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## Reconceptualizing Assistance for Young Children of Color With Disabilities in an Inclusion Classroom

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**Reconceptualizing “Assistance” for Young Children of Color with Disabilities in an  
Inclusion Classroom**

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**Abstract**

In this article, we draw on DisCrit to critically analyze how a group of early childhood educators approached assistance with young children of color with disabilities in a Head Start inclusion classroom. Using examples from data collected over one school year, we demonstrate how child-centered assistance advances justice for young children of color with disabilities who are often subjected to a surveillance culture in schools. We critique assistance that aligns with the medical model of disability and aims to change young children of color with disabilities to conform to ableist, racist expectations of schooling. We offer examples of assistance practices that contrastingly aim to support young children of color with disabilities to pursue their own interests and purposes. Through these counterstories, we reconceptualize assistance as a practice that can support young children of color with disabilities to be more fully themselves.

*Keywords:* inclusion, disability critical race theory, early childhood special education

## Introduction

For young children of color with disabilities, racism often colludes with ableism to create dehumanizing educational contexts driven by a culture of surveillance (Annamma, 2015, 2017; Saltes, 2013). In inclusion classrooms in particular, young children of color with disabilities are expected to increasingly behave and develop like the mythical “normal” child – who is white, nondisabled, native English-speaking, and U.S.-born (Beneke & Cheatham, 2020; Thorius et al., 2019) – with the help of a variety of supports often conceptualized as *assistance*. While inclusion takes on many forms (DEC & NAEYC, 2009; Dudley-Marling & Burns, 2014), a central component is that children with disabilities spend a substantial portion of their day with nondisabled peers with supplementary supports and aides (Alquraini & Gut, 2012). These individual supports and aides - or assistance - are meant to ensure accessibility and participation (DEC & NAEYC, 2009). While ideally this means changing the environment to reduce structural barriers and enhance engagement (Barton & Smith, 2015), in practice, assistance typically entails supporting children with disabilities to behave in white, nondisabled ways, locating the problem in the child rather than in circumstances surrounding the child (Annamma, Connor, et al., 2013; Foley & Ferri, 2012; Mankoff, et al., 2010).

In this article, we explore possibilities for reconceptualizing assistance to be more humanizing for young children of color with disabilities. We draw from examples of assistance in an inclusion Head Start preschool classroom that implemented child-centered, play-based curriculum and served mostly Black and Latinx children. The adults in this classroom approached assistance in ways that countered the systemic racism and ableism that traditionally shapes the experiences of children of color with disabilities in the surveillance culture of school (Annamma, 2015, 2018). The practices in this classroom serve as counterstories (Yosso, 2013)

that show how assistance can be reconceptualized as honoring the child's intentions and purposes and supporting them to be their full selves in the classroom. Through these counterstories, we offer concrete ways in which teachers can advance justice in early childhood special education by transforming their assistance practices.

### **Literature Review: Assistance for Young Children of Color with Disabilities**

The Individuals with Disabilities in Education Act (IDEA 2004) mandates that all children with disabilities be provided a free and appropriate education in the least restrictive environment. In early childhood, this mandate has inspired a push for increased inclusion of young children with disabilities in general education classrooms (Odom, et al., 2011). In 2016, about 40% of children with disabilities ages 3-5 spent most of their day in general education programs, which was up 6% from 2006; the percentage of young children of color with disabilities increased ~10% in that same time frame (OSEP, 2018, 2007).

Of interest in the field of early childhood special education is how to support young children with disabilities to ensure "high quality inclusion" takes place (Barton & Smith, 2015). One major focus has been on what is often referred to as assistance, a way to ensure that children with disabilities can access the same standards, curriculum, and content that their nondisabled peers access without additional supports (Alquraini & Gut, 2012; Hitchcock & Stahl, 2003). The forms of assistance that scholars recommend include a wide range of assistive technology, adult assistance from specialized teachers or paraprofessionals, peer assistance in the form of tutoring or modeling, and modification of assignments and tasks (Alquraini & Gut, 2012; Crosland & Dunlap, 2012; Odom, et al., 2011). The purpose of such assistance is to support young children with disabilities to engage in the same experiences as their nondisabled peers so as to ensure successful inclusion (DEC & NAEYC, 2009).

Although assistance in a high-quality inclusion classroom should entail supports that reduce barriers to participation and enhance engagement (Barton & Smith, 2015), often the focus of assistance is on helping the child change their behaviors rather than on adjusting the environment. This type of assistance aligns with the medical model of disability (Baglieri et al., 2011; Cochran-Smith & Dudley-Marling, 2012). In the medical model, disability is pathologized, seen as a deficiency inherent to the child that must be treated. This contrasts with the social model of disability, wherein disability is regarded as a social construct. In the social model, individuals are disabled by an inaccessible, ableist environment, not by a problem within themselves (Baglieri et al., 2011; Taylor, 2006). Assistance practices tend to align with the medical model, aiming to support children with disabilities to complete tasks in the same way as their nondisabled peers, answer questions with standard responses, become independent, develop nondisabled communication skills, match teachers' behavioral expectations, and learn to make friends (Barton & Smith, 2015; Crosland & Dunlap, 2012; Pisha & Coyne, 2001; Temple, 2019).

