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## Culturally Responsive Contexts: Establishing Relationships for Inclusion

### Comments

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**CULTURALLY RESPONSIVE CONTEXTS: ESTABLISHING RELATIONSHIPS FOR INCLUSION****Mere Berryman****Therese Ford***The University of Waikato***Ann Nevin****Arizona State University***Chapman University***Suzanne SooHoo***Chapman University*

*As our education systems become more culturally, ethnically and linguistically diverse, rather than benefiting and learning from each other, we still expect all students to be represented within the same curriculum, pedagogy and testing regimen or we form separate enclaves resulting in marginalization. When diverse students have physical and/or learning disabilities, marginalization is further exacerbated and problematized. In this paper, the authors theorise within an alternative framework that we have termed relational and culturally responsive inclusion. Based on key understandings from our own research, much of it derived from Kaupapa Māori and Freirean philosophies, we encourage a framework where establishing respectful relationships of interdependence with people is central to both human dignity and praxis. A culturally responsive framework such as this challenges traditional notions of the professional expert working with objectivity; instead it opens up spaces that call for engagement through the establishment of relational and interdependent discourse.*

Achievement disparities, between specific groups of students, continue to be challenging and well documented within schools across the globe. For many students, quality and equity have not been achieved as education continues to under-serve specific groups of clearly identifiable students (Organisation for Economic Co-operation and Development, 2013). This pressing challenge can be associated with the power imbalances in classrooms and schools as a result of ethnic, cultural and language diversity (Shields, Bishop & Mazawi, 2005). This situation has and can continue to lead to the loss of cultural and language identity which is further exacerbated when one's lived experiences are pathologized by others (Bishop, Berryman, Tiakiwai & Richardson, 2003). As our education systems become more culturally, ethnically and linguistically diverse, rather than benefiting and learning from each other, we still expect our students to be represented within the same curriculum, pedagogic and testing regimen or we form separate enclaves and the divide becomes even wider (Berryman, 2008). When diverse students have physical and/or learning disabilities these situations are further exacerbated and problematized (Berryman, Nevin, SooHoo, & Ford, 2015).

As an international team of scholars who have been working together for the past six years, we propose that within contexts that are *relational* and *culturally responsive*, a sense of becoming and belonging can be promoted that is more likely to lead to one's own sense of inclusion. One of our contentions is that the mainstream has much to learn about equity and social justice from disability and indigenous settings. In this paper, we reconsider key understandings from Kaupapa Māori and Paulo Freire set forth in Berryman, SooHoo and Nevin (2013) to discuss a culturally responsive and relational framework in the context of disabilities and inclusion. Praxis such as this

challenges traditional paradigms that marginalize or dehumanize those with whom we work. We encourage instead a stance that requires practitioners to develop relationships that will enable them to intimately come to know and be responsive to those with whom they work or seek to work. A stance such as this challenges traditional notions of the professional expert working with objectivity; instead it opens up spaces that call for engagement through the establishment of relational and interdependent discourses.

We begin by further exploring the inter-relationships between Kaupapa Māori theory and Freirean philosophy as a context for understanding how we might more effectively begin to include individuals or groups currently marginalized or excluded from the full benefits of education. We continue with an international overview of the policies and practices, and we reflect on the emerging framework of relational and culturally responsive inclusion in two specific settings, one in the US and one in New Zealand. From these examples we detail the context of the responsive dialogic space, and principles and practices that we contend are foundational to transformative praxis of this kind.

### *Connecting with Kaupapa Māori and Freire*

It has been our experience that Kaupapa Māori theory and Freirean philosophy can work together to create research contexts to inform a new, more relational way of listening to the voices of our participants and in so doing, the research could be collaboratively and actively constructed with participants (Berryman, SooHoo & Nevin, 2013). Like Kaupapa Māori, Freire (1970) encourages relational contexts for examining and *reinventing* the possibilities of theories and actions dedicated to liberation, self-determination and freedom. Both Kaupapa Maori theory and Freire teach us to affirm our own identities and attend to our own cultural identity and well-being. To do this, we must honour our own histories, our culture, our language, and our unique ways of knowing and being in the world. Māori uses the term *au*, a term that signals I, who we are as individuals, what we stand for and what we take into our relationships with all others, or in Freirean terms *conscientization*, our own critical understanding of self.

