease [when scheduling conflicts occurred]" or "[I felt] very comfortable in the beginning that [Teacher A] was very open and honest about all the [policies and procedures]." One parent felt comfortable leaving the child for the first time at the program explaining, "Me leaving him was a big, big worry for me, and they made it very easy to feel comfortable leaving him. I never had any worry [about whether] they [were] educated enough to take care of his needs and provide for his needs."

Table 3. Coding related to facilitators and barriers.

Initial	Sub	Definition	Example Quotes
Trusting Relationships	<ul style="list-style-type: none"> • Safety/Security 	Trusting relationships refer to the connection between families and professionals based on mutual confidence in each other (Turnbull et al., 2015).	"He's attached to my hip, but since starting the program, he will now sit down and play with his toys by himself."
Family Priorities	<ul style="list-style-type: none"> • Family time • Religion • Health • Education • Marriage • Career development 	Family priorities are defined as differing values such as work, or education based on the family's culture (Congress, 2004)	"Our priorities are eating together as a family, family time, making sure every need is met, being there for everything that we can, going to the doctor if they're starting to get sick, and reading books."
Culturally Responsive	<ul style="list-style-type: none"> • Religion • Diversity 	Culturally responsive is defined as having mutual respect and understanding for families' cultures, values, and languages (DEC, 2010).	"They do different little activities. They include different cultures, and she has [pictures of] different races in her class. I think I've seen some different cultural musical instruments."

Parent Knowledge/Skills	<ul style="list-style-type: none"> • Parent Training • Intervention for behavior and communication challenges 	Practitioners support family functioning, promote family confidence and competence by acting in ways that build on family strengths (DEC, 2014, F5).	“I don’t think any [parent trainings have been offered]. If they would, I would participate.”
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It was reported that parents also felt a stronger bond with their children knowing they were safe and secure while being cared for at the childcare center. One parent described a positive parent-child relationship, “[The program played a part in our relationship by] possibly making [our relationships] better when I’m away because when I pick him up, he’s super happy.” Another parent stated “He’s (her child) so excited to see us after being separated during the day. It’s helpful when any of us drop him off, [that] he’s not crying”. Similarly, parents reported a key element to *trusting relationships* included the child and educator. “[Teacher A] built a connection with [my son]” and another stating “[My child] was very clingy [with me]. I feel like [teacher A] has kind of brought him out of his shell. He’s not scared or anxious about going to her or being in the classroom”.

Participants provided active *communication* examples that facilitated positive relationships such as, “[Teacher D] personally calls and tells me when there’s an issue with [my daughter]”. Some parents reported active communication strategies used such as partnering to problem solve and asking for feedback. For example, one parent stated, “I’ve had to really advocate for her to be in the older classroom to make sure that she’s challenged. They started transitioning her to the two-year-old room, so they know it’s important to me and they keep pushing for it” and another stated “They do surveys and ask for feedback about your priorities and concerns”. Also, a parent experienced active listening when she reported that Teacher B took her feelings and concerns into consideration.

Parents had similar responses when reporting *family priorities*. Priorities among families included family time, religion, health, education, marriage, and career development. Several parents explained development as being a top priority with one stating, “Everybody being able to communicate with him and him being able to communicate with us are important to me”. Another explained concerns about development and how the early educator provided reassurance such as “I noticed he didn’t [know skills or met certain developmental milestones] like I’ve noticed some of the other kids really know. She lets me know there is nothing to worry about.” One parent reported faith as being the family’s main priority and how the childcare center was supportive in following similar religious beliefs. A parent stated, “Our faith is our main priority. Reading the bible at night with her and making sure she’s involved in church at a young age. The curriculum at her school is Christian-based and taught by Christians”.

Parents discussed how educators were *culturally responsive* to religion and diversity. One parent said that “Our cultural background is probably very similar to the program’s cultural background which was the deciding factor [for choosing the program]. I feel like I’m supported in that because I know that most of the workers there are members of the church”. Another parent stated, “You see all children and even [early educators] of all shapes and sizes and colors. I think it’s really good for all kids to see that.”

Parents reported the desire to attend training to increase *parent knowledge and skills*. Most parents expressed a willingness to engage in center-hosted family training opportunities to learn more about communication challenges and interventions for behavior challenges. One parent explained, “I would like to learn more about understanding and communicating [with my son]” while another stated, “I would want to learn more about the terrible twos, [following directions such as] getting dressed in the morning, and meltdowns”. One parent wanted to understand more about development stating, “[I want to know more about] what to expect next in the [developmental] stages.”

Barriers

A barrier that parents experienced included engaging in passive *communication*. As example quotes were previously presented, parents reported passive communication as a barrier to family engagement by explaining a dislike for written communication and the need to ask questions to gain feedback.

Furthermore, passive communication was reported as a barrier to building a positive *trusting relationship* between the parent and educator and/or the educator and child. For example, one parent explained,

“We had an incident where he kept getting bit. I was asking, what is he doing for this kid to keep biting him. They just kept telling me nothing. Then, she proceeded to tell me how he troubles in the classroom every day. They had yet to communicate that he troubles in the classroom. The only concern I had was them not communicating when my son was disrupting the class so that we could try to fix the problem. They said that they would watch out more (for biting) and keep a better eye on it and address the child that was biting.”

Similarly, parents described Covid safety procedures as a barrier. As one parent stated, “Because we can’t go in there because of Covid, we’ve only met the teacher one time” to explain a barrier to building a *trusting relationship* with the educator. The parent further explained, “We don’t even know a lot as far as how the program works and what goes on [due to lack of access inside the center and interactions with the teacher].”

Family priorities were reported as a barrier to family engagement through trusting-relationships. Specifically, a parent reported feeling like the educator had limited developmental knowledge. This was a concern for the parents since development was a major family priority. The parent explained,

“I think [developmental knowledge] could be improved. [Teacher E] didn’t point out [my daughter] was at-risk for a speech delay. I had to point it out [to the educator]. I wasn’t satisfied with that screening [that the program provided] so I did a second screening on my own.”

Although several parents were willing to attend trainings to increase *parent knowledge and skills*, all parents reported few training opportunities offered in the programs.” One parent explained, “I haven’t had any [parent training] opportunities offered”. Parents were hesitant when trying to recall if any opportunities had been communicated or offered in the past explaining, “[They have not provided] any [training opportunities] I can think of” or “I don’t know that they’ve offered any [parent trainings] yet”.

Parents reported being unsure whether programs provided information about *parent rights*. Many parents were unsure if their rights were discussed or what parent rights were within the program or other early intervention agencies. As previous example quotes stated, information was not provided regarding parents’ rights. One parent explained, “I know that they did send out a handbook”. One parent reported some knowledge of parent rights provided from an outside agency including the school district from explaining, “He’s going to when he goes because he’ll be three. I know all about IEPs [and] 504 [plans] because of my older son.”