Norms of whiteness also frequently guide the assistance given to children of color with disabilities. Research suggests that children of color with disabilities are especially prone to assistance that entails surveillance and restriction (Annamma, 2017; Mahon-Reynolds & Parker, 2016). That children of color with disabilities are more likely to spend a majority of their day in segregated, specialized settings compared to their white peers (Blanchett, et al., 2009; National Council on Disability, 2018) is evidence of this increased surveillance. Additional evidence can be found in the research on school discipline and juvenile justice: children of color with disabilities are more likely than their white peers to receive an out-of-school suspension (Green, et al., 2019; Mahon-Reynolds & Parker, 2016; Whitford, et al., 2016) or be prosecuted in juvenile court for school misconduct (Nanda, 2019). These patterns are indicative of how young

children of color with disabilities experience significant consequences when their behaviors do not match the expectations of the classroom - expectations that are guided by white normative ways of being (Souto-Manning & Rabadi-Raol, 2018).

Manifestations of ableism and racism in assistance provided to young children of color with disabilities can also occur in small interactions between children and adults. For example, assistance for children with autism often involves approaches and tools used to support the child's social interactions. Social narratives presented as comic strips, scripts, PowerPoints with visuals, or cards that serve as visual aids are used to cue or guide children's behavior in social situations (Coogle, et al., 2018). The target skills are, however, based on the behaviors of nondisabled children and are guided by norms of whiteness. For instance, Coogle et al. (2018) describe a social script used with Sally, a child with autism, in which she is taught how to respond to a peer when asked to play. The script assists Sally to "...respond by looking at them and saying 'yes please' or 'no thank you'" (p. 448). The authors go on to explain that this script serves "as a model of how Sally can appropriately respond to her peers" (ib id.). This statement suggests that a child's response that differs from this script would be "inappropriate."

This conception of an appropriate response to a play request is ableist because it does not deem acceptable the ways in which children with autism might communicate with peers. The script also perpetuates whiteness, or what Delpit (1988) calls "the culture of power" as the norm. Research suggests that there are cross-cultural differences in play, and children from non-Western cultures often do not engage in play in the same way that white children do (Gosso, 2010; Roopnarine & Davidson, 2015). Furthermore, the response of looking at a child and saying "yes please" or "no thank you" may not be an authentic response for even white, nondisabled children, as play interactions are often less formal. Assistance that aligns with the medical model

may, therefore, impose more restrictive, culturally incongruent expectations on children of color with disabilities than what is typically expected of nondisabled, white children (Annamma, 2017; Foley & Ferri, 2012; Mankoff et al., 2010).

### **Theoretical Perspective: Disability Critical Race Theory**

This study draws from Disability Critical Race Theory (DisCrit; Annamma, Connor, et al., 2013) to examine opportunities for reconceptualizing assistance with young children of color with disabilities in inclusion settings. DisCrit emphasizes that race and ability are social constructs and “the forces of racism and ableism circulate interdependently, often in neutralized and invisible ways, to uphold notions of normalcy” (Annamma, Connor, et al., 2013, p. 11). According to DisCrit, race and ability are co-constructed to otherize, isolate, and oppress individuals at their intersections. The intersection of race and disability manifests in how ability is racialized and race is disabled across institutions, policies, and practices (Annamma & Morrison, 2018; Collins, 2013; Erevelles & Minear, 2010). For children of color with disabilities, this intersectional oppression creates a culture of surveillance and restriction that is dictated by norms of whiteness and ableism (Annamma, 2015, 2017; Saltes, 2013).

DisCrit theorists call for activism and resistance that “remov[es] the policing and enforcement of normality” rooted in ableism and racism (Annamma, Connor, et al., 2013, p. 18). Heeding this call, in this paper, we seek to offer counterstories (Yosso, 2013) to assistance as a pathologizing practice that serves to improve disabled persons of color and help them assimilate into the general education environment (Dudley-Marling & Burns, 2014; Foley & Ferri, 2012; Gilham & Tompkins, 2016; Mankoff, et al., 2010). In our counterstories, we detail instruction that creates space for children of color with disabilities to speak for themselves, define who they are, and direct their own learning (Gallagher, 2004). From this perspective, assistance is in place



to support children to pursue their own academic interests and priorities. Informed by a DisCrit resistance stance, we intend to reveal ways that the enactment of assistance can be authentic to young children of color with disabilities and allow them to be more fully themselves.

### **Method**

The data shared here comes from the Civic Action and Young Children study, a multi-sited large-scale project to understand how children act civically, or in ways that benefit or act on behalf of others, when they are offered conditions that support their agency (Payne et al., 2020). We collected data with 11 teachers, 68 children and 20 parents in four U.S. public preschool classrooms, of which one was an inclusion classroom. During the 2015-2016 academic year, our research team spent 469 hours in the four classrooms collecting video, audio, observational data that resulted in 407 full day videos and a database with over 900 examples. During 2016-2018, we conducted 35 interviews with parents, teachers and preschool-age children so they could interpret their practices to us.

In this paper, we focus on the 17 hours of video data from the inclusion classroom. The first three authors of this paper are all former early childhood educators with a background in special education. In our video analyses of the inclusion classroom for the larger study, we noticed that the young children of color with disabilities were assisted to participate and engage in the life of the classroom in ways that differed from what we typically experienced in inclusion contexts. We thus decided to pursue the following research question: *How was assistance provided to young children of color with disabilities in an inclusion classroom that espouses child-centered practices?* Brantlinger, et al. (2005) explain that qualitative research methods are especially effective for describing practices and settings that are conducive to learning in special education. We, therefore, explore our research question using descriptive qualitative methods,

specifically video analysis, which is a useful qualitative research methodology for closely examining social interactions (Knoblach & Schnettler, 2012).

