Introduction

As recognition grows of the important role that early childhood early intervention services can play in addressing children’s diverse needs, there are increasing calls for ‘new forms of inter-professional work’ (Edwards, 2009, p. 34). These forms of work are based upon collaborative and cooperative approaches across and between professionals from different disciplinary backgrounds, such as allied health, early childhood education, and family support (Moore, 2005). Early intervention literature has identified some benefits of these approaches for families and teams, and ways to support effective transdisciplinary teamwork (Blue-Banning, Summers, Frankland, Nelson & Beegle, 2004; Kurrajong Early Intervention Service, 2008). Some of this literature focuses upon the challenges posed to team effectiveness by perceptions of differences in professional ‘status’ among transdisciplinary team members, and also suggests this may have particular effects on early childhood-trained staff working in transdisciplinary teams, particularly ‘untrained’ staff. Likewise, there has been little attention given to the position of play within transdisciplinary teams, despite its centrality to early childhood early intervention.

In this paper we present select findings from a small descriptive research project exploring professionals’ experiences of transdisciplinary teamwork in a play-based early childhood early intervention program in Australia. While our study findings support some existing knowledge regarding effective transdisciplinary teamwork, we also indicate some new issues relating to professional status issues concerning early childhood staff, and the role of play itself in early childhood early intervention settings.

Literature review

In early intervention literature, three main models of inter-professional teamwork have emerged over recent decades (Doyle, 1997; Garland, McGonigel, Frank & Buck 1989; Moore & Larkin, 2005; Orelove & Sobsey, 1996). These are: multi-, inter-, and transdisciplinary approaches. Early intervention literature strongly advocates transdisciplinary approaches as the ‘best practice’ model for inter-professional teamwork, and, along with benefits for families and teams, identifies factors that can make transdisciplinary approaches more or less effective. One of these factors is the challenge posed to team effectiveness by perceptions of professional ‘status’ differences among transdisciplinary team members. However, there has been very little focus upon the issues that may face early childhood staff (trained or untrained) working in transdisciplinary teams, although they are playing an increasingly critical role in these teams. Our paper presents findings from a small descriptive research project exploring professionals’ experiences of transdisciplinary teamwork in a play-based early childhood early intervention program in Australia. While our study findings support some existing knowledge regarding effective transdisciplinary teamwork, we also indicate some new issues relating to professional status issues concerning early childhood staff, and the role of play itself in early childhood early intervention settings.

Throughout this article we have de-identified quotes, and refer to the site of our study as ‘the program’, in order to maintain confidentiality.
teamwork models (Malin & Morrow, 2008; Moore, 2008). These models range on a continuum from lowest to highest level of integration between disciplines and services, with transdisciplinary teamwork approaches considered the most ‘integrated’. A key characteristic of transdisciplinary approaches is the ‘pooling’ and exchange of inter-professional knowledge and skills across ‘disciplinary boundaries to maximise communication, interaction, and cooperation among the members’ (McGonigel, Woodruff & Rossmann-Millican, 1994, p. 103). Some suggested benefits of ‘pooling’ expertise from and between diverse professionals include: (for professionals) creating new knowledge, understandings and ways of working, and (for families) providing a more holistic, coherent experience (Colmer, 2008; Moore, 2005, 2008).

A number of external, organisational and personal factors have also been identified as likely contributors to effective inter-professional teamwork (Press, Sumison & Wong, 2010). At the government and professional-education level these factors include having clear and consistent policies (Nichols & Juvansuu, 2008), and a coordinated approach to professional training that prepares professionals for working in inter-professional teams (Atwool, 2003). At an organisational level, important factors include a shared philosophy and clear vision of what it means to practice in an ‘inter-professional’ way, strong leadership and structures that support communication and shared understandings within and between organisations, and a commitment to adequate amounts of non-service delivery time for team relationship-building (Atwool, 2003; Drennan, Wagner & Rosenbaum, 2005; Siraj-Blatchford & Siraj-Blatchford, 2009; Whalley, 2006). At a personal level, it is important that team members have a clear understanding of their own and others’ professional expertise, the ability to clearly articulate that knowledge (Edwards, 2009), the capacity to be reflective and reflexive (Atwool, 2003), and a willingness to build and maintain relationships within the team (Pilkington & Malinowski, 2002).