For many people of colour, especially those who live within cultures that have overpowered and remain dominant today, affirming our own cultural identity requires us to re-examine and understand the evolving forms of culture and language - both losses and transformations. When we ask, how this (current form of culture) happened, there are many explanations. In these explanations, we might begin to get our first insights into understandings and intentionalities of cultural preservation, continuity, assimilation, acculturation, colonization, and migration. We can learn from such an examination how we and our ancestors maintain our cultural identities while living within contemporary often dominating cultural contexts (Bishop & Glynn, 1999). Our past informs our present world views and our current positionalities. Freire (1970) has argued the answers for people who have been historically dominated will come from within their own experiences and view of the world:

*This then is the great humanistic and historical task of the oppressed: to liberate themselves and their oppressors as well. The oppressors, who oppress, exploit and rape by virtue of their power, cannot find in this power the strength to liberate either the oppressed or themselves. Only power that springs from the weakness of the oppressed will be sufficiently strong to free both (1970, p.26)*

As a result of the Kaupapa Māori movement started in the 1970s, spaces of resistance, revitalisation, and self-determination were opened up for the indigenous Māori peoples in New Zealand (Bishop, 2005; G. Smith, 1997; L. Smith, 2012). This movement was similarly echoed by other indigenous peoples and people of colour, including the Black Panther movement in the United States. These social justice movements staunchly rejected social marginalization and dehumanization and claimed the right to have different cultural world views, a right to resist dominant hegemony, and a right to acknowledge different histories and cultural knowledge. No longer would a culture of silence be tolerated, where human beings were mere objects responding to surrounding social forces (Freire, 1970). Instead, a sense of critical consciousness emerged followed by mindful action, a resistance to colonial past and presence, and perhaps a new hegemony of coloured privilege. For Kaupapa Māori, the right for Māori to look for their own solutions from within a Māori world view gave renewed access to Māori knowledge upon which the philosophical and spiritual direction for cultural revitalisation could be built (Berryman, 2008; Durie, Hoskins & Jones, 2012). Learning within contexts such as this requires continually challenging one's long held assumptions and letting practice inform one's theory. This requires us to relearn and unlearn (Wink, 2011) if we are to learn a more critical way forward.

Kaupapa Māori and Freire both maintain that to be in the world means the formation and acknowledgement of relationships. Within Kaupapa Māori, acts of *whanaungatanga* or the deliberate processes for building familial like

relationships with others, is fundamental. Embedded within *whanaungatanga* is *au*, maintaining our individual responsibility and agency to commit to activating the relationship. Freire (1993) refers to dialogical relationships as being central to becoming a humanist and essential for praxis and liberation. Liberation is not a gift; rather they are the acts of engagement between the oppressed and the oppressor. This engagement suggests *no one liberates himself by his own efforts alone, neither is he liberated by others* (1993 p. 48). Further, not only is it incumbent for the oppressed to deeply engage but it is the oppressed who must carefully avoid becoming the new oppressor in the process. Furthermore, it is the oppressed who must lead the struggle for a fuller humanity for both, for it is clear without humility the oppressor will not see how he himself is also oppressed by his oppression (SooHoo, 2006).

The nature of the oppressor's consciousness, according to Freire (1993), is one of domination, to have and to own. Freire addresses this condition of dominance as the oppressors' need *to have* and subsequently, to create a class of the *haves*. He cautions against this appetite for *commodification* by suggesting oppressors *suffocate in their own possessions and no longer are; they merely have* (p. 41). The oppressor is dehumanized because he dehumanizes others. The question here is, how do we move from this is *mine* to this is *ours*?

Traditional Māori cultural rituals of encounter such as *pōwhiri*, that are practised today, visually demonstrate the relational dialogical spaces within which the struggle towards relationships of interdependence are prioritized to precede all else (Berryman, Macfarlane & Cavanagh, 2009; Berryman & Macfarlane, 2011). In this space, between self and other, the attempts to make connections, build relationships and negotiate power through dialogue hold promise for liberation. Love, humility, compassion and empathy give us the courage to move toward the other. Critical mindfulness informs our approach, for it is in this third space, we can begin to re-imagine the *them* and *us* (Chamberlin (2003), cited in Haig-Brown & Nock, 2006, p. 2) where we see the *us* in *them* and the *them* is in *us*. This is what Asher (2003) calls inter-subjectivity and what Martin Buber (1970) refers to as the dialectic I – Thou relationship.

Freire teaches us to find ways to liberate the oppressor as well as the oppressed. Kaupapa Māori theory teaches us this can only be done within relationships of mutual respect and interdependence. One cannot read the world or engage in dialogue without respecting what and how others impact our lives. It is *with* people when we make the world a more equitable space. It is in the context of cultural circles, relationships and love, we enter into dialogical and critical consciousness, problem posing, possibilities and action. Love is an intentional spiritual act of consciousness and a shared labour of struggle (Darder, 2015). Starting from a relational stance, we move to social actions such as *mahi tahi* (working together as one) and *kotahitanga* (unity of purpose). It is within cultural contexts such as these where a common vision is shared, that inclusion may be more attainable.

#### *A Special Education or Disabilities Studies Response*

The special education classroom, students and faculty are often among the most alienated and acultural factions of the school. It is the space where the medical model has long flourished and where those who deliver the required specialist services fail to see the cultural knowledge of families as a valuable resource for the process of educating all children and certainly those with special needs. Cultural knowledge is not limited to ethnicity, language or religion but rather a cultural frame of understanding that facilitates different ontologies and ways of knowing to work with human difference to include those with special needs.