### **Positionality of Authors**

We approach this work as four nondisabled cis-women with varying backgrounds in special education. The first author is an Asian American former kindergarten special education teacher and now a teacher educator and scholar-researcher in the field of early childhood special education. The second is an Asian former preschool teacher who had children with disabilities in her general education classroom and also took graduate level courses in special education. The third is a Latina former preschool special education teacher and a current instructional coach for inclusion classrooms. The fourth is a White former preschool teacher and a current teacher educator and scholar-researcher in early childhood. We acknowledge that our positionality as researchers in institutes of higher education is one of privilege and power, and plays a role in our data collection and analysis. Because of our backgrounds and experiences in early childhood special education, we recognized that the assistance practices present in the inclusion classroom were unique. We thus set forth to further examine and understand these practices.

### **Study Site**

The Head Start inclusion classroom was inside the Cielo Early Childhood Education Center which is located in a Southwestern city in the U.S. (all names of schools, teachers, and children used throughout this paper are pseudonyms). The school population was approximately 65% Latinx immigrant, 33% African American, and 2% White. While historically, Head Start was established to fill perceived gaps in the early childhood development of “the young disadvantaged child” and therefore has a legacy of using deficit-oriented, explicit, teacher-directed educational programming for poor young children (Beatty, 2012), Cielo’s Head Start

program adopted a much more child-centered, constructivist approach. The director of Cielo espoused a pedagogical philosophy that young children should be given agency to direct their own learning with flexibility and guidance from the teachers. In the larger Civic Action and Young Children study, families expressed appreciation for how the school supported their children to be independent and direct their own learning (Payne et al., 2020). It is perhaps because of this orientation that the practices we observed in the inclusion classroom stood out and led to our further inquiry.

### **Participants**

This was a full inclusion classroom where all of the children participated in the same routines and activities throughout the school day. At the time of the study, there were 17 children - seven with documented disabilities and ten without - and five teachers in the inclusion classroom. The breakdown of racial identities in the class mirrored the make-up of the school. Among the seven children with documented disabilities, Amado (age 4), Eduardo (age 3), Jason (age 3), Jonathan (age 3), and Juan (age 3) identified as Latinx, and Michael (age 4) and Moriah (age 4) identified as Black. Moriah was the only female with an IEP in the class. The home language listed for all children except for Eduardo was English; Eduardo's was Spanish. Amado, Eduardo, Jason, Michael, and Moriah all had IEPs for non-categorical disability with suspicion of autism and speech language impairment. Jonathan and Juan had IEPs for non-categorical disability with suspicion of intellectual disability and speech language impairment.

The children in the inclusion classroom demonstrated many strengths and interests. Amado was an affectionate child who always noticed when a peer or teacher was absent. He frequently gave others hugs and was the first to offer a helping hand. Amado also enjoyed building and drawing. Eduardo and Jason were best friends, almost glued at the hip. They

defended each other often in peer conflicts and played together regularly. Eduardo sought out puzzles, while Jason looked for anything related to letters, numbers, or transportation. Jonathan was considered the architect of the classroom. He built elaborate structures and different modes of transportation, from cars to spaceships. Juan loved anything to do with water. Inside the classroom, he spent much time at the water table, pouring water into different containers as well as all over himself. Outside, he enjoyed pouring water over plants and his body in the mud kitchen. Michael was an avid reader. He read any book he could find, even chapter books, and enjoyed forming words with magnetic letters, dry erase markers, or wooden letter shapes. Moriah enjoyed singing and dancing, exploring nature outdoors, and imaginary play. She especially liked to dress up with peers and pretend to cook in the kitchen area.

Ms. Amaya and Ms. Gomez were the two lead teachers in the inclusion classroom. Ms. Amaya specialized in special education and Ms. Gomez in general education. Both identified as Latina. A bilingual English and Spanish speaker, Ms. Amaya had 6 years of teaching experience at the time of the study. Ms. Gomez had 3 years of experience and spoke English. There were also three instructional aides in the classroom: Ms. Soto, Ms. Castro, and Ms. Jackson. Ms. Soto and Ms. Jackson both had over 10 years of experience as instructional aides, while Ms. Castro had 5 years of experience at the time of the study. Ms. Soto and Ms. Castro both identified as Latina and spoke English and Spanish. Ms. Jackson identified as Black and spoke English.

### **Data Collection**

Data collection in the inclusion classroom for the Civic Action and Young Children study began with participant observation and the gathering of field notes, photos, and short videos. After the participant observation period, we filmed full day videos in the classroom for three consecutive days. Filming was conducted using two camcorder cameras operated by two

separate researchers. The researchers mounted each camera on a tripod, which allowed them to flexibly move from place-to-place. It also made it possible for the two researchers to film the same scene (such as a whole class activity) from different angles. During free work time, children and teachers moved freely between centers; one researcher filmed half of the classroom while the other researcher filmed the other half in order to capture the entire class. While no children or adults wore microphones, a boom microphone was attached to each camera to ensure good sound quality.