At the same time, evaluations of the use of transdisciplinary approaches in early intervention settings have identified a number of challenges, including: teams having unclear definitions or lacking shared understandings of taken-for-granted terms, which can lead to uncertainty among professionals about what is expected, and how to facilitate a transdisciplinary approach (Blue-Banning et al., 2004; Kurrajong Early Intervention Service, 2008). One such concept is ‘play’, which is promoted as a valuable medium for early intervention, but has contested meanings and understandings between disciplines (see for example, Cheng & Johnson, 2010; Rodger & Ziviani, 1999). At a deeper level, uncertainty and fear relating to changes in status and hierarchies and differing levels of commitment to new ways of working, can also create instability and resistance within transdisciplinary teams (Colmer, 2008; Healy, Keese & Smith, 1989, cited in McGonigel et al., 1994).

Context

In Australia, transdisciplinary approaches are increasingly being used in play-based early interventions such as ‘supported playgroups’. Supported playgroups are thought to provide a friendly ‘soft entry point’ for families to access individual and social support, while also offering the opportunity for building families’ and children’s play skills and relationships (Johnston & Sullivan, 2004; Kim et al., 2003; Plowman, 2002). Supported playgroups often provide early childhood intervention to specific groups such as culturally and linguistically diverse (CALD) families, Indigenous families, families with mental health and/or disability issues (either the parent or the child), teenage and young parent families, and families who are socially isolated and/or disadvantaged (FaHCSIA, 2010; Kim et al., 2003). In contrast to community or parent-initiated playgroups, supported playgroup programs receive funding from sources such as the Australian Government, and are viewed as a financially and substantively effective medium for early childhood early intervention (Kim et al., 2003).

Rather than being initiated and facilitated by groups of parents or community groups, supported playgroups are usually initiated and facilitated by a paid coordinator and other professional staff (FaHCSIA, 2010). Early childhood educators (ECEs) are often included in these play-based early intervention teams, owing to their skills and expertise in relationship-building with families, using group and individual perspectives in relation to children and their development, and offering play experiences that are enjoyable and skill-building (Wong & Cumming, 2008). However, while the inclusion of ECEs in early intervention teams suggests that their skills and expertise are recognised, there is also some evidence that the status of ECEs within the hierarchy of professions involved in early intervention work remains relatively low (Colmer, 2008).

Background to the study

The balance of this paper presents material from a research project, whose purpose was to explore and document the roles and experiences of a selection of the professionals working in a play-based early childhood early intervention program in Australia. This program was first developed in 2004 by a not-for-profit children’s services organisation and the NSW Department of Community Services to provide a mobile supported playgroup, operated by a small
transdisciplinary team. The program’s purpose was to provide a non-stigmatising, development-enhancing group-play experience to families living in a central-western Sydney local government area, who had concerns about their child’s development. The program model was also designed to assist families to access information and advice about their child’s development, along with assessment, diagnosis and therapy options (but, importantly, not to provide therapy itself). A transdisciplinary teamwork approach was considered an integral part of underpinning logic of the program, because of its emphasis on pooling the expertise of all staff to facilitate a seamless and coordinated experience for children and their families. Using best-practice models drawn from early intervention literature (such as those outlined above), the original team model was made up of two ‘qualified’ professionals—either/or an early childhood teacher, speech therapist, and/or an occupational therapist.

At the time of the study (2007), the program was operating via two-hour group sessions twice a week in local community venues. All resources were transported between sites in a specially modified van (hence ‘mobile’ playgroup). In order to provide effective support and strategies to families, a maximum of seven families attended per session in each location. Each team member was jointly responsible for planning the program, implementing practices, talking with and supporting parents, cleaning, unpacking and packing away the play session into the van, and taking part in reflection sessions and any follow-up of information or contacts for families. In addition, a ‘play leader’ (usually the early childhood-trained professional) was generally responsible for implementing program structures with families (such as organising and documenting goal-setting meetings and exit planning). A program coordinator (who did not attend play sessions) was responsible for accountability reporting and program administration and, along with organisational-level program managers, for professional supervision of the program-delivery team.