Based on its goals and the distribution of service, the structure of special education within schools is often seen to be a dominant white space (Milne, 2013) with policies, approaches and protocols being informed by a western medical model. Many families referred to special education are not from dominant groups. We find the cultural healing practices of the family are often marginalized and not seen as legitimate. Parental knowledge is routinely trumped by knowledge of medical experts.

#### *Models of Disability*

Inclusion is often understood as focussing on the presence, participation and achievement of all students; however, it is typically discussed in terms of a students' inclusion in either a special education or regular education setting. This implies that, by its own definition, exclusion for some students from regular settings may well be occurring. However, for many (MacArthur, 2009; Villa, Thousand & Nevin, 2013), inclusion is not understood as occurring when what is being discussed is participation in a segregated setting such as a special school, unit or class. Another important part of the discussion surrounding inclusion is related to how we understand and apply the term disability.

We discuss two models that have shaped our thinking; the medical model of disability and the social model of disability.

#### *The medical model of disability*

Discourses long associated with the medical model are often concerned with disabilities that come from physical impairment as a result of damage, failure to develop adequately, or disease. These conditions might include conditions such as difficulty in seeing or hearing; or needing more time to meet developmental or learning milestones. Within the medical model the response is to eliminate, fix or compensate for disabilities through remedial treatments recommended by experts. In this way, as discussed by Ash et al. (2005) *disabled people are [regarded as] 'objects' to be 'treated' and changed in accord with the standards commonly accepted by society. Failure to change becomes the problem of the disabled people themselves* (p. 236).

Traditionally, medical model praxis has viewed the challenges faced by disabled students as coming from the students themselves rather than from inadequate classroom or school responses (Connor & Ferri, 2010; MacArthur, 2009). Within the medical model, the educational response has been to assess and categorize students according to the level of severity of the condition and then provide a response (often resource dependant) to remediate or fix students up. Thus educators who are positioned within the medical model might adhere to discourses such as special needs, problems, difficulties, intervention, disorder and diagnosis; discourses such as these have the power to pathologize and exclude (Ballard, 2004). It is not surprising then that within this model, some teachers may hold low expectations of students who are labelled as disabled or that teachers may also feel poorly prepared to teach these students effectively. Pathologizing the lived experiences of particular groups of students is very powerful and has been known to strongly influence how educators at all levels respond and how particular groups of students participate and achieve in education or not (Ainscow, 2008; Bishop et al., 2003). Rather than officials at regular schools being required to consider how they might adapt the curriculum, pedagogy and /or environment for these students, this more traditional response has seen many students, from all over the world, removed from regular education settings in their own communities and transferred into special education settings.

#### *The social model of disability*

Gaining more international recognition and support over the past three decades, the social model of disability emphasizes the social construction of disability, that is, the experience of disability does not come from an individual's impairments, rather it comes from bureaucratic policies and structures that perceive some people as abnormal. In the past, teachers have too readily blamed students' failure to learn at school on perceived inadequacies in students' home backgrounds, their cultural differences, their ethnicity and their parents' lack of motivation or commitment to help them achieve (Bishop et al., 2003). Parents may just as readily blame their child's low achievement and behavioural difficulties on teachers' failure to consider their students' cultural and ethnic origins, and on teachers who are out of touch with the financial and emotional stresses and strains of contemporary parenting especially when one is parenting a child with multiple challenges. The blame and counter-blame discourse is just one that maintains deficit discourses; thus communities and the people located therein can maintain and perpetuate the status quo by failing to accept their own responsibility and agency to respond differently (Bishop, Berryman, Cavanagh & Teddy, 2007). For many people with disabilities or people from diverse populations, the status quo perpetuates experiences of oppression and discrimination. This situation can further promote and exacerbate feelings of self blame, of helplessness and hopelessness.

While professionals/teachers must seek to understand the effects of a student's impairments on their participation and learning, the social model requires them to identify the systemic barriers to learning and participation at school and focus on how they the professionals can contribute towards their reduction or elimination. In this way, the social model supports regular school personnel to focus on their own agency and policies to better support disabled or diverse students to participate more fully, that is, to be included in education. In support of a social model of disability, research undertaken by Ash et al., (2005) argue that *inclusive education encourages personal and social relationships and attitudes that are based on a view that disability is part of, not outside, the ordinary range of human diversity* (p. 236). Within a social model for disability, school personnel and their communities commit to an inclusive set of values such as equity, participation and respect for diversity as the important foundation for inclusion (Ainscow, Booth & Dyson, 2006). They also broaden their approaches to education to embrace a strengths based capability approach (Florian, Devecchi & Dee, 2008) and adopt inclusive pedagogy that is responsive to the student's progress and needs and where teachers frame teaching and learning as the task of developing a rich

learning community with multiple and different learning opportunities available for everyone (Florian & Linkletter, 2010).