The filming generated 17 hours of video footage, which were the primary data for this paper. Before deciding the dates for full-day filming, researchers were in consultation with the teachers to avoid days when there were any special events happening. We collectively selected dates when the class' schedule reflected the flow of typical days. The three full day videos, therefore, represent ordinary days in the inclusion classroom and are consistent with the other ethnographic data collected during the participant observation period.

### **Analysis**

To answer our research question, *How was assistance provided to young children of color with disabilities in an inclusion classroom that espouses child-centered practices?*, we utilized video analysis methods, which are useful for studying social interactions in natural settings (Knoblauch, 2012). To ensure validity, we used member checking by including one teacher in the analysis of the videos. This teacher also provided additional insight into our interpretations of the data. To systematically analyze the video data, each researcher was assigned one full day of videos which ranged from five to seven hours of recordings per day. As we watched full day videos, we documented all of the instances when the children of color with disabilities interacted with others, who they were interacting with, the context of the interactions,

and the actions that children with disabilities took. Interactions were defined as verbal or nonverbal exchanges involving two or more people. Such exchanges included asking a question, directing a comment or statement to another person, handing someone an object, or physically touching someone. In all, we documented 198 short video segments showing the young children of color with disabilities interacting with another individual.

We applied the grounded theory approach of constant comparative analysis (Corbin & Strauss, 1990) to the video segments. The process of examining and logging notes on all of the social interactions involving the young children of color with disabilities served as our open coding. From this phase, we started to notice patterns in how the teachers assisted the children. Teachers' assistance took on many forms, but they tended to either support the children with something the child initiated or support the children to align with behaviors, tasks, and timelines that the teacher dictated. We, therefore, moved into axial coding by categorizing each video segment as "child-directed assistance" or "adult-directed assistance." "Child-directed assistance" included interactions where the young children of color with disabilities were supported to pursue their own interests, make decisions, express themselves, or take their own time. "Adult-directed assistance" were interactions where adults physically maneuvered children or verbally instructed them to do something that the teachers expected them to do.

We then moved into selective coding. Each researcher applied both codes to all 198 video segments individually. We met regularly throughout the coding process to discuss our interpretations of the data. This at times included watching segments together to discuss and clarify interpretations. In this way, we discussed our coding processes until we were in full agreement on all application of codes. As we discussed each of the 198 video segments, we wrote descriptions of each scene explaining why the assistance we observed was child-centered

or adult-driven. We also wrote notes during these meetings to collect themes across the child-centered assistance examples and the adult-driven ones. What emerged in our thematic memo-writing was that the adult-driven assistance aligned with the medical model of disability, supporting the young children of color with disabilities to behave in ways that were consistent with dominant culture expectations for how children should act in classrooms. The child-centered assistance - of which there were many more examples - diverged from the medical model by privileging the children's desires and capabilities in ways that are more humanizing.

### **Results**

Our analysis revealed an array of practices in the Head Start inclusion classroom that reflected a reconceptualized approach to assistance that was more humanizing than traditional, medical model approaches. We begin with a general overview of how assistance was approached in the inclusion classroom. This overview provides a snapshot of the entire classroom context and aims to clarify the different ways in which we are defining medical model-aligned and child-centered assistance in this classroom. Following the overview, we provide detailed explanations of two types of reimagined assistance that we observed: assistance as giving time and space and assistance as centering the child. Our results reveal how conditions in the early childhood inclusion environment can advance justice by assisting young children of color with disabilities to be their full selves rather than being assisted to become who adults want them to be.

#### **Assistance in the Inclusion Head Start Classroom: An Overview**

A central pedagogical orientation in the inclusion classroom was one that honored children's intentions and purposes. All seventeen children were encouraged to pursue their interests within the constraints of the Head Start structure. There were routines that all children were expected to engage in: arrival and independent work, hand washing, greeting circle,

movement, emergent literacy block, outside time, small group (math/science/literacy/fine motor), centers, read aloud, bathroom breaks, meals (breakfast, lunch, snack), and dismissal. How children participated in these routines, however, was guided by the children. For example, during small group lessons, children were given individual bins of materials to explore. While the adults chose materials to put in the bins in order to facilitate learning in a particular area, the children chose which ones to use, how to manipulate them, and the time spent working with these tools.

The assistance we observed in this classroom, therefore, typically strayed from a medical model approach. Adults supported children with and without disabilities to follow their own intellectual and creative purposes. Very often, this meant giving children space to explore their interests without teacher intervention, or providing necessary materials and opportunities for children to learn about those interests. There were, however, some instances when a more medicalized approach to assistance was enacted. These forms of assistance occurred almost exclusively with the young children of color with disabilities. In general, adults remained physically closer to the children with disabilities than to those without. While typically, they stayed close by to assist the children with disabilities to follow their own purposes, sometimes assistance was provided to help the child conform to the adults' purposes. It was in these instances that assistance aligned with the medical model.

In this way, assistance for the young children of color with disabilities was enacted along a continuum. The same teacher could in one moment assist a child to conform with the teacher's expectations and in another assist that same child with pursuing their own interests. This moving in and out of different approaches to assistance demonstrated how deeply embedded the medicalized view of disability is (Ferri & Bacon, 2011) even within the context of a child-centered Head Start classroom. Medical model-aligned assistance in this classroom tended to be



rather physical in nature. We observed adults assisting the young children of color with disabilities by pulling on their wrists, holding them by the shoulders, using hand-over-hand approaches to guide children's manipulation of tools, picking them up and moving them, and standing over or beside the children to restrict their bodies. These approaches were guided by the teacher, not the child, and had the intention of changing children to fit teachers' expectations for behavior. We did not observe these highly physical approaches to assistance being enacted with the young children of color without disabilities in the inclusion classroom.