This study’s findings presented similarities and differences in facilitators and barriers that may affect family engagement among parents who have children with and without disabilities or at-risk for developmental delays. Parents reported differences in family priorities, however, some parents shared similar priorities. Parents who had children with disabilities or at-risk for delays discussed development as a potential facilitator and/or barrier to family engagement. Parents 1, 2, and 3 reported child development as a major family priority, whereas some parents who had children without disabilities discussed other priorities such as health or careers. For example, parent 5 reported, “Right now, I’m in school so it’s like two full time job,” and parent 6 reported, “Health is a priority to us.” Also, parent 1 had some parental rights knowledge due to material provided by a school district while all other parents associated parent rights with school policies. Parents who had children with and without disabilities discussed family time as a priority. The majority discussed passive communication through newsletters or communication apps. In addition, all parents reported limited opportunities within the programs to increase parent knowledge.

Families’ Reported Engagement Opportunities

This study’s third goal explored engagement opportunities provided or not provided to families within inclusive, toddler childcare programs. Insight into engagement opportunities was gained from families who had children, ages 18 to 30 months, with and without disabilities. As previously defined, family engagement refers to a partnership between families and early educators through acceptance, communication, support, collaboration, and soliciting and providing feedback to increase positive child

outcomes (Soodak et al., 2000; Soukakou, 2016). Table 1 and 2 shown above provide the reader with the initial themes, subthemes, definitions, and example quotes used to answer research question one. Below you will find engagement opportunities provided to parents by building open, trusting relationships with early educators, engaging in communication, being culturally responsive, and collaborating. A lack of opportunities provided to families to engage with educators and other families due to limited parent training, resources, and activity involvement.

Engagement Opportunities Provided

Trusting relationships were shown to increase opportunities for engagement. One parent explained, "I'll come [to the program] early at like 2:00 and then, I'll just sit outside at the park with all the kids and the teachers and play." Similarly, a parent stated, "We're allowed to pop in whenever we choose." A parent described the program as accepting and welcoming stating, "I feel like they have accepted [my child] with open arms. They are open and accepting of everyone."

Engagement opportunities were reported by *communication* exchanges between early educators and parents to increase positive outcomes. As the example previously stated, a program communicated with a parent regarding the mother's concerns about the child's placement and development. In addition, a parent reported the opportunity to engage in the decision-making process with the early educator. When expressing feelings, a parent described Teacher B as attentive and proactive. Engagement opportunities were provided by a program requesting feedback from parents as stated, "They asked about our Christianity [religious] beliefs in a questionnaire." One parent shared, "We did a little questionnaire before we went into the program. They would ask a bunch of different questions."

Most parents discussed programs' efforts to engage families in *collaboration* on program planning. For example, a parent reported, "Each month they send out a letter or monthly calendar so that we can also practice [skills] at home with our child." Similarly, a parent discussed asking for and receiving support as explained, "I gave them the handouts [from speech therapy] because they were more likely to be able to do the handouts with [my child] than I was." Another opportunity reported by parents was at-home activities provided to families. A parent shared, "[The early educator] is good about sending stuff home for us to do with him that will go back to class with him. We'll all sit down together and work on it together so we can send it back". Potty training was a collaboration example with a parent stating, "We communicate on when she's going to potty train him here. I'm going to be able to start potty training him at home. I don't want to start at home if they're not going to do it here. That helps everything work out together without going around in a circle."

It was reported that early educators provided engagement opportunities by supporting families in finding additional *resources*. Screening and evaluations were resource examples provided to families. One parent reported, "They're going to have somebody come to the campus and evaluate the kids and discuss [developmental progress]." Other parents reported, "They did some kind of evaluation on the children making sure that they were meeting their milestones appropriately and what we needed to do if our kid was behind" or "It was a checklist asking if your child had met these goals. Somebody came, like a therapist, and evaluated him. It was comforting just to have an outside source to tell me that he didn't need any therapy." Other engagement opportunity examples included public resources. Parents shared, "[The program] offered us the contact information for [the state early intervention program] and a couple different resources for that area, and we talked with them" and "[The program] did send a message out to remind families there was a family night at the church."

Parents discussed *activity involvement* as an opportunity to engage in programs. Described in a previous quote, a parent shared an experience inside the classroom involving learning activities. Similarly, a parent stated, "We had a Dr. Suess parade and parents actually got to help design costumes and [the children were able to] parade them around the school." One parent reported activity involvement through invitations to events hosted by the programs. For example, two parents shared, "They do let us know when they're having school parties so if we want to be involved, we can" and "They have done a few events where we can come outside."

Limited Engagement Opportunities Provided

Limited *parent training* to improve parent knowledge and skills was reported as well as parents' desire to participate in training to learn more. In an example quote previously provided, a parent explained her desire to learn about behavior management. Similarly, a parent stated, "The [parent training] thing, I've never actually done that. [I] would like to learn more about understanding and communicating [with my son]. I can't do anything about it because I can't help him."

Along with parent training, parents reported limited *resources* offered by programs. For example, "[They have] not [provided any additional supports or resources] that I can think of. I remember doing [a checklist]". Additionally, a parent described knowledge about available resources, however, no resources had ever been offered by the program. The parent stated, "I haven't had to ask for [any resources], but I know that resources are available."

Additionally, parents shared that Covid safety procedures prevented *activity involvement* within programs. A parent explained, "It's because of Covid we can't [be more involved in program activities]. Having more opportunities for more events to get to know the [program staff] a little bit more." Similarly, a parent shared "We started [the program] towards the end of Covid so we haven't gotten to do as many things as parents usually do, but they try to give us as many opportunities to come see the kids as possible." Although a parent reported the teacher communicating daily activities by sending her child's artwork or pictures in the classroom, the parent shared the inability to be engaged in activities inside the classroom stating, "They do send like artwork and pictures. So, the pictures help with seeing her [and] seeing she's actually doing stuff while we can't actually be in the room with her [because of Covid]."

This study's findings presented similarities and differences in family engagement opportunities among parents who have children with and without disabilities or are at-risk for developmental delays. Parents who had children with disabilities reported an opportunity regarding program planning. The study found similarities when parents experiences engagement opportunities through trusting relationships and when resources were provided. Only parents who had children with developmental delays reported engagement opportunities that included program planning and collaboration regarding individual goals. As a previous quote stated, Parent 1 expressed satisfaction in knowing when the early educator started potty training so it could be continued at home. Also, handouts from speech therapy were provided to the early educators because Parent 2 felt they would be more successful in implementation. Parents who had children with and without disabilities or at-risk for delays reported opportunities for engagement through welcoming, trusting relationships and developmental resources including screenings and evaluations. As example quotes previously explained, parent 1 stated that the program director provided a developmental screening as a resource and parent 6 described evaluations provided to the children from an outside agency. Also, many parents reported a desire to engage in parent training opportunities.

Inclusive Practice Indicator Rubric: Family Engagement

In Table 4, the reader will find an inclusive classroom rubric score summary used to triangulate the family reports about teacher practices and parent engagement practices. This study found connections between rubric scores and families' experiences of opportunities provided for engagement and preferred communication modes. Parent 1 stated, "[Teacher A] and I communicated back and forth. It's helpful the way she communicates with you" and "She personally calls and tells me when there's an issue with [my daughter]". When measuring two-way communication and various communication forms based on family preferences, teacher A scored a 1. Parent 4 reported, "[Teacher B] gives me her undivided attention to actually listen and have that opportunity to express my feelings. [What I'm saying is] not just going in one ear and out the other. She's actually taking it into consideration." Teacher B scored a 2, the highest score, on providing two-way communication and a 1 on using various communication modes based on families' preferences.

