**Current Issues and Evidence Based Practices
In Inclusion of Children with Disabilities in Early Childhood Education**

Introduction

This document is submitted in partial completion of the contract between *VSA arts* and SPEC Associates to conduct a research study of Start with the Arts and literature review of empirical research related to the use of arts in teaching preschool literacy and related to best practices in the inclusion of children with disabilities in early childhood education.

The purpose of this review is to provide updated information about current best practice thinking and research related to the inclusion of children with disabilities when doing art in early childhood settings. No research was found specifically related to including children with disabilities in pre-school art instruction. While literature was found related to inclusion with children with specific disabilities, review of these studies was beyond the scope of this review. The focus of this review was on general principles and practices related to inclusion in settings involving children ages 0 through 8.

Methods

This review began with resource documents already known to the content expert for this project, Dr. Shannan McNair, Ed.D. at Oakland University, a Professor of Early Childhood Education. Dr. McNair's resources were augmented by a published literature search using three online search engines: (1) ERIC, (2) Education Abstracts, and (3) PsychInfo.[1]

The following search terms were used in the online search:

Inclusion, Early Childhood, Arts, Preschool, Disabilities

Documents were selected for review if they were:
a. Relevant to early childhood (ages 0 through 8 years)
b. Related to the inclusion of children with disabilities

The abstracts of selected articles and book chapters were reviewed and further screened for:
a. Publication date as 2000 or later
b. Being an empirical study or a review of empirical studies

In our search for the literature we identified the book entitled:

Guralnick, M.J. (Ed.) (2001) *Early childhood inclusion: focus on change.* Baltimore: Paul H Brookes Publishing Co.

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[1] The original plan also called for the use of GoogleScholar as a search engine. However, it was believed that the three search engines listed above encompass all of the major scholarly work in this area and that GoogleScholar would yield redundant information.

A review of this book revealed that it was very comprehensive in its coverage of research studies on inclusion in early childhood education. With permission from the director of evaluation at VSA arts, we focused this review on relevant chapters of this book.

One additional article was also identified as relevant and was reviewed:

> Cross, A.F., Traub, E.