While such medicalized conceptions of assistance were present in the inclusion classroom, we observed significantly more instances of child-centered assistance. These were moves adults in the classroom made to support the young children of color with disabilities to pursue their own interests and interact with others and materials in their own desired ways. An example that contrasts with the medical model assistance described above took place when Moriah was exploring Play Doh during a fine motor small group lesson:

All of the children receive a tray, a ball of orange Play Doh, pieces of plastic straw, pieces of pipe cleaner, and large buttons in different shapes and colors. Ms. Soto crouches down next to Moriah and highlights things she notices Moriah doing (e.g., "Oh, you're putting the straw", "wow, you're putting little balls"). A button falls out of the Play Doh and on the ground. Ms. Soto picks it up, placing it back on Moriah's tray. She then walks over to another child and Ms. Castro comes to sit by Moriah. Moriah tries to push some materials into the Play Doh ball she molded. The tray keeps moving, however, so the pieces continually fall out of the ball. Ms. Castro silently holds the tray down, giving Moriah the stability she needs to put the straw in the Play Doh. (Day 1 Video)

In this scene, assistance takes on three forms: verbally encouraging the choices and actions Moriah makes, picking up fallen material and placing it on Moriah's tray, and holding down the tray for stability to support Moriah's intention of pushing the materials into the Play Doh ball. Each act of assistance supported Moriah to continue the exploration that she had set out to do without the teacher's interference in her creation. Neither teacher provided assistance by completing the task for Moriah or moving her body themselves to help her complete the task.

This is one of many examples of how the adults in the inclusion Head Start classroom frequently provided child-centered assistance to the children of color with disabilities that supported the children's pursuit of experiences and interactions that they initiated. These examples of child-centered assistance in the inclusion classroom offer a reconceptualization of what assistance can look like in order to humanize young children of color with disabilities and advance justice in early childhood special education. In the following sections, we delve deeper into this reimagined assistance by detailing two types of child-centered assistance we observed: assistance as giving time and space and assistance as centering the child.

### **Assistance as Giving Time and Space**

In any early childhood classroom, transitions are an important component of the school day. Children transition from one learning experience to the next, from one area to another within the classroom (e.g., moving from tablework to the rug), and from one room to another within the school building (e.g., moving from the classroom to the gym). In the medical model of early childhood special education, ensuring that children with disabilities transition in the time and manner that teachers expect is an important goal of assistance (Lee, et al., 2019). Educators might utilize timers, visuals, the physical moving of children's bodies, and other methods to assist them with timely transitions.

In the inclusion classroom we observed, however, teachers assisted children of color with disabilities during transitions by giving them time and space to make transitions in their own time and in their own way. We observed children crawling, running, skipping, or rolling from one part of the room to another during transitions between activities. Teachers sometimes even asked the children how they wanted to walk from the rug to the table, and the children could choose an animal or some other creature that they would pretend to be. We also saw teachers give children space and time to complete something they were working on before they transitioned, rather than requiring that they transition with the rest of the class.

For example, every day, the children in the inclusion classroom began by completing independent morning work. They would then transition to the other classroom to join their general education peers for morning meeting. During one observation, Eduardo was playing with wooden pieces used to make letters during morning work. Towards the end of the morning work time, one teacher told Eduardo to clean up so as to get ready for the transition to the morning meeting in the other classroom. Instead of cleaning up, however, Eduardo picked up more wooden pieces and continued with his activity. Ms. Amaya left him alone, giving him time and space to finish the activity before he transitioned with the rest of the class (Day 1 Video).

There were other examples where children had bigger, more physical reactions to the prompt to transition:

The children have just finished dancing to a few songs on the rug as a transition to morning meeting and a read aloud. While the rest of the class is taking a seat on the rug, Amado goes over to the classroom library area and lies face down on the carpet. Ms. Castro walks over to him, bends down, and rubs his back as she says, "Let's go find out what we're doing today, Amado." He turns his body so that he can look over to the rug, a

smile on his face. “Look! Let’s go see what it’s about! It’s a baby elephant!” Ms. Castro exclaims. “Come on, Amado! Go, go, go!” she says as she rubs his back further. Amado stays on his belly and looks over to the rug area. Ms. Gomez also calls him over, but then she starts to read the book about an elephant and a ladybug. Ms. Castro then waits quietly and continues to rub Amado’s back. He starts to get up, and as he does, Ms. Castro says, “Ooh with a ladybug. Let’s go see!” Amado holds her hand and walks over to the rug. He takes his seat in a yellow cube chair and faces Ms. Gomez who is leading the children in singing a song about book features before she reads. (Day 2 Video)

In this scene, Amado was given space to transition in his own time. When he lay on the rug, a teacher came over to gently encourage him to move with the rest of the group. Ms. Castro used her words and rubbed his back, a form of assistance Amado often received as a child who demonstrated much physical affection. Never did she force Amado to get up and move to the next task. Instead, Ms. Castro was simply present with him and waited until he was ready to transition. This moment contrasts with medical model approaches to transitions, where children with disabilities are expected to make numerous, quick transitions throughout the day regardless of their own interests or needs (Lee et al., 2019).