Limited two-way communication was reported when parent 3 stated, "I have to ask questions to get

feedback about development” while parent 6 stated, “I do wish there was more over the phone interaction or either face-to-face interaction rather than just via text/the app.” Both parent 3 and 6 had a child in teacher E’s classroom, and teacher E’s scored a 1 on using two-way communication and using various communication forms based on families’ preferences. When discussing teacher C parent 2 stated, “I really like the newsletters that they send out letting me know like what they’re learning that week so that I can follow up with teaching him the same thing at home.” Teacher C scored a 2, the highest score, in including and engaging families in activities and engaging families in meetings and program planning.

However, when discussing program 3, parent 6 stated, “[I would like the program to] allow us to be able to participate when they have parties and [events] so that we can get to know the parents, the other children, and the teachers and be able to assess the way our children interact with other kids and their teacher.” As previously shared in a quote, parent 3, whose child also attends program 3, stated that Covid-19 was the reason for the lack of involvement in program activities. Parent 3 went on to explain that having more activities would provide the families with an opportunity to get to know the staff more. To confirm these reports, both teachers from program 3 scored a 0 on including and engaging families in activities.

Table 4. Childcare program rating

Family Partnership Scoring Items	Program 1		Program 2		Program 3		Average Per Item
	Teacher A	Teacher B	Teacher C	Teacher D	Teacher E		
Teachers promote family partnership by...							
Item 1: using two-way communication.	1	2	2	0	1	60%	
Item 2: using various communication forms based on families’ preferences.	1	1	2	0	1	50%	
Item 3: maintaining responsive practices that promote trust.	1	2	2	0	1	60%	
Item 4: including and engaging families in activities at the center.	0	0	2	0	0	20%	
Item 5: engaging families in meetings and program planning by listening to opinions, suggestions, and guidance.	0	0	2	0	0	20%	
Teacher Average	30%	50%	100%	0%	30%	42%	
Program Average	40%		100%	15%			

Discussion

This study’s overarching goal was to understand perspectives of families who had children with and without disabilities who were 18-30 months old regarding their decision-making experiences, and facilitators and barriers to family engagement. Below you will find a discussion including how the findings contribute and compare to existing literature.

Family Systems Framework

The Family Systems Framework describes families based on their characteristics, family structure, and family interactions (Turnbull et al., 1986). From participant reported decision-making experiences, trusting relationships facilitated family engagement. This study’s findings showed three different relationship types (i.e., parent-teacher, child-parent, and child-teacher) parents reported as key to promoting positive decision-making experiences. These findings expand work by Turnbull et al. (2015) as parents expressed all key relationships in the decision-making process were important.

Positive parent-teacher relationships have been reported in other studies focused on preschool-aged children. For example, prior studies by Douglas (2011) and Mendez (2010) found that parents (with the majority of children in preschool) desired more positive parent-teacher relationships, and this encouraged more family engagement in programs. This study's findings are similar, in that our families desired and appreciated positive parent-teacher relationships. Furthermore, our study expands previous research findings (Soodak & Erwin, 2000), where parents who had preschool aged children with disabilities reported that a welcoming environment and increased trust between parents and teachers promoted positive relationships. Research studies focused on early intervention (birth to age 3 years) are limited; therefore, this study's findings are important in the early childhood field.

This study's unique parent perspectives regarding their experiences in the early intervention age range added to the research by showing the importance of not only parent-teacher relationships but also parent-child relationships and teacher-child relationships in relation to facilitating family engagements. Parents who had access to the educator attributed their strong relationship with their child to both their relationship and trust with the educator coupled with positive, responsive relations between the educator and their child. This further supports research found by Levickis et al. (2022) when parents reported child and parent distress when unfamiliar adults accompanied children inside the program or when parents were denied access to the classroom to settle their toddler during drop off times due to Covid-19 restrictions. Healthy, positive relationships between children and caregivers begin through a safe and secure environment (Purvis et al., 2007). Furthermore, positive, trusting relationships set the foundation for future relationships throughout adolescence and adulthood (Levy & Orlans, 2014).

Like Mereoiu et al. (2015), parents included in this study shared difficulties forming positive relationships with early educators when a lack of safety and security and limited access to the classroom environment existed. The present study found that trust between a parent and the early educator suffered due to initial diagnosis experiences just like previous research reports (Stoner & Angell, 2006). In addition, one parent in this study reported a strained relationship and felt devalued as a team member during the decision-making process equivalent to findings by Coussens et al. (2021). Figure 2 makes a connection between this study's findings regarding positive parent-teacher, parent-child, and teacher-child relationships and Family Systems Theory concepts.

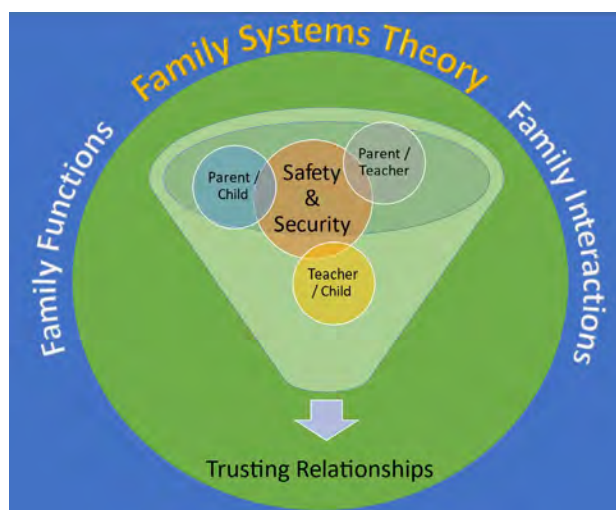


Figure 2: Trusting relationships

Bronfenbrenner's Ecological Model

The findings from the present study illustrate Bronfenbrenner's Ecological Model (Bronfenbrenner, 1979) by showing that development is directly and indirectly influenced by a child's social environment. According to parent reports in this study, Covid-19 created barriers to family engagement and restricted engagement opportunities within early education programs. The chronosystem includes environmental changes throughout the child's life such as the Covid-19 pandemic that can have an impact on their

development. Following the outermost layer, as shown in Figure 3, the exosystem represents influences such as government agencies, school boards, social services, and health care (Bronfenbrenner, 1979).

During the Covid-19 pandemic, health and safety procedures and policies were suggested by government health agencies, social services, and surrounding school boards. Influenced by the government health agencies and surrounding school district policies, the childcare programs created program-wide policies and procedures affecting parents' opportunities for engagement. For example, parents reported difficulty building trusting relationships due to restricted physical access to early educators. This included limited opportunities to be engaged, allowed, or invited into the programs for activity involvement. Levickis et al. (2022) found that due to Covid-19 restrictions eliminating full access to the classroom, parents were not given opportunities for active communication, were unaware of their child's experiences in the classroom, didn't feel they belonged, and were not provided with community resources. Research found that during the Covid-19 pandemic, parents who had infant and toddlers reported less opportunities for two-way communication than parents who had older children (Keengwe & Onchwari, 2022). This study's findings were comparable to previous studies reporting little active communication between toddler parents and educators due to limited physical access to the early learning environment (Keengwe & Onchwari, 2022; Levickis et al., 2022). In return, fewer interactions during the pandemic with the educators and access to the program could have prevented shared resources, collaboration during decision-making, and limited consideration of family priorities.