Methodology

The research project we describe was initiated by administrators of the play-based early childhood early intervention program in order to explore and document the roles and experiences of the transdisciplinary team. In our roles as embedded researchers in the children’s services organisation, we worked closely with the program coordinator and related program staff to develop a contextually-appropriate framework to guide the study design. This framework took into account three interconnecting contextual factors:

- collecting credible evidence (i.e. that was valid and reliable),
- in ways that were also compatible with program philosophies (family-centred and strengths-based approaches, for example), and
- that would have minimal impact upon service delivery, and upon the relatively ‘vulnerable’ (Liamputtong, 2007) families and children who attended the program.

As Creswell (2003) and Willis (2007) suggest, qualitative methods allow scope for flexible, sensitive application by researchers, while still balanced with a commitment to ensuring accurate representation of observations and participant responses. Taking these contextual and methodological factors into account, a qualitative study design was initiated, based on data collection via: participant observation, recordings of reflective practice sessions and interviews with program-delivery staff. Details of the application of each method are provided below. Using these three methods allowed us to access multiple sources of data from multiple perspectives. For example, we positioned ourselves as participant observers in play and reflective practice sessions, and then in a more formal, structured position as ‘interviewers’ in the one-on-one discussions with staff. Having multiple sources of data provided opportunities for accurate representation of the program and of the experiences of the program-delivery team, whilst also providing opportunities for data comparison and triangulation.

Participants

In response to a written invitation to participate, two current and two previous team members volunteered to be interviewed in relation to their work in the play-based program. The cohort was comprised of: a degree-qualified occupational therapist with around three years experience; a teachers’ college-trained early childhood teacher with more than 20 years experience; a degree-qualified speech therapist with around three years experience; and a degree-qualified early childhood teacher with additional qualifications in social work, with more than 10 years experience. All participants were female, and had completed their qualifications in Australia. The participants represented diverse cultural backgrounds and ranged in age from early 20s to 50s.

Data collection methods

Participant observation

Following organisational ethics approval, and with the written permission of families and staff attending, the researchers attended a full term of sessions (10 weeks) at one of the playgroup sites. As well as observing the work of the practitioners in their interactions with children and families, we used our skills in early
childhood practice and strengths-based approaches to participate extensively in the operation of the group sessions. Our activities included unpacking and setting up resources alongside team members, as well as interacting with children and families. During this work we made simple notes on a small notepad, and then wrote up these observations subsequently.

By immersing ourselves in the experience of being part of the team as embedded researchers (Wong, 2009), the participant observation approach enabled us to closely study the processes, relationships, and context of the program from an ‘insider perspective’ (Jorgensen, 1989). Using this approach meant that we were able to develop rich, empathic observations, while also in some part repaying staff and families’ openness and willingness to share their thoughts with our own direct participation in the group. Further, working respectfully and sensitively with families and children alongside team members, rather than as distanced observers or evaluators, meant that the research was conducted in a manner consistent with the program’s strengths-based, family-centred approach (Cumming & Wong, 2008).

Reflective practice sessions
With a strong focus on family interaction rather than team discussion during play sessions, weekly reflective practice sessions were a key factor in fostering effective communication within the program-delivery team. During each hour-long session (conducted whenever possible immediately after each play session), the team discussed each child using standardised reflection prompts, as well as considering how the group operated as a whole. The team would also plan for the following week (for example, prioritising contact with a particular family with whom a goal-setting or review meeting was due), which the play leader would recall with each team member ahead of families’ arrival at the next play session. We attended, observed and tape-recorded four of these reflective practice sessions during the 10-week duration of the study. As the first two sessions were transcribed and textual analysis was undertaken, data saturation rapidly occurred. As no contradictory evidence was evident in the second two sessions these were not transcribed.

Interviews
Data was collected via semi-structured one-on-one interviews, in order to focus upon the particular experiences of team members, and to delve deeper into particular areas and themes that had emerged from participant observation and reflective practice sessions. Questions focused upon participants’ experiences in the team, their perceptions of their own and others’ professional identities, what guided their approach, and what philosophies they brought to their work. Interview transcripts were approved by interviewees before analysis, and in some cases material was removed or added by interviewees. The final approved transcripts were used as the basis for analysis, and quotes from these transcripts form the main substantiation for our findings and discussion below.