### **Assistance as Centering the Child**

Another way that assistance was reconceptualized in the inclusion classroom was through teacher moves that had the aim of centering the child’s intentions and purposes rather than the adults’. We frequently observed adults use their bodies and their words in ways that supported the young children of color with disabilities to follow their desires and interests. One example took place during movement time on the rug with Moriah:

The class steadily moves to the carpet when they hear the music - a common signal in the classroom for a dance break on the rug. The children are dancing, singing, jumping, and moving around to the music. Moriah comes over and first picks up a stuffed animal off the shelf. After playing with it some, she returns the stuffed animal and then begins twirling in circles along to the music. She then gets down on all fours and begins to crawl on the floor. Ms. Castro reaches down to put her hands and arms near Moriah's sides, seemingly to protect Moriah's body from the other children who are jumping, stomping, and dancing. Ms. Castro does not touch or pick up Moriah, but simply follows her for a moment with her hands by Moriah's side as she crawls on the carpet. (Day 2 Video)

In this example, Ms. Castro used her own body to protect Moriah from getting hurt by other children dancing on the rug as she crawled on the floor. Ms. Castro did not try to pick Moriah up or force her to walk or dance. Rather, she engaged in child-centered assistance that served to give Moriah the freedom to participate in the rug dancing in Moriah's desired way.

This example of child-centered assistance with Moriah was particularly notable given that there were instances when physical assistance was provided to Moriah that aligned more with the medical model. We once observed this during a different movement session on the rug. Ms. Soto took hold of Moriah's wrists and moved her arms up and down in a dancing motion. When Moriah wriggled her way out of Ms. Soto's grasp and ran away, Ms. Castro held Moriah by the shoulders and walked her back to the rug. Ms. Soto then wrapped her left arm around Moriah's chest and pushed Moriah down into a forward fold as she said, "Smell the flowers!" repeating the lyrics of the song (Day 3 Video). Unlike in the previous example, here assistance entailed physically moving Moriah in ways the adult desired. This example serves as a reference point for understanding how the previous example was child-centered. In the previous example,

assistance for Moriah meant maintaining safety without changing her physical actions to fit adults' norms of behavior.

Assistance as centering the child also frequently meant listening and responding to children's goals for how they wanted to work with instructional materials. A portion of each day was spent with the entire class exploring some materials in small groups. Teachers prepared materials in buckets, individualizing them based on the needs and developmental levels of the children (for example, a child with sensory needs who did not enjoy touching certain materials might be given utensils like wooden spoons to manipulate the items in the bucket). The children typically had their own trays and buckets to work with, but they were seated together in groups that consisted of a mix of children with IEPs and those without. During one observation, the children were working with rubber suction cups, colored water in paper cups, and droppers. The children, who were all wearing smocks and were seated at a table, were instructed to use their droppers to move water from the paper cups to the rubber suction cups. When the young children of color with disabilities indicated that they wanted to explore the materials in a different manner, however, adults assisted them in doing so:

Amado mixes water. It turns to purple. Amado says that he made purple. "Can you tell us how you made purple Amado?" Ms. Amaya asks. Amado turns his attention back to the eye droppers and suction cups without responding to the teacher. Then Amado takes the cups and pours the water into the sink. He brings the cups back and asks for more water. Ms. Amaya asks him where the water went: "Where's water?" Amado says, "I want more." She gives him cups of water, saying, "Do you want to see what else you can do with pink and green?" Amado says, "Thank you." Ms. Amaya replies, "You're welcome." Then, Amado mixes the two cups of water again and shouts, "Look, I made orange." Ms.

Amaya repeats his words, “You made orange.” Meanwhile, Juan is pouring his cups of water one into the other, not using the droppers at all. Ms. Soto acknowledges what he is doing but does not redirect him. Ms. Amaya tells the children that they have 3 minutes left, but they can continue to work with the water and droppers if they want. Amado then dumps his cups of water in the tray and starts moving his suction cup pads around in the tray. Another child is also pouring cups of water into his tray, as the water raises higher and higher. Ms. Amaya asks the child, “What will happen if the water reaches the top of the tray?” The child responds, “We can clean it up.” “We can clean it up,” Ms. Amaya repeats. (Day 2 Video)

In this scene, Ms. Amaya assisted Amado by giving him more water even though he did not directly answer her question, “Where's water?” She responded to Amado’s immediate interest when she found out that he needed more water and prioritized his wants over getting a specific answer from him. Then, when Amado was pouring the water into the sink and into his tray, Ms. Amaya did not redirect him. This was true for Ms. Soto with Juan as well when he was pouring the water between his two cups. The teachers gave the children space to explore with the water in whatever way they wanted. There was no hand-over-hand assistance or constricting of their bodies to behave in particular ways. The teachers also trusted the children to clean up the water even if it got messy, which is precisely what the children did. At the end of their small group work, children grabbed mops and paper towels to clean up the water on the table and floor.