As Bronfenbrenner (1979) suggested from the exosystem and the microsystem, resources can have a direct and indirect impact on families and a child's development. Resources discussed in this study included screenings and/or evaluations from early educators and state agencies and other public resources.

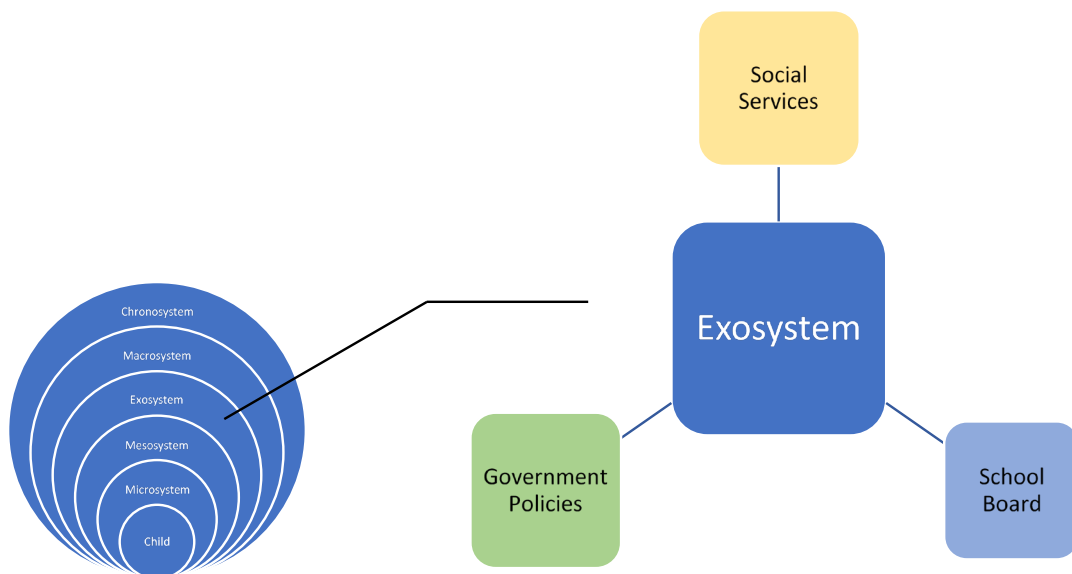


Figure 3. Ecological model of exosystem

Culturagram

As the Culturagram (Congress, 1994) describes, the participants in this study shared experiences related to family culture. The Culturagram defines family values, health beliefs, and cultural institutions to better understand families' cultural backgrounds and how they impact the family (Congress, 1994). Building trusting relationships and collaborating with families requires early educators to consider families' priorities and goals (Harry, 2008). As presented in Figure 4, this study's findings presented various family priorities including family time, religion, health, education, and career. Some parents experienced support from programs regarding religion. Parents shared that when choosing a program for their child mutual religious beliefs were a high priority. Programs chosen were reported to support and teach similar religious beliefs to children and families they serve. Additionally, as the Culturagram

(Congress, 1994) suggests, family experiences can be influenced by values on family, education, and work. Like previous research, this study found that parents share a high value in their child's development and education as well as how skills can be furthered (Mereoiu et al., 2015; Stoner & Angell, 2006). Furthermore, like those previous studies, little educator knowledge about toddler development and monitoring for red flags was important to families. Interestingly, most participants had mutual perspectives regarding prioritizing the allocation of quality family time and programs sharing and supporting health as a high priority.

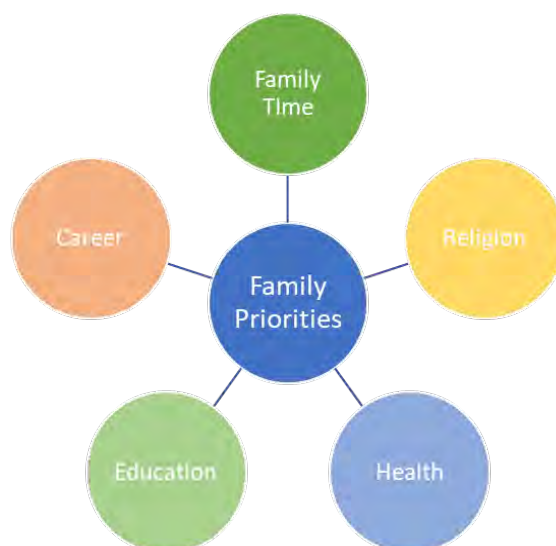


Figure 4. Family priorities

Skilled Dialogue Framework

As Macy et al. (2019) states, active, effective communication occurs when positive, trusting relationships are present. Much the same as previous research (Classen et al., 2019), this study presented parents desiring more active communication to create partnerships as a major theme. Passive communication with the early educator during decision-making and limited communication from the educator about concerns occurring in the classroom was exemplified in parental reports. Ultimately, only the educator's opinion and solutions were reportedly shared. As found in the study by Fish (2008), one side often dominates the other when sharing opinions and concerns. Open communication requires the educator to be respectful and responsive regarding families' concerns (DEC, 2014). Furthermore, to effectively collaborate both the parent and the educator must maintain shared responsibility during decision-making to optimize everyone's expertise (Butera et al., 2016).

The Skilled Dialogue Framework (Barrera & Corso, 2002; Barrera et al., 2003; Barrera & Kramer, 2009, 2017) can be an essential tool to use during two-way communication between parents and educators. To assist in bilateral decision-making and to encourage more parent engagement, parents and educators should engage in skilled dialogues (Barrera & Corso, 2002; Barrera et al., 2003; Barrera & Kramer, 2009, 2017). Examples of this framework occurred in the present study during active communication between parents and educators. From one program, feedback about priorities and concerns was reportedly requested from parents. In addition, parents reported a welcoming environment, willingness to listen to concerns and suggestions, and support received in beliefs and values from educators. Turnbull et al. (2015) stress the importance of encouraging a friendly environment, listening to each expert in the child's life, clearly describing desires and concerns, and being open to sharing information. It is important for educators to engage in two-way communication and active listening to learn from parents' unique perspectives and to exchange ideas, suggestions, and concerns (Butera et al., 2016).

Limitations

Although this study presents a few limitations to consider, the findings extend previous research and offer new findings relevant to parent perspectives and preferences regarding family engagement in inclusive childcare programs. First, defining “culture” during the parent interview may have provided needed context to families so they may have been able to elaborate and depict culturally responsive experiences within programs. Participants may not have been aware of all family culture aspects when asked about program support. Secondly, additional participants from various racial backgrounds may have provided a more in-depth family engagement understanding. Third, participants were recruited from a grant-funded project resulting in a limited population. Results must be considered carefully with the understanding that the small sample size may not represent everyone’s perspectives within our larger diverse population. Similarly, this study’s parent participants only represented faith-based and university centers. Faith-based programs represent the majority. Having various program types could have provided other unique insights into parent engagement. It is important to consider that this study’s participants may be a more engaged sampling due to their agreement to participate in the study. Having a more diverse parent participant sampling with more variance in family engagement may have yielded different perspectives.