Analysis
Our data analysis strategy needed to take into account the largely exploratory and descriptive nature of the study, and the broad focus upon the experiences and roles of the team. For this reason, we adopted a methodology based upon simplified principles of grounded theory (Miles & Huberman, 2004), working line-by-line through textual data from interviews, transcripts of reflective practice sessions and observations, coding each line descriptively, and then grouping codes into a smaller number of thematic categories that represented the combined content of the data. We then interpreted these categories in light of our literature review, highlighting areas of convergence with existing literature, as well as new findings in our data. Selected findings are presented in this paper—full details of study findings can be found in our report (Cumming & Wong, 2008).

Findings

1. Value of common guiding philosophies and approaches
Material derived from interviews confirmed the value of an inter-professional team sharing a common guiding philosophy and commitment to working respectfully with families and children (Drennan, et al., 2005; Siraj-Blatchford & Siraj-Blatchford, 2009). As one team member noted:

... it’s like you share a common goal in a way for the child and the family, whatever it might be ... because we have that overlapping philosophy about the respect for the child as a person on their own, it just really helps to know that you’re working towards the same things a lot of the time.

There was also evidence of a consistent, strong commitment to strengths-based and family-centred approaches, two core philosophies guiding the play-based program:

A lot of these families feel helpless, and leave a lot of their trust in professionals, and a lot of them feel like they just have to wait to be told. So empowering, a lot of empowering of the families to feel confident that they know their child, they’re the expert, they’re the expert of their child and they’re the expert of how their family can run.
Importantly, strengths-based and family-centred approaches were also supported at the organisational level through program guidelines, recruitment practices and induction programs, organisational culture, and ongoing professional training.

2. The importance of reflective practice

Our second finding relates to the role of reflective practice within the team. Reflective practice sessions enabled the team to focus on how they were conducting their work, both individually and as a group, as well as providing them with opportunities to reflect on what transdisciplinary work meant in practice. One of the key values of reflective practice for the team lay in its ability to facilitate a multi-faceted view of the child:

I only see it from one angle, like one little mirror on the disco ball, but with everybody else’s information coming in, I walk away with a much bigger picture... half the time I can’t talk to every family or observe every child, so if I am talking to [one] parent, I miss out on so much... and I guess that’s why we do reflective practice.

Open and frank discussion amongst the team, and an accepted culture of questioning assumptions, were also acknowledged as key factors in developing transdisciplinary understandings:

We were constantly asking each other in the team ‘did you notice that?’; ‘what did you think about that?’ Having a time to reflect really helps to internalise everything, to gain that understanding of what it is that we’re doing specifically.

Good leadership and facilitation appeared to be crucial to the success of reflective practice within the team. During our observations of reflective practice sessions, the team’s play leader demonstrated a consistent strengths-based approach to leading reflective practice, and the ability to help others structure and focus their reflections to the group. The play leader also often verbalised not only her reactions and experiences of the group, but also her thought process (for example, by using phrases such as ‘it teaches me that …’) to show how she was taking information and using it to inform her practice, or her understanding of a family.

3. Challenges to implementing transdisciplinary teamwork approaches

Findings from interviews, participant observations and reflective practice sessions suggested that team members understood that a transdisciplinary approach to inter-professional working was about: ‘having different skills that we use together’, and that this approach was valuable because ‘you can learn from anyone, no matter who it is’.

At the same time, however, as is evident in the following two quotes, team members continually identified primarily with their own discipline (i.e. speech therapy/early childhood, etc.) rather than as early intervention professionals who were drawing upon the ‘pooled’ inter-professional expertise of the team:

The early childhood practitioner vs. the therapist is about having the skills at looking at the big picture of the environment vs. the individual. It’s holistic versus targeted to their individual interests... It was also important to know when families wanted to talk about play, or talk specifically to a speechie [speech therapist], and when was the right time to introduce the speechie to parents, and to cross disciplines.

It’s always good to have different practitioners so parents can have the points of view directly... We all have different perspectives, we focus on language, or we focus on building postures and sitting...

Team members were also uneasy and not confident about applying each other’s strategies when they themselves did not have the requisite background knowledge to substantiate it:

Multidisciplinary relationships are relatively easy, but transdisciplinary is much harder. ... because you can never know as much about another field as you do about your own.... Being transdisciplinary is about ... whatever discipline you are, if the speechie recommends a strategy we all do it, and vice versa. It’s hard when you’re talking to parents about a strategy, or modelling it, I would prefer [the OT] or [the early childhood teacher] to do it [if it was their strategy] because they know.