To reiterate, the term *disabled* has been introduced into the theorizing and discussions about inclusion to remind us that people with disabilities are often *disabled* or *excluded* by others. This can occur in spite of the policies developed to support them when, as discussed, people in schools and wider communities automatically adopt the prevailing paradigm that pathologizes people with disabilities and treats them in ways that make them feel that they are lesser than, unequal to, and different from. Efforts to restructure and reform the educational system in a systemic way have included mainstreaming or the movement of students with disabilities from institutions and special education settings to regular education settings. When this movement occurred throughout the 1980s and 1990s, many teachers were finding it difficult to meet the needs of individual students with behavioural and learning difficulties, let alone students with disabilities. This was especially so when teachers came from different cultural and linguistic backgrounds to those of their students (Wearmouth, Glynn & Berryman, 2005). It was even more difficult when they tried to meet students' needs, independent of parents and caregivers in their school communities. At the same time, parents were finding it more and more frustrating to be held responsible for their children's behaviour and subsequent inclusion at school when they were seen to have neither the authority nor the skills to intervene at school (Glynn, Fairweather & Donald, 1992). Even when an intervention called for collaboration between the school and the home, the *collaboration* was more often defined by the school (Glynn & Berryman, 2005). Restructuring efforts in the USA since the reauthorization of the Individuals with Disabilities Education Improvement Act (2004) involve implementation of response to intervention procedures (Graner, Faggella-luby, & Fritschmann, 2005) which require general educators to improve their classroom instruction before referring students for segregated specialized instruction. In summary, challenges to the dominant discourse, in the United States, as articulated by Connor and Ferri (2010), have been formulated by scholars and researchers since the 1980s. Areas that have been criticized include the unquestioned embrace of positivism (Heshusius, 1989) and the primary conceptualization of disability in medical terms (Danforth, 1999).

#### *Respecting what the medical and social models have to offer*

Rather than choosing one model over the other, we consider how these two models might be brought together in a model of inclusion where they are seen as complementary with both being able to contribute and able to work inter-dependently. Our work underscores the often seen chasm between educational theory and practice, what is promised by law versus what is actually provided, and the inequities that continue to exist in terms of race, class, and gender, as argued by Connor and Ferri (2010). We believe what is needed is an approach that will capitalize on the strengths available within parents, teachers and other professionals, that will enable them to take joint responsibility for the inclusion of students (Bevan-Brown et al., 2015). This requires a clear understanding of our own potential contribution as professionals, knowing who the student is and how their needs are expressed, and where necessary, including other professionals who are able to deliver specialist programmes for the individual student, together working relationally, collaboratively and responsively with parents, teachers and other community members. Let us be clear, we are not advocating for children to be mainstreamed into colonizing places. The change we seek is not just a matter of being humanely inclusive but also restructuring schools so its first response to reject variation reverses itself to accepting all forms of humanity.

#### *Inclusive Education Policies and Contexts*

One way to respect what the medical and social models of disability have to offer is to understand the range of policies that have been developed to support inclusive education. Schools around the world that are working at being inclusive usually have support from their governments for inclusive education to be written into education policy so that there is an expectation by schools that they must include all students in their local communities including those students with disabilities. The rights of all children to education have been detailed in the United Nations Conventions on the Rights of the Child (United Nations, 2006) and many countries have agreed to these rights.

Subsequently, the United Nations Convention on the Rights of Persons with Disabilities (2006) described the rights of adults and children with disabilities and established rules for countries to put these into practice. Countries that join with this convention agree to implement these rules. In education, this convention says that people with disabilities have the rights to:

- *not be excluded from the general education system or from free and compulsory primary and secondary education on the basis of disability*

- *access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live (p. 17).*

Nevertheless, the agenda for inclusive education often reflects at its very core two competing arguments. On the one hand, the provision for an education that allows graduates to compete globally has given rise to consideration about standards and school effectiveness. On the other hand, educators must balance excellence with equity, equality, social justice, and marginalization, thus resulting in the complexities of inclusive education.

Unfortunately, for many students, marginalization and alienation from school, alongside subsequent failure to master elements of the formal curriculum, continue to have long lasting and deep effects (Wearmouth & Berryman, 2009). Carrying the identity of marginalization at school can mean an expectation of marginalization and alienation from other institutional contexts and for life. This situation continues to occur, despite many educators applying the term inclusion in concert with the assertion that all children and young people have a right to be included in schooling (Ainscow, Booth, & Dyson, 2006). Inclusion of all students, particularly those who experience difficulties in learning or whose behaviour is seen as problematic, is a concept about which there is insufficient consensus regarding what it means or what it entails, either in theory or in practice (Wearmouth, 2009).