Implications for Further Research

This study added to the existing research regarding parent engagement experiences within inclusive childcare programs. However, further research is needed to further understand family engagement experiences within infant and toddler programs which include children with and without disabilities. First, when designing future research careful revision should be given to the question protocol to include context for families and appropriate follow-up questions. Specifically, when asked the question “With the country moving towards embracing various cultures, races, religions, beliefs, and values, describe how your program has supported your cultural background?” most participants in this study focused their responses on religion. Revising this question to be multiple questions may provide participants with an opportunity to respond more holistically to how their programs exhibit culturally responsive practices. Second, future researchers should seek to include Early Head-Start centers, private centers, faith-based, and university centers in urban and rural settings to capture a more diverse population that is representative of the United States. In addition, the Covid-19 pandemic is a relatively new and current influence on parent engagement in childcare programs. Parent reports and the inclusive classroom rubric scores showed Covid-19 effects on parent engagement experiences regarding activity involvement and including families in meetings and program planning. Four out of five classrooms scored a 0 on the classroom observation tool. Parents in these two centers reported limited access to the program due to Covid-19 restrictions. More research concerning the pandemic is needed to contribute to existing research. As program restrictions were enforced by state and local agencies when the Covid-19 pandemic emerged, future research is needed to examine quality family engagement practices as early education programs and families return to life activities post-pandemic.

Implications for Practice

This study indicates facilitators for encouraging family engagement in inclusive, toddler childcare programs. However, several barriers were reported that could hinder families from participating in engagement opportunities or the decision-making process. In addition to parent reports, the inclusive classroom rubric scores provided insight into changes that are warranted to increase parent engagement. The scores show that early educators must encourage parent engagement beyond foundational components including providing various communication modes that support positive relationships. Classen and Westbrook (2020) reported similar scores within the state when measuring parent-professional partnerships. Higher education professionals or professional development coaches may use this study’s findings to develop training material. Disseminating quality professional development opportunities could provide early education professionals with the necessary strategies to encourage higher-quality family engagement practices. Classen and Westbrook (2020) found that when early educators were provided

professional development training and in-class coaching, parent-professional partnerships increased. Through professional development, early educators could gain knowledge on topics such as building trusting relationships, ensuring two-way communication, considering family priorities during program planning, and collaborating with parents during decision-making. In addition, these findings could be used to create training material for parents with infants and toddlers. Researchers (Sheridan et al., 2010) found that when implementing both family and parent training opportunities, positive child outcomes increased. Furthermore, positive parent-teacher and child-teacher relationships can increase by participating in family engagement training programs thus increasing positive child outcomes (Sheridan et al., 2010).

Conclusion

The family is a highly effective system that directly affects a child's early development (Bronfenbrenner, 1979). With 59% of children from birth to age five participating in nonparental childcare, it is important to encourage effective family engagement practices (NCES, 2021; Soukakou, 2016). This study fills a needed research gap in the literature related to family engagement experiences within childcare programs serving toddlers with and without disabilities or at-risk for developmental delays. Unlike key research studies reviewed (Classen et al., 2019; Classen & Westbrook, 2020; Mereoiu et al., 2015; Sheridan et al., 2010), this study included parents who had toddlers with and without disabilities who participate in inclusive childcare programs. Specifically, this study found that positive, trusting relationships between parents and their children increased when positive relationships between parents and educators as well as between educators and the children were present. In addition, this study provides insights, like Levickis et al. (2022), into the Covid-19 impact on family engagement experiences. By better understanding family engagement experiences during decision-making processes, facilitators and barriers that may impact family engagement, and engagement opportunities provided or not provided, effective strategies can be developed to increase family engagement in programs.

Declarations

Authors' Declarations

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Out of the shadows: An epistemological examination of family childcare in Canada

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Abstract: This paper critically examines the current knowledge base of family childcare through an epistemological lens. A brief literature review highlights what is known about family childcare, and standpoint theory is used to illustrate how I first became aware of the issues in the current system as a former family childcare educator. Then, an examination of the gaps in knowledge resulting from the current approach to knowledge creation in family childcare is outlined, with human ecology and social constructionism proposed as ideal paradigms for more holistic knowledge creation. Finally, a brief proposal for research designed to create a more informed path to understanding family childcare is offered to answer the question: What are the experiences of family childcare educators in Canada, and which supports and services are required to meet their unique needs?

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Introduction

Oaklan Reid Cunningham was dropped off at a family day home on Thursday, October 6, 2022. It was a day that began like any other during the past month that he had been in Kyra Backs' care, and ended as a day that will be burned forever into the memories of Oaklan's family. That afternoon, Shonda Desjarlais, Oaklan's mother, received a phone call asking her to come to the hospital in High Prairie, Alberta. Her baby had just died. Kyra Backs has now been arrested in the homicide of Oaklan Cunningham, and is being charged with second-degree murder (Gibson, 2022).

Oaklan's story illustrates one of the most pressing challenges in Canada's society today: the lack of access to affordable, quality childcare. In Alberta, for example, licensed care is only available to 34% of children under the age of six (Buschmann, 2022). As a result, many parents and guardians must seek alternative care arrangements, which may vary considerably in quality and stability (Breitkreuz et al., 2019). Oaklan died while being cared for in one such unlicensed space.

Across Canada, many parents and guardians struggle to find affordable, quality childcare (Breitkreuz et al., 2019). While access to childcare has many benefits including economic growth, supporting optimal child development, and easing parental burden, parental choice in selecting childcare is limited by the number of spaces available (Macdonald, 2018). Although childcare regulations in Canada are determined by provincial or territorial governments rather than federal regulations, and as such have variations in licensing requirements, in general licensed spaces must meet and maintain high standards including educational requirements, limits on group size, staff ratios, and ongoing supervision and monitoring for quality. In addition, many regions only offer parental subsidies for children attending licensed childcare programs (Government of Alberta, n.d.; Government of Manitoba, n.d.; Government of Northwest Territories, n.d.). As such, licensed spaces in childcare centres, preschools, and home-based childcare, or family childcare, are highly sought-after.

However, a high number of Canadian families live in childcare deserts, or regions lacking access to licensed childcare, where three or more children exist for each licensed space (Macdonald, 2018). These

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deserts can leave families with no other choice than to place their children into unlicensed care, in the absence of support, monitoring, or requirements to meet minimal standards of quality or safety. While some family childcare educators who run their programs privately, without being licensed, voluntarily choose to meet or exceed licensing standards, many do not. As a result, children cared for in low-quality unlicensed spaces are at risk. The areas of lowest childcare space coverage are in Saskatoon, Saskatchewan, and Brampton and Kitchener, Ontario, with just one licensed space for every four to five children, and across Canada around “44% of all non-school-aged children ... live in child care deserts” (Macdonald, 2018, p. 5). In High Prairie, Alberta, where Oaklan lived, there is only one licensed childcare space available for every four children (Macdonald, 2018).