Similarly, team members were concerned that their strategies would be applied inappropriately if not presented by the originating team member—’There’s also the problem of trusting that if you relay information to someone else, that they can convey it accurately and that’s not always the case’.

4. Professional hierarchies within the team

Our fourth finding concerns the ways that, regardless of their apparent respect for transdisciplinary models and for each other’s expertise, team members positioned themselves and each other according to a hierarchy preferring ‘scientific’ knowledge. As the following quote suggests, the speech and occupational therapist were clearly viewed as having a higher degree of ‘expert’ credibility, both by their colleagues and by families:
Finally, our study identified contentious rather than uniform meanings and status ascribed to ‘play’ among team members. Therapy-trained team members perceived that there were different perspectives on play, and what it means for children to ‘learn through play’, based on disciplinary knowledge:

[the ECT] might have noticed that the child is playing, but there’s something not quite right with the way they’re playing—I might look at it in a different way—what is it about their play that is dysfunctional? Is it, not just are they playing by themselves, or are they playing with others, but is there anything physically or cognitively going on which makes them unable to?”

Therapists saw the observation of play as useful for reflecting a child’s current development, and useful as a tool for therapy to develop specific developmental tasks. It could still be fun and child-directed; however, its main purpose was as a medium through which an observed deficit could be addressed or a specific skill acquired. Data from interviews with the therapy-trained team members also suggested that they did not consider participating as a co-player with children part of their ‘professional’ role:

... a lot of the time we were ... just doing what we thought was play, and it was hard sometimes to figure out what it was that we were doing as a professional ...

Early childhood-trained team members on the other hand, whilst also discussing the value of learning about children’s abilities by observing their play, looked at the children’s interests, strengths and needs, and used this information to better facilitate activities to engage the whole child. This meant creating experiences to facilitate and extend children’s abilities, without directing children to play in certain ways to fix a problem, or to do activities that allowed children to practice certain skills:

[A therapist can understand] every part of an assessment, I can understand it overall, but then she can look at it and pinpoint exactly what we need to focus on ... She could rattle off a series of activities of things they could be doing at home to focus on this. Now I tend to think up how we could have a play experience, and there’s a role for both ...

The contentious role and value of ‘play’ within the team was even more complicated when undertaken by the play assistant:

It’s good for [the play assistant] to be there to develop and keep play going while therapists/teachers are busy with parent explanations/issues and modelling techniques. It’s tricky. You need someone who is happy with that role, not needing to be something bigger than the role is set out to be, or avoiding to clean up because “I’m in a transdisciplinary role, so I have an equal right to
be talking to parents like therapists’. Some things just need to get done during the daily running of the group, and if therapists/teachers are discussing complex issues with parents, you need to know that if the assistant is free that they can take care of what the children are doing etc.

It’s good to have the assistant there to see things that I’m not able to see, the assistant’s the one down there playing, and with the children ...

Play facilitated by ‘the assistant’ was therefore relegated to the floor whilst adults conducted ‘important conversations’ above. Play is also downplayed as unskilled, and presented as a something that ‘children do’, rather than a meaningful core element of the early intervention setting.

Discussion

Existing literature suggests that team effectiveness in early intervention is supported by having clear, shared understandings of program purpose, and sound philosophical framing (Atwool, 2003; Whalley, 2006). This is especially the case for transdisciplinary models, where professional knowledge and expertise are ostensibly pooled and utilised by all team members. However, our study suggests that, even when a team has a strong shared understanding of the purpose of their program and its philosophical approaches (such as family-centred and strengths-based approaches), they may still lack common understandings of key concepts underlying the program structure. In the case of the program we have reported upon here, we found that, while play is the key medium for the early intervention work of the team, the value and meaning of play differed depending on the disciplinary training of individual team members. Further, there was a different status attributed to play depending on who was playing. If a child was playing alone, with a parent or a non-professionally trained team member, or where there was no ‘obvious’ goal to it, it was often labelled ‘just’ play, or ‘only’ playing. These previously unrecognised tensions relating to this aspect of early childhood early intervention is significant, as it underpins issues of effective ‘intervention’ as well as effective teamwork.