Education and educators play a critical part in shaping students' self-efficacy, or as Bruner (1996) describes their ability, responsibility and skill in initiating and completing actions and tasks, and therefore, often in their inclusion or exclusion from education (Wearmouth & Berryman, 2009). Whatever particular education settings, pedagogies, or activities are employed and one is included in, it is important to ensure that the practices that are utilized contribute to a young person's sense of self efficacy and, therefore, to the construction of positive feelings about being able to cope with the world of school (Bruner, 1996) and in turn the global community (Wearmouth & Berryman, 2009).

Therefore, alongside the discourse of inclusion, we understand the need for a discourse that includes *the active combating of exclusion; [that] inclusion is a never ending process. Thus an inclusive school is one that is on the move, rather than one that has reached a perfect state* (Ainscow, Booth & Dyson, 2006, p. 25). The movement for inclusion learned early historical lessons on integration and civil rights. Solutions were not merely the placement of students who have been historically marginalized and alienated but rather culturally responsive inclusion advocates must continuously work with the mainstream contexts to invent new structures of respect and sensitivity. Unlike the advice we give to student teachers to move into their school settings as if they were cooking in their mother-in-law's kitchen, - don't touch or rearrange anything – rather, culturally responsive inclusion requires a proactive dynamic between schools and families in order to re-imagine new possibilities and arrangements from our learning kitchens that acknowledge and utilize the variety of diverse resources. Schools and parents must define this space of unlimited potential together.

#### *Societal Responses to Diversity through Policy and Other Means*

According to Freire (1985), those who do not actively engage in the endeavour to address this injustice wash their hands of *the conflict between the powerful and the powerless* (p. 122), which ultimately means they position themselves alongside the dominant group and thus support the exclusion of powerless minority groups (SooHoo, 2004). What appears to be politically neutral is inherently complicit with the maintenance of existing power hierarchies (Freire, 1998). Said differently by Martin Luther King Jr. (1967), *[h]e who passively accepts evil is as much involved in it as he who helps to perpetrate it*. Conversely, Freire (1998) urges those *who dare teach*, to refrain from aligning with the powerful and consider their responsibility to uphold social justice. He suggests that *teaching requires the capacity to fight for freedom, without which the teaching task becomes meaningless... those wanting to teach must be able to dare, that is, to have the predisposition to fight for justice* (Freire, 1998, p. 4).

The authors of this paper propose the need to take responsibility for our own personal positioning; to hold the lens up onto our own praxis to ask ourselves what we, as parents, grandparents, representatives of marginalized groups, practitioners and teacher educators can each do to promote inclusion. Failure to acknowledge inequities in education and the wider context of society between those that fit within the parameters of the *normal* dominant and those who are defined as being *different from normal* is to ignore a fundamental social injustice and to be complicit in an oppressive regime.



*Relational and Culturally Responsive Practices*

Next we provide readers with two examples that show how the relational and culturally responsive interactions we advocate can lead naturally to multiple ways of honouring cultural and epistemological pluralism. The first example comes from the United States (Hapner & Imel, 2002), while the second example comes from New Zealand (Berryman, 2014).

*Secrecy to Transparency: Teens learn about their Special Needs, Educational Accommodations, and Legal Rights*

Early in 1998, after struggling to meet USA mandates to involve students aged 14 and older in their development of their individualized plans to transition from school to work, two teachers at a multicultural junior high school and senior high school near Phoenix Arizona believed that student-led Individual Education Plan (SL-IEP) processes were a way for students with disabilities to develop an understanding of their strengths as well as their disabilities so that they could contribute their own ideas for their future pathways (Hapner & Imel, 2002). These students who came from culturally, economically, ethnically, and linguistically diverse homes (80% were Spanish/English minority adolescents between aged 13 and 18) were located in a suburban community composed of families with low to low-middle income levels. The teens were unaware that they had attended special classes for all of their elementary and junior high school years and that they were enrolled in special education classes for a variety of special needs (e.g., learning disabilities in Math or language arts, mild mental retardation, conduct disorders). This information had been kept from them perhaps for the best of intentions and perhaps their parents too had bought into this subterfuge because decisions were being made about them and for them.

Importantly, the students learned that they had legal rights as described in the Individuals with Disabilities Education Act of 1997 and that these rights were extended to employment policies. Over the semester, the first group of students to participate in SL-IEP process shared their experiences with others, especially how they were able to ask teachers for accommodations for the way that they learned and their rights at work. The students wanted others in their school to know about these rights; they formed a leadership club which met once or twice each month to coach each other on how to lead their IEP meetings, to practice what to say when adults used words they did not understand, to share ideas for how to explain what they needed to learn. The teachers were supportive of the leadership club, helping the students work with the administration for meeting space and time. The students set the agenda and made sure the meetings were open to all who wanted to come.

*Teachers Share Power to Make Decisions*

How did these teachers change their teaching interactions? First, they asked the students what they'd like to know about their own individual educational plans. When the teachers shared a blank Individual Educational Plan (IEP), the students carefully read through it (sometimes asking for help) and asked to find out more about educational needs, especially what that meant for how teachers might teach them to learn better.