The recent *Early Learning and Childcare Agreements* in Canada seek to remedy the current lack of licensed care by increasing access to affordable, quality early childhood education (Government of Canada, 2022). In Alberta, the federal-provincial agreement is aimed at increasing the number of licensed spaces by 42,000 in the next five years, with most of those spaces aimed at family day homes, in settings also referred to as family childcare (Government of Alberta, 2022a). However, the current body of knowledge about family childcare has critical gaps in understanding of these unique settings. As a result, the systems in place to support family childcare are misinformed and incomplete. Creating more family childcare spaces in a system which is based on incomplete views of these unique settings will perpetuate the challenges faced by educators. To create a more effective system, a holistic knowledge base that amplifies the voices of family childcare educators is required.

This paper critically examines the current knowledge base of family childcare through an epistemological lens. A brief literature review highlights what is known about family childcare, and standpoint theory is used to illustrate how I first became aware of the issues in the current system as a day home educator. Then, an examination of the gaps in knowledge resulting from the current approach to knowledge creation in family childcare is outlined, with human ecology and social constructionism proposed as ideal paradigms for more holistic knowledge creation. Finally, a brief proposal for research designed to create a more informed path to understanding family childcare is offered to answer the question: What are the experiences of family childcare educators in Canada, and which supports and services are required to meet their unique needs?

Literature Review

Family childcare programs are relied on as a source of childcare for many families like Oaklan’s. People living in remote or rural areas of Alberta, like High Prairie or Driftpile Cree Nation, where Oaklan’s family lives, have limited access to childcare because populations are often too small to support large childcare centres (Malik et al., 2018). Home-based family childcare programs fill in this gap, because educators offering childcare in these programs care for a small group of children in mixed age groups out of their own home. These settings are markedly different from centre-based care settings, and as such the abilities and needs of family childcare educators are distinct.

Family childcare offers many benefits to families, including a home-like environment, more flexible hours, individualized support for children, and the ability for siblings of different ages to be cared for together (Hallam et al., 2017; Lanigan, 2011). Additionally, family childcare programs are often easier to access and more affordable than centre-based care (Jeon et al., 2018). Importantly, the dynamic of having just one educator means that strong relationships can grow over time, providing the opportunity for secure attachments with children and more collaborative relationships with parents (Doherty, 2015; Ruprecht et al., 2016).

Family childcare educators find their work satisfying and fulfilling (Swartz, 2013), which provides strong internal motivation to offer high-quality early learning and care (Forry et al., 2013; Hooper et al., 2021; Porter et al., 2016). However, they face challenges including isolation, lack of access to continuing education, and balancing many roles including caregiver, business owner, parent advisor, child development expert, and program administrator (Bromer & Korfmacher, 2017; Cella, 2020; Gerstenblatt et al., 2014). Family childcare educators are also often treated with a lack of respect, and viewed as less

professional than educators working in other settings (Faulkner et al., 2016; Gerstenblatt et al., 2014). These challenges are exacerbated by working out of their own home, which calls for strong boundaries, self-care practices, and maintaining work-life balance (Cortes & Hallam, 2016; Fernandez et al., 2018; Mimura et al., 2019).

As they work alone and care for mixed age groups in their own home, family childcare educators require different support and continuing education opportunities than educators working in other settings (Jeon et al., 2018; Tonyan et al., 2017). Yet, most of the supports available are geared toward educators working in large childcare settings, lack knowledge of the unique experiences of family childcare, and lack the ability to provide the targeted support that family childcare educators require (Bromer & Weaver, 2016; Faulkner et al., 2016; Jeon et al., 2018). There is also a significant lack of information about effective family childcare practices and policies (Sisson et al., 2019; Tonyan et al., 2017). Family childcare is routinely excluded from the research, leading to a lack of knowledge about how to best support family childcare educators in offering high-quality childcare (Bromer & Korfmacher, 2017; Bromer & Pick, 2012; Figuero & Wiley, 2016; Schaack et al., 2017). Few specialists working with family childcare educators have any experience in family childcare themselves, yet this is a unique population requiring specialized training and support (Abell et al., 2014; Bromer & Weaver, 2016; Lowenberg, 2016).

The gap in knowledge of family childcare is even more prominent in the Canadian context, as most of the current research is situated in the United States or abroad. One of the largest Canadian studies on childcare, *You Bet We Still Care*, states that the survey “did not include family child care providers” (Flanagan, 2013, p. 3). The lack of attention being paid to the unique field of family childcare in Canada may explain why targeted wraparound support systems for family childcare educators have been created in the United States (Porter et al., 2016; Porter & Bromer, 2019), but no known national organizations focus specifically on the needs of family childcare educators in Canada. Though targeted support systems in the United States have been shown to increase quality of care, intrinsic motivation, self-efficacy, and intention to remain in the field (Porter et al., 2016), in Canada the focus of early childcare support is broad and diffuse. The failure of the Canadian childcare system to recognize and address the unique needs of family childcare is a pressing concern because creating more family childcare spaces in a system not targeted for their needs will fail to provide long-term solutions for the current crisis of lacking childcare.

Researcher Positionality and Standpoint Theory

I ran a day home with a licensed agency in Edmonton, Alberta for ten years, in a system that allows family childcare programs to operate privately, with minimal oversight and support, or by contracting with a licensed family day home agency (Province of Alberta, 2021). I was informed that, by joining an agency rather than operating privately, I would gain higher status as a professional due to meeting requirements for quality care including current first aid and police security checks, ongoing program planning and professional development, and monitoring by the agency. Becoming contracted with a licensed agency also includes the opportunity for more support, in the form of regular visits from a day home consultant and ongoing opportunities for continuing education (Government of Alberta, 2022b). But when I found myself largely excluded from the group of educators deemed to be professional (i.e., those working in large childcare centres), and struggled with the inadequate support provided, I realized that the body of knowledge informing Canada’s childcare system failed to include my perspective. To learn more about the struggles I was facing, and to contribute to a system more informed and targeted to the unique needs of family childcare, I closed my day home in 2019 and began full-time studies at the University of Alberta. I learned that my experiences were not anecdotal, or limited to my own subjective perspective, but strongly backed by research as shown above.

Standpoint theory clearly illustrates the realizations that I had as an educator in the minority group of family childcare working within a system targeted to the dominant perspective of large childcare centres. Standpoint theory posits that social identity guides knowledge acquisition and allows development of conceptual resources (Toole, 2022), and describes how marginalized or less powerful people, like family childcare educators, have the potential for a more holistic view of a situation precisely because of their

disadvantaged position (Nielsen, 1990; Toole, 2021). Out of necessity to survive, those in subordinate groups must be aware of their own circumstances as well as the views of the dominant group, which are epistemic features that “make it more likely that a belief is true” (Toole, 2021, p. 338). However, the dominant group’s view, in this case the large childcare centres that the current Canadian early learning and care system is geared towards, may be “partial and perverse” (Nielsen, 1990, p. 11), as it is in their best interest to maintain the status quo.