Seeing team members’ knowledge as a resource to be shared has also been identified as an important attribute of an effective transdisciplinary team. This perspective enables professional expertise to be shared for the benefit of children and their families, and broadens the knowledge and repertoire of skills of all team members (Drennan et al., 2005). Proponents of transdisciplinary models argue that being in a transdisciplinary team does not mean professionals have to be ‘jack of all trades’ but rather to be able to effectively draw on the expertise of others. Edwards (2009, p. 38) notes, for instance, that inter-professional work is not about moving towards ‘hybrid practice’ but rather ‘developing the capacity to work with the expertise that others offer’. In our study we found that, while team members appeared to understand the concept of transdisciplinary teamwork, they demonstrated more difficulty in translating these understandings into practice. For example, while team members considered it relatively easy to share a particular strategy with other team members (often because of common elements between their disciplines that made information transfer easier), it was much harder for them to impart the practical wisdom (Goodfellow, 2003) required to apply a strategy effectively. This ‘wisdom’ relies not only upon content knowledge, but upon instinct, timing, and experience of when a strategy will be most useful within the deeply contextual situation of each child and their family. Therefore, for teams to realise the full benefits of a transdisciplinary team model, opportunities are required for practitioners to explore and develop understandings of these nuanced aspects of each other’s different disciplinary practices and strategies, and not only their content knowledge.

While there was some evidence of inter-professional respect between team members in our study, there were evident tensions between individual, discipline-specific identities, and inter-professional team identities. In particular, therapists’ desire to hold on to their professional credibility and status appeared to lead to difficulties in mediating their ‘expert’ status within the team. These types of tensions made it very difficult to fully actualise a truly transdisciplinary model. Our findings suggest that if professional hierarchies preferencing ‘scientifically’ trained disciplines are left unchallenged, the skills and knowledge of early childhood and/or social work-trained team members may be (or remain) marginalised. This may in turn contribute to a more individually focused therapeutic approach overriding the group-focused, play-based approach espoused by early childhood early intervention models such as in the program discussed here.

An important finding of our study, which has implications for inter-disciplinary work in early childhood more broadly, was the identification of the marginalisation of untrained staff within a transdisciplinary team model. Transdisciplinary models advocate for role release between professionals who, whilst likely to have different clinical experience and/or knowledge bases, are typically assumed to have university-level education. Within early childhood services, however, there are large numbers of untrained or minimally trained staff who play a significant role in the care and education of children. Consideration of the ‘place’ of these staff has thus far been absent from the literature examining transdisciplinary teams. However, this is a key concern that will need to be addressed by
those in early childhood services who wish to work in collaborative or integrated ways.

**Limitations of the study**

As our study is small and relatively short-term, its findings may not be broadly generalisable. However, rich reflexive detail (in interview material particularly), provides an in-depth account of the experience of transdisciplinary teamwork, and highlights some otherwise undocumented challenges, with implications for planning and service delivery in early childhood early intervention services.

**Conclusion**

Transdisciplinary approaches to early childhood early intervention have been widely promoted as ‘best practice’, but, to be effective, these inter-professional models require much more than combining practitioners from ‘suitable’, multiple professions (Colmer, 2008). This study, although limited in scope, provides important insights into the challenges of negotiating a transdisciplinary approach in a play-based early childhood early intervention program, particularly in supported playgroup programs which have an increasingly important role in early childhood early intervention.

In particular, our study reiterates the need for staff from diverse disciplinary, professional and experiential backgrounds to receive support in order to facilitate collaborative, collegial approaches to common goals, and the understandings that support these processes. A clearly articulated philosophy, common purpose and theoretical underpinning for the intervention program needs to be matched with a clear understanding of the transdisciplinary approach, and what this means in practice in the particular setting—for all involved. For these factors to be in place, organisations need to provide the time and support for effective professional reflection that explores taken-for-granted assumptions, including open and robust discussion about how power operates in the team. In particular, program coordinators or managers need to address status hierarchies, and make visible the ways that power based upon status can marginalise members of the team and their (disciplinary) expertise. Finally, and along with early childhood practitioners, program coordinators need to understand and advocate for early childhood education practices, and match clear understandings about the different disciplinary views on the value of play with a commitment to play as a child’s right, and early childhood early intervention spaces as learning rather than therapeutic settings.

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**References**