Instead of developing their lessons independently and in isolation from their community, the teachers collaborated on developing themed instructional units, choosing themes that enabled students to become active participants while they learned about special education labels, the laws that were passed on their behalf, and the process of planning for their own futures. Instead of relying on individualized instruction folders where each student worked alone to complete their assignments, the teachers engaged in a give-and-take question-answer conversational style of teaching with a group (from 7 to 15 students in a session). Instead of independent reading for learning about their special needs or learning about their legal rights, the teachers arranged circles of interest where students working on a similar aspect were gathered together to read aloud and answer reading guides. Class time was also allocated for practice sessions and simulations. Students used video technology to tape each other and play it back to make sure that what they were saying was being communicated to the audience. Instead of sending out notices to teachers, parents, and other professionals, the teachers asked the students to write letters of invitation to the people they wanted to come to the IEP meeting.

More importantly, students began to raise their own questions and engage in their own areas of personal interest (such as the leadership club, visiting businesses for employment options). The dialogic pedagogy suggests that the learning was in the active engagement in conversations rather than being passive recipients of someone else's knowledge leading to a growing belief that students can contribute and do have something important to say. The students' initiative to establish their leadership club may be attributed to the kind of power sharing that the teachers had established during their lessons.

*Reflections Reveal Self-determination Skills*

Hapner and Imel (2002) asked the students for feedback about these lessons and collated their students' remarks. They noted that the remarks were aligned with various aspects of self-determination (Wehmeyer, 2001). Peter, a 16 year old with a learning disability, became aware of how he learns to spell by breaking the word into smaller words, and how note cards helped him remember what he wanted to say to his teachers during the IEP meeting. He wanted his teachers to know how their accommodations helped him learn. Luis, a 15-year old student with mild moderate mental retardation, realized that by taking the leadership role at his IEP meeting, his father became *really proud* of him. Raul, an 18 year old student with expressive and receptive language disabilities, had threatened to leave school as soon as he turned 18. However, because he learned about his rights, he decided to invite his friends (his neighbourhood buddies) to the IEP meeting so that they could help him graduate from school. He often stayed after school to get added help on work for other classes, to have tests read to him, and to study the driver education manual to take the test for a license. He noticed how his teachers' interactions with him began to change; he stated, *Teachers started to listen and show respect.*

Results of the first year of implementation showed teachers and administrators, families, and other professionals, that some students led their entire IEP meeting, others led self-selected parts of the meeting (e.g., describing how they learn, explaining what they'd like teachers to do), and still others were able to attend the meeting whereas in the past only their parents had attended. The secrecy surrounding the IEP process gradually was replaced with transparency. The school administrators who supervised the teachers reported unexpected benefits. Barrie and McDonald (2002, p. 119) described the increase in participation of parents and other teachers at the IEP meetings:

*When students invite their guests, it is much harder for the invited person to say, No, I won't than if an anonymous legal meeting notice invites the person. Student-led IEP process personalizes the IEP process.*

*When staff members direct the major locus of control to the student, the student becomes the focal point.*

In addition, professionals learned to listen to their students, avoided jargon and spoke in a way that students and their families understood more clearly what was being offered. Conflicts amongst professionals and between professionals and families decreased in favour of supporting the students' self-determination.

*Experiences of Indigenous Māori Families in New Zealand*

The next example focuses on the experiences of indigenous Māori families who had received Early Intervention (EI) services across four Special Education districts (Berryman, 2014). While the service providers understood the effectiveness of the interventions for non Māori families, they needed to understand how effective these interventions were for their Māori clients. To prompt reflections, group-focussed, semi-structured, interviews-as-conversations were undertaken to ask: *...how have the EI services been effective for you/Māori?* This process was used with 23 Māori families and later with 29 of their EI providers. Verbatim recordings were returned to participants for verification and annotation then quotes were selected from the transcribed interviews to identify, examine and further develop major themes regarding the experiences of these people. Both family members and service providers expressed very similar comments, highlighting two common elements of effective EI practices that were strongly interconnected. Their priorities were the importance of developing respectful relationships of trust while working in ways that were responsive to the families' understandings, aspirations and culture.

*Respectful Relationships of Trust*

Establishing respectful relationships was seen as foundational. Each group described these relationships as non-judgemental and reciprocal where each party was able to begin to trust and value the input of the other.

*It's that respect for each other and they can ring me up and pop around and talk freely and it's like there's been no judgement being a single young Maori mother or anything like that. I've had such great dealings with [EI providers], it's the fact that they're respectful of myself and my individual story, that's why I praise them so highly and they've done everything possible to support me in every venture I've taken. (Family member)*

*The most important part is to establish trust with the families and empowering the families to feel part of the team around the child. Then you get much better assessment information in the range of settings the child is in and you get long-term buy-in if you have spent that time in the engagement phase in that relationship. Our role is to provide advice and guidance as well as assessment and programming but that is all reliant on how you are perceived by the family you work with. So you can have the best plan/assessment in the world but if you haven't got family buy-in a lot of what you have done is wasted in a way. (Provider)*

Many family members talked about the importance of providers who showed genuine care and interest in their child.