Standpoint theory outlines the epistemic advantages held by marginalized groups for creating a more holistic view of a situation (Doucet, 2018), as “exclusion is the place (or displacement) from which privileged vision is possible” (Sweet, 2020, p. 930). Epistemic privilege, the concept that more precise knowledge is likely to be created from marginalized social locations, can be used to challenge epistemic inequalities that arise from excluding the lived realities of certain groups, like educators working in family childcare settings (Sweet, 2020). However, standpoint theory calls out the long-documented issue of dominant groups ignoring or devaluing testimony from marginalized perspectives, a widespread practice called epistemic quieting or epistemic smothering which results in testimonial injustice rising from sociopolitical power imbalances that marginalized groups cannot afford to ignore or devalue (Wu, 2022). The practice of devaluing and ignoring testimony from marginalized perspectives can be upended with allyship, when someone who is viewed as informed, knowledgeable, and trustworthy amplifies marginalized voices, and where testimony can be uptaken “if dominant members of academia verify it” (Wu, 2022, p. 6). As many scholars argue that fully informed research must be grounded in lived experience (Code, 2006), and knowledge must be embedded in the contexts surrounding an issue (Doucet, 2018), my positionality as a researcher who ran a family childcare program with a licensed agency for ten years provides a strong starting point for imagining a new and more holistic way of generating knowledge about the experiences of family childcare educators in Canada.

The struggles I faced as a family childcare educator can be further defined by exploring the epistemological approach to knowledge creation, and considering how the scientific method has influenced what is known about childcare. This epistemological examination of childcare sheds light on current gaps in the research and can be used as an opportunity to outline more holistic ways to create knowledge by drawing day home voices out of the shadows, which would benefit both family childcare educators and the systems that support them.

An Epistemological Exploration of Family Childcare

Epistemological approaches to research guide scientists to consider how the current knowledge base was created, and according to what sociopolitical contexts, values, assumptions, and beliefs (Breitkreuz, 2022). A holistic consideration of the gaps of knowledge created by current epistemologies can thus lead to more fully informed research, with heightened potential for accuracy when considering the complexities, interconnections, and embeddedness of living systems (Capra, 2008; Straus, 1990). Historically, however, the scientific approach to knowledge creation has relied on a rigid system of generating facts, using empiricism as a frame to determine how we decide what counts as knowledge (Franklin, 1990; Katzav & Vaesen, 2022). The traditional scientific method aims to create objective facts by using replicable research methods and relying on researchers’ ability to bracket their own values and perceptions (Olalla, 2009), yet this narrow scope of fact creation has resulted in other ways of creating knowledge being seen as secondary, substandard, or invalid, and even treated with suspicion and scorn (Rigdon, 2022; Tarnas, 1991).

Issues with scientism’s objectivist, positivist, and reductionist approaches came to light with growing awareness that science is a sociopolitical endeavor where values and beliefs drive what is researched, in what ways, and which questions are asked (Basen, 2022; Katzav & Vaesen, 2022). Thus, there is no true objectivism, as the process of knowledge creation is infused with and guided by researcher values and beliefs (Mann, 2008; Rigdon, 2022). Positivism is also problematic, as it lays claim to an absolute truth that leaves little room for other explanations or points of view (Daly, 2007; Restivo, 2022). Reductionism reduces complex systems into more manageable data sets, or variables, which may lead to oversimplification or skewed representations of research results due to manipulating or even erasing

certain variables or outliers (Breitkreuz, 2022). Additionally, the scientific approach to knowledge creation has resulted in research focus being placed on some topics to the exclusion of others, and little attention paid to the implications and consequences of knowledge creation (Pinto, 2019; Tarnas, 1991).

Discussion of Epistemological Challenges within Childcare Research and Policies

Currently, there are two main epistemological challenges in the existent body of literature on family childcare. First, family childcare is often seen and treated the same as large childcare centres, resulting in the family childcare educator perspective being frequently overlooked (Cortes & Hallam, 2016). This reductionist approach makes data easier to manage and support systems easier to design, but minimizes and dismisses the unique working conditions of educators in family childcare programs. As a result, current childcare systems overlook the specific needs of family childcare educators, and offer support that is not targeted or effective given their unique working conditions (Doherty, 2015; Jeon et al., 2018).

The second epistemological challenge is that family childcare is routinely excluded from the research (Bromer & Pick, 2012; Figuero & Wiley, 2016). Not including family childcare perspectives may arise from researcher beliefs that these educators are the same as any other, or the commonly held societal perception that family childcare programs are less valuable or professional than large childcare centres (Faulkner et al., 2016). As a result of the assumptions guiding researcher beliefs and values, and the current approach to knowledge creation in the childcare field, family childcare educator voices and experiences are being excluded from the research, shadowing the unique abilities and needs of educators operating family day homes (Figuero & Wiley, 2016).

Further complicating these epistemological challenges is the issue that most research on family childcare is based in the United States, and thus is embedded in different sociopolitical, economic, and geographical contexts (Porter & Bromer, 2019; Porter et al., 2016). If the systems of knowledge and support for childcare are not being evaluated by including the perspectives of educators working in family childcare programs, or do not include a Canadian frame of reference, a fully informed view of our childcare system cannot be obtained. Amplifying the voice of family childcare educators in Canada, and drawing them out of the shadows by intentionally including their perspectives, would greatly strengthen the current body of knowledge on this topic and increase understanding of how best to support family childcare educators.

Exploring the existent literature base and epistemological challenges of family childcare as outlined above begins to answer the research questions, 'What are the experiences of family childcare educators in Canada, and which supports and services are required to meet their unique needs?' Family childcare programs are an essential resource in Canada, with many benefits to families, children, and the economy. However, they face unique challenges, including isolation, role balancing, and lack of respect. In addition, because family childcare educators are an under-researched population, most of the available supports fail to meet their needs. Delving into the epistemology behind research creation, which includes power dynamics, oversimplification, and gaps in research focus, helps illuminate how these challenges came into being, as research drives the creation and implementation of childcare policy and regulations. Below, social constructionism and human ecology are positioned as ideal knowledge paradigms to direct further research and policy creation that includes the perspectives and needs of family childcare educators, rather than minimizing or ignoring them as evidenced within the current Canadian childcare system and knowledge base (Doherty, 2015; Figuero & Wiley, 2016).

Social Constructionism and Human Ecology as a New Way Forward

The scientific approach to knowledge creation in the field of early learning and childcare in Canada has resulted in a skewed view of the situation, as the needs and perspectives of family childcare educators have been left out. If creating a stronger childcare system requires more family childcare programs to meet the needs of families currently living in areas with little or no access to licensed care, more knowledge is needed about the experiences of these educators and which supports best enable them to thrive. Social constructionism and human ecology are showcased here as ideal knowledge paradigms to drive fresh research with the goal of creating a more holistic view of the situation, and a system better equipped to

meet the unique needs of family childcare.

The knowledge paradigm that would be most useful in considering family childcare is social constructionism. Social constructionism is rooted in the understanding that reality is co-created through people's interactions, and that all meaning is created in the subtle spaces between an objectively perceived external reality and the subjective process of making meaning (Daly, 2007; O'Connor, 2022). Collectively, society creates meaning together, and if the perspectives of family childcare educators are included in the knowledge paradigm from which understanding of the childcare system is created, rather than being left in the shadows, a more holistic and informed metaview may start to occur (Doucet, 2018).