On other occasions, the children of color with disabilities verbally expressed their interest in experiencing a teacher-planned task in their own desired way. Teachers would move their own bodies in ways that supported the child’s individual pursuits. We observed this during one read aloud session with the whole class on the rug:

Ms. Gomez pulls out a big book called, *It Looked Like Spilt Milk*, to read to a small group of children gathered on the rug. Michael asks “Can I read it for us?” Ms. Gomez responds, “We’re all going to read it.” When she opens the book, however, Michael immediately starts reading the book. Ms. Gomez lets him read the book, holding the book up and flipping the pages for him so he can read aloud. Michael smiles, swings his arms in the air, and reads louder and louder as his enthusiasm for reading the text grows. When the story ends, Ms. Gomez and Ms. Jackson clap. Michael says “Thank you for reading us a book.” The teachers respond, “Thank *you* for reading it to us!” (Day 2 Video)

Here, Ms. Gomez assisted Michael by holding up the book for him and turning the pages as he read to the entire class. She also did not stop him from reading aloud, even though her initial intention was not for Michael to read the text to the class. In this way, Ms. Gomez supported Michael to pursue his own desired learning experience during a time that she had planned.

Centering the child required that the teachers have a deep knowledge of and trusting relationship with the young child with disabilities. We saw this deep knowledge of a child manifest in one example of child-centered assistance that occurred with Moriah:

During arrival time, Ms. Amaya tries to encourage Moriah to sign-in. Moriah places her hands over her ears and begins to cry. Moriah buries her face into Ms. Amaya who rubs her back. Ms. Castro brings over a small plastic lamb. This is a lamb that Moriah carries with her at times throughout the school day inside and outside the classroom. Moriah takes the lamb and Ms. Castro says, “There it is.” The two teachers begin to sing in a soft voice, “Mary had a little lamb.” By this time Moriah stops crying. Ms. Amaya proceeds to verbalize the letters in Moriah’s name as Moriah listens. (Day 1 Video)



In this scene, Ms. Amaya and Ms. Castro demonstrate deep knowledge of Moriah in their approach to assisting her. They brought over the lamb toy that was valuable to Moriah, sang to her, rubbed her back in response to Moriah's physical touch (burying her face in the teacher), and ultimately assisted her with completing the sign-in task in a way that felt good to Moriah: listening to the teacher verbalize the letters of her name. While these approaches to assistance might not be effective for every child, for Moriah, it was meaningful. The teachers did not force Moriah to complete the sign-in routine in ways they intended or expected, but rather supported her in a child-centered way that honored her emotions and interests.

### **Discussion**

The examples from the Head Start inclusion classroom offer a reconceptualization of assistance as a practice that supports young children of color with disabilities to accomplish their own purposes and express who they are fully. Such a reconceptualization serves as a counterstory (Yosso, 2013) to the dominant narrative of medical model-aligned assistance. They show us that assisting young children of color with disabilities does not have to involve surveilling and changing their behavior to fit restrictive, culturally incongruent expectations based on white, middle-class, nondisabled norms – norms that are predominant in the medical model of special education (Annamma, Conner, et al., 2013; Dudley-Marling & Burns, 2014).

The first tenet of DisCrit argues that racism and ableism are systems of oppression that are interdependent and collusive. Annamma et al. (2013) articulate a need for research and practice that challenge “notions of normalcy” rooted in racism and ableism. In the Head Start inclusion classroom, the reconceptualized assistance we saw shows what is possible when this ideology of normal is pushed to the side and instead children's interests, capabilities, and desires

are privileged. When this happens, assistance is not a tool for surveillance, but a means for young children of color with disabilities to be their full selves, and valued as such.

How was it possible for the adults and children in this inclusion classroom to reconceptualize assistance, especially given how pervasive the medical model of special education is? We argue that the teachers' approaches stemmed from ontological perspectives about themselves as responders to children and the children as capable agents who can construct their own learning. Reimagining assistance to be child-centered and humanizing for young children of color with disabilities therefore requires key shifts in how educators view their own roles, as well as how they view the children.

### **Shifting from Surveillance to Responsiveness**

DisCrit brings to light the systemic power of a surveillance culture in special education for children of color with disabilities (Annamma, 2015, 2018; Saltes, 2013). This surveillance culture guides how children of color with disabilities are perceived, watched, controlled, and punished. In the few examples of medical model-aligned assistance that we observed in the Head Start classroom, surveillance often led to physical manipulation of children's bodies. When this happened, the young children of color with disabilities were not given the space to pursue their own interests, curiosities, or priorities. Instead, they were assisted to behave in ways that conformed with normative ideas about appropriate behavior. Teachers assisted children with disabilities in these moments by physically moving children's bodies or restricting them in ways that enforced compliance. These were moments exemplifying how even in a more child-centered, constructivist program, systemic ableism and racism influenced adult-child interactions in ways that pushed children to fit narrow expectations.

This subjugation of children's bodies is a non-neutral act of power that has important implications for justice in early childhood special education. It relates to Foucault's (1984) concept of biopower, or having power over bodies. Foucault argues that discipline is the technology used to make bodies behave in ways that maintain the social order and existing power dynamics. Those in power use their power to force bodies into "docility," able to be "subjected, used, transformed, and improved" (Foucault, 1984, p. 180). Medical model-aligned assistance are acts of power and violence committed against children of color with disabilities, forcing them into "docile bodies" rather than empowered individual agents.