*I think the biggest thing that struck me is that I feel that they genuinely love [the child] and they genuinely care about what is happening with him, whereas with a lot of the other medical people that we see, it is just in and out the office, saying Thank you. Bye. And I feel that I can contact [service providers] any time that there is a problem and they respond pretty much straight way. (Family member)*

Service providers also stressed the importance of establishing good relationships before any intervention could even begin to take place.

*You need to develop the relationship before anything else can go anywhere. (Provider)*

Both groups understood that connecting at a personal level before they connected at a professional level was essential, however, they cautioned that this process took time.

*Usually with my visits, it may involve just a cup of tea and talking and I think this is where we're in conflict with Ministry processes, that we don't always do what we're meant to do and get the service agreement signed and the consent form and all of that started straight way. We just need time to actually establish a relationship and that first visit might be just a cup of tea and talking together and then subsequent visits, you start doing a little bit, but definitely not in first visit. (Provider)*

Many family members identified this as the important point of difference between the EI service they had received from their provider and what they experienced as the impersonal and more 'threatening' service offered by some other organisations.

### *Culturally Responsive Ways of Engaging*

Relationships of trust and respect provided the important foundation upon which each group; family and provider, believed that effective listening and learning from each other could begin.

*The service has been really important because sometimes it is about a friendly face, a person that is easy to talk to, where you could tell them things because you are worried about your child and they can say, Well, this is what you do if you have to refer to us. If I didn't have that person that I could talk to, to tell me what I should do and where I should go, then we would probably be, as a family, really lost along the way. (Family member)*

Family members appreciated service providers who respected and understood the importance of their own cultural identity.

*They've all been very supportive of the fact that I'm Māori and always put that into consideration of everything and any venture we've taken. I don't really know how to explain it; they seem like they're aware of Māori but sort of just get it. Especially dealing with me because I have such a large whānau (family) and discuss it with them a lot, they've all been really supportive of that. I think it's just been so casual for me and I've had it so easy, I've never really had to think about it. (Family member)*

Furthermore, family members were impressed by the ease with which service providers acted in regards to their culture.

*A lot of times, it is just the little things like just taking your shoes off at the door and things like that. And it was done easily. It wasn't like they kind of got to the door and, Oh, that's right, I'd better take my shoes off because I'm in a Māori house. They just did it. It is just part of what they do. (Family member)*

Service providers talked about the importance of not just rushing in as the expert but giving people time to figure out who they were and where they were coming from. Many attributed these cultural understandings to the role of the Special Education kaitakawaenga or cultural advisor whose role was to provide cultural advice.

### *Emerging Understandings*

Although families and early education providers were challenged by the complexity of these cases, EI providers understood the need to maintain a focus on the child's potential and on what they could achieve, rather than being overwhelmed by the challenges. This involved their ability to share skills and knowledge with the family, have the ability to co-ordinate multiple services and be aware of what the big picture involved. They were able to do this by first establishing relationships with family members and working in ways that were culturally responsive as well as culturally appropriate. They began their work by first getting to know members of the family and developing two-way relationships. In this, they were respectful of the knowledge families had about their own children and the skills families brought with them into the working relationship. They then sought to bring their own professional skills into their work with families in ways that were respectful, interdependent and responsive. Importantly, Māori families saw these practices as highly effective.

## Discussion

In sharing these two examples we emphasize the flexibility of relational and culturally responsive approaches to education. In both examples we see the benefits that accrue when the power to make educational decisions is shared; in the first example with students and in the second with parents. We contend the need to avoid the demand to make students all *the same* and instead to find ways to support the diversity and cultural uniqueness of each student. As in the US example, one way to do this is to create spaces where students' voices can contribute to shaping their own identity and belonging as learners (Berryman et al., 2015). When members of diverse groups are invited to contribute and understand that they do belong, they are more confident to seek greater legitimacy in wider society. These awarenesses emerge through the processes of respectful relational dialogue, shared vision and reciprocal learning.

In the New Zealand example, professionals learned to re-prioritize the bureaucratic requirements, beginning instead with relational visits, shared cups of tea, chats, and promises of return visits. The authors of this paper agree with Harry (2011) who argues for a reciprocal approach to interactions between professionals and parents so as to improve mutual understandings. Furthermore, we contend that diverse ways of knowing and understanding the world can bring different knowledge bases into the intervention from which to appreciate the expansion of our own knowledge (Harry, 2011). We can then begin to learn from each other in more respectful ways.