Social constructionism is located at the midpoint of the knowledge paradigm spectrum, which is bracketed by positivism at one end, using purely objective ways of knowing, and by postmodernism at the other, which relies on subjective knowledge creation (Daly, 2007; Restivo, 2022). As described above, using an empirical approach to knowledge creation that relies largely on positivism or objectivism creates gaps in understanding of family childcare. However, postmodernism is also problematic, because if all viewpoints are true, no definitive claims can be made, no knowledge can ever be certain, and researchers are left without a clear path forward (Daly, 2007). Social constructionism is an ideal knowledge paradigm because it balances objectivist and subjectivist approaches to knowledge creation, where interactions create meaning and facts rely on contextualization.

The qualitative approach to research often used in social constructionism gives the opportunity to explore the diverse voices and views of family childcare educators, leading to rich descriptions of their experiences and nuanced understanding of their unique needs (Charmaz & Belgrave, 2012; Daly, 2007). Qualitative research is ideal because quantitative approaches, including surveys and observation scales, may lack the ability to capture the nuances of family childcare educators, as many quantitative studies are created based on the differing contexts of large centre-based childcare programs. Recent research has called attention to this, as quality care looks different in a day home setting. For example, relationships are a primary component of quality in family childcare, but are often not measured in standard tests (Hooper et al., 2021).

Using a framework of human ecology would also strengthen the existent knowledge base on family childcare, as many of the incongruencies and gaps in the existent body of research stem from issues rising out of the scientific approach (Basen, 2022). The traditions of scientism result in narrow, deep specialization, with siloed knowledge that frequently does not consider or account for the interconnections present within complex living systems (Shmuel et al., 2022; Straus, 1990). In contrast, human ecology posits that complex problems require collaboration and an interdisciplinary approach (Miller et al., 2007). Human ecology recognizes that people and their environments are integrated parts of the whole, and that each part of the system influences other parts, and the system in its entirety (Miller et al., 2007). Human ecology offers a more holistic, ecological worldview to exploring complex systems by shifting thinking from parts to whole, from structure to process, and from objective to epistemic science, where there can be approximate knowledge but no absolute truths (Capra, 2008).

The generalist specialist approach used in human ecology (Straus, 1990), with strengths outlined by Jia et al. (2022), would strongly benefit the study of family childcare. Generalists need to have specific knowledge of individual topics as well as an understanding of the entire system, and the ability to zoom in and out of each aspect while analyzing the interconnections throughout (Straus, 1990). Generalists apply themselves broadly, resulting in significantly increased engagement with diverse viewpoints, while specialists have a narrower focus and tend to engage within their own communities (Waller & Anderson, 2019). Additionally, generalists offer pathways for collaborative communication enabling specialist knowledge to mobilize and increase gains from divergent areas of expertise, as "specialists' knowledge without context cannot be made valuable and that context can only be offered by generalists who can connect the work of specialists with the rest of the world" (DaJung et al., 2022, p. 71). Because childcare is a complex living system experiencing rapid change like the new spaces being created across Canada (Government of Canada, 2022), the generalist approach used in human ecology is offered here as a strong

foundation for analyzing this topic and creating a fuller picture of the childcare system.

Knowledge about diverse topics such as parental need to access childcare, choice, or lack of choice in accessible care, and quality of care can be connected through human ecology's generalist specialist approach. The research questions posed here, exploring the unique abilities and needs of family childcare and which supports are required for children and educators to thrive in these distinct settings, further add to the understanding of the childcare system, and can be gathered using social constructionism as a lens. Together, social constructionism and human ecology would strengthen the study of family childcare, guiding a holistic exploration where many viewpoints could be considered, and all parts of the system as well as their interactions could be examined

Final Discussion and Direction for Future Research

Family childcare educators are being left out. They are left out of research, left out of decision-making, and left out informing the creation of childcare licensing regulations and policies. The Canadian childcare system, thus, is one in which decisions are being made about us, without us. My own personal experiences, along with a review of the existent literature, showcase the lived realities of family childcare educators, including the strengths and challenges that come with working in a unique environment. Exploring the epistemological approach currently driving research, which to date largely excludes family childcare experiences and needs, perpetuates a system that fails to fully support the very people most needed in the Canadian childcare landscape. Licensed family childcare programs are required to fill in the gaps of early learning and childcare evidenced by childcare deserts across Canada, and vulnerable children like Oaklan Cunningham are falling through those gaps with devastating consequences.

Change is needed to provoke a more informed and supportive system of childcare. Research is needed that focuses on the experiences and needs of family childcare educators, rather than minimizing or excluding them. Finally, educator voices need to be amplified to help create a system that is informed, targeted, and better able to meet the needs of educators, children, and families. Canada needs more licensed family childcare programs for the early learning and childcare system to thrive, and family childcare educators need to be better understood and supported. Examining family childcare experiences and existent research, alongside the epistemological forces driving that research, have shown the gaps in our knowledge and policy base, and given some direction on how best to proceed.

Social constructionism and the generalist approach of human ecology are ideal for further exploring the topic of family childcare, and can be used as a lens to guide a Canadian study to answer the research questions: What are the experiences of family childcare educators in Canada, and which supports and services are needed to meet their unique needs? My personal experiences and research to date lead me to believe that creating a system specifically designed for the needs of family childcare educators would better support their abilities and needs. I propose a research study that would begin with focus groups across Canada to learn more about family childcare educator experiences and needs, alongside an evaluation of their current capacity within the childcare field. Then, drawing on the examples of targeted support systems shown to be effective in the United States (Porter & Bromer, 2016; Porter et al., 2019), and leveraging both internal and external policies and practice (Woodman, 2022), a study would begin with two groups of family childcare educators: one working within the Canadian childcare system as it stands, and the other receiving informed, wraparound supports. A qualitative evaluation of educator experiences and abilities via interviews or focus groups would be conducted at the beginning, midpoint, and end of the study to explore the experiences of family childcare educators, while also determining if the new system provided improved support for their unique needs and abilities. The evaluation would aim to increase educator capacity, stability, and longevity in the field.

Simply creating more family childcare spaces will not be a long-term solution for Canada's early learning and childcare system if family childcare educator voices are not amplified, and their needs not adequately supported. Addressing systemic issues including lack of respect, lack of informed and targeted continuing education, and lack of understanding of the abilities and needs of educators working in these

unique environments is necessary to build a strong and sustainable childcare system. More research is needed, using different epistemological approaches, to further the knowledge base on family childcare educators and answer the research questions posed here.

Conclusion

An epistemological examination of family childcare has described how the current knowledge base has been created, and where issues or gaps within the research are evident. Exploring the contexts surrounding this issue has shown that bringing Canadian family childcare educator voices out of the shadows, particularly during a time when more licensed family childcare spaces are being created, is critical to ensuring that those spaces receive the informed, targeted support required to offer high-quality early learning and childcare. Social constructionism and the generalist approach of human ecology are recommended for a more holistic examination of family childcare embedded in the Canadian context, where educator voices are amplified and their viewpoints considered. By critically examining what is known, along with exploring avenues where further knowledge can be created, a stronger, more fully informed system that supports the unique contexts of family childcare can result.

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