In contrast, our many examples of reconceptualized, child-directed assistance positioned teachers as listeners, observers, and responders, rather than as the ones with power to control children's bodies into docility. The two contrasting examples of Moriah dancing on the rug illuminate this ontological shift from teachers as powerful enforcers of compliance to teachers as responders. The teacher using her body as a shield to protect Moriah as she moved on the rug in her desired manner was responsive to what Moriah was communicating with her body. Instead of watching Moriah so as to figure out how to intervene and change her behavior, the adult observed Moriah closely so she could react to and support Moriah's desires and interests in the moment. Assistance emerged from the teacher's positionality as one who responds to the child, rather than one who directs the child. This counterstory shows that assistance as a responsive act opens up possibilities for young children of color with disabilities to be more agentic.

### **Shifting from a Deficit View to a Humanizing One**

For a teacher to be able to follow the lead of a child of color with disabilities, they need to also view the child as capable. This is not the perspective that guides the medical model of disability. In this model, assistance is conceptualized as filling a need – giving children language,

social interaction skills, physical supports, and behavior that they supposedly do not have (Crosland & Dunlap, 2012; Pisha & Coyne, 2001; Temple, 2019). This view of assistance, however, does not align with notions of accessibility central to high quality inclusion. Barton and Smith (2015) explained that accessibility is about identifying and eliminating barriers to learning. Providing access requires creating opportunities and space for multiple ways of expressing, participating, and demonstrating competence. This definition of accessibility calls on changing the learning environment, not changing the child.

The contradiction between medical model-aligned assistance and accessibility may explain why Cho, et al. (2018) found that parents of children with developmental disabilities reported wanting less support from adults and more shifts in children's learning experiences. Parents wanted their children to engage in multimodal learning experiences that incorporated technology, art, and physical activity - experiences that they felt their children enjoyed and could engage in independently. Too much adult assistance hindered the children's participation in the inclusion classroom in their view. Eriksson, et al. (2007) similarly found that children with disabilities who receive support from adults in the classroom often do not receive this support on their own initiative and the provided supports do little to increase student participation. In other words, assistance does not meet its aim of supporting children with disabilities to become independent when the focus is on changing the child and not the environment. At the root of this paradox is a deficit view of children with disabilities.

Assistance in the Head Start inclusion classroom was reconceptualized because the teachers interacted with the children of color with disabilities in ways that displayed a humanizing perspective rather than a deficit-based one. When assistance was enacted as giving time and space and centering the child, young children of color with disabilities in this study

were treated as whole people with their own needs, desires, and purposes. Assistance was not provided to fill a gap or lack in the child. Rather, assistance bolstered capabilities. This shift from a deficit view of children of color with disabilities to a more humanizing one served to resist the racist, ableist project of schooling by rejecting the status quo and embracing liberatory practices (Annamma, Connor, et al., 2013). By seeing the children of color with disabilities in the inclusion Head Start classroom as whole, capable, and fully human (Freire, 1970), the teachers were able to enact a more liberatory form of assistance that allowed children to express and be their full selves - unchanged and valuable. Independence was achieved because children were seen as already being independent agents of their own learning. The adults' assistance was simply provided to support children in being who they already are.

### **Limitations**

This paper drew from a deep analysis of three days' worth of videos as the primary source of data. Because the original project did not focus on inclusion and assistance, we did not have relevant interview data to include. Future research might include voices from practitioners, children, and families through the form of interviews in addition to video footage. We also acknowledge the possible impact of cameras on teachers' behaviors. Surveillance implies the imbalance in power and controls the bodies and actions of people who are being observed (Foucault, 1984). To minimize the influence of recording as another type of surveillance for teachers, the researchers spent an academic year in the classroom as participant observers and took photos or videos of the class to help teachers get used to being filmed. We also chose to film for three consecutive days in order to help students and teachers become familiar with the cameras. Another limitation was that we did not have access to the children's special education documents. Being able to examine their IEPs may have illuminated how special education goals

guide teachers' assistance practices, as well as how teachers are able to reconceptualize assistance while still meeting children's IEP goals.

### **Implications**

Our work offers concrete recommendations for how early childhood special education teachers might advance justice through their assistance practices. Assistance for young children of color with disabilities that gives them time and space and centers the child is possible as shown in the reconceptualizations the inclusion teachers offered. An important implication for practice is that in order to enact such assistance, teachers must first interact with children with a desire to respond not surveille, and to do so, they must see young children of color with disabilities as fully human and capable, not lacking.

The teachers in the inclusion classroom we observed were able to adopt this stance in large part because of the pedagogical orientation of this particular Head Start. The director of the early childhood center espoused a belief that all children are capable and should engage in constructivist, child-centered learning. This empowered the inclusion classroom teachers to open up possibilities for young children through their assistance. Advancing justice for young children of color with disabilities thus requires a reimagining of assistance that is supported by school leadership as well as teachers' own humanizing beliefs about children. These beliefs can be fostered through training that shifts teachers' deficit views of children of color with disabilities.

The findings also have important implications for research. Participatory action research projects where researchers and teachers partner to transform assistance practices for young children with disabilities in inclusion settings could help advance a reconceptualization of assistance that promotes justice for young children of color with disabilities. Projects that incorporate families as well would be especially impactful for transforming assistance to align

with and sustain the cultures, values, and beliefs of families. With increased scholarship and practice aimed at shifting assistance away from the medical model of disability and toward a more humanizing stance, the field of early childhood special education can advance justice and promote anti-ableism/anti-racism for young children of color with disabilities.

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