Despite the common perception that parents are reluctant to participate in the education of their children, we believe that educational personnel must seek to foster, nurture, and celebrate parental involvement. To do so may require counteracting the prevailing practices that exclude, resist, ignore, avoid, and discount parental opinions, perspectives, desires, and knowledge about their children's lives. It means involving families beyond superficial levels of engagement, which is more often the norm, to participation as full contributors in their child's education. As parents ourselves, and also as educators, we would do well to seek to understand the ways that other parents might themselves inform the process of increasing involvement and establishing partnerships with schools.

In our interactions with others, we each have personal agency to perpetuate the status quo, the traditional power structures in society that keep marginalized groups at the edges of the social order; *or* we have personal agency to create liberatory spaces of hope and freedom so that the identity, culture and languages of marginalized peoples can experience a greater sense of becoming and belonging. The two examples in this paper exemplify how the behaviours of the professionals and students/parents changed as a result of the relational and reciprocal listening dialogue with benefits accruing for both groups.

Instead of focusing only on the conditions and deficits in the child, there are benefits to be gained from seeing the child, community and their culture as part of potential solutions. A culturally responsive stance supports educators to move away from the traditional position of expert to that of learner, and away from working primarily with other specialists to working in interdependent relationships with the child, family, and others in their community. This repositioning can occur within responsive dialogic spaces that consciously incorporate multiple participants in the dialogue and where all agree to focus on what they can contribute towards the well-being of the child and the ongoing participation of their family.

At the beginning of this paper, we posited a relational stance to inclusion framed by a culturally responsive and relational framework that challenges traditional notions of the professional expert working objectivity. Readers may ask, what has prevented practitioners to move in this direction? How have they been educated? Schools and service providers have not always embraced relational ways of knowing and acting. Repositioning to honor collective voices and to catapult relational literacy to the foreground of our work with communities is not easy. When one has been socialized in a dry desert, one cannot swim instantaneously when water presents itself. We theorize - the dehumanized stances schools and service providers take as a result of medical model ideology is supported by a culture of positivism in which one of the central tendencies, according to Giroux (2012), is the notion that knowledge is value-free. Values then are superfluous to diagnostic interventions and facts trump human discourse because they are objective. *Human intentionality and problem solving ... are either ignored or stripped...* (p.17) within this meta-narrative.

Educators who started their careers loving children cannot be blamed for the structures and processes that provide the skeletal architecture for positivism in schools. They are the flesh society has provided to support schools and as Sartre writes, *you become what you are in the context of what others have made of you*. Unaware of their

unquestioned allegiance to medical model ideological authority, they sustain oppressive structures that are resistant to family dialogue and the co-construction of alternative pathways.

In our two promising examples there is evidence roses can grow from concrete (Shakur, 2015). Good practices can come out of dysfunctional structures. In these cases, roses bloomed beyond the behavioural shifts to listening, compassion, and relationships for these behaviours are the same characteristics of the benevolent benefactor. Essentially and critically, for the roses to be resilient, someone, either internal or external, posed the questions *what knowledge?* and *whose knowledge?* Who has the expertise and the power to provide the best information for the child? - The educator? The parent? The child? In both of our cases, people were invited into the conversation and these notable questions were fundamental to a paradigm shift towards legitimacy, democracy and science. In a democracy, stakeholders have rights to question authority or experts. While few question the science behind medical model ideology, scientists would agree interdisciplinary approaches to a problem are far superior to any single methodology. However, indigenous epistemologies or communities' funds of knowledge are not typically sanctioned disciplines.

### Conclusion

For these transformative ways of knowing to sustain themselves in schools, it requires committed relational and dialogical engagement rather than pseudo-participation. Simple transmissional professional development will not shift ideological paradigms. But, respecting, listening, and participating in relational ways and thinking individually and collectively about questions such as, *What and whose knowledge are legitimate?* can move people to interrogate their loyalty to objectivity and value-less knowledge and even invigorate a fidelity instead to human beings. Perhaps these powerful engagements can help us see how our work, as Freire describes, must *restore to the oppressors the humanity they had lost in the exercise of oppression* (Freire, 1970, p.56)

The *spaces of liberation* are in each of these moments that occur during our interactions with others. By choosing to act, we can reject the oppressor within and free ourselves and we can create opportunities for others around us to also be free. Our integrity in this work comes from these *small* acts of everyday resistance as we move through the critical cycle of learning that requires us to unlearn and relearn (Wink, 2011). More importantly, when we focus on what the child can do, rather than on what they have little power to change, and we are responsive to their experiences and strengths as the foundation from which to build, much more can be achieved.

Transformative praxis can be achieved when we are prepared to listen and learn, when we understand the type of change required for the marginalized group to be more self determining and provide structural support for that to happen. Although the dialogue and relationships may be ever-changing, respect and responsibility must remain constant. In contexts such as these, new learning can inform more humanizing and inclusive policies and structures within which children and families can begin to feel that they have a space in which they can really belong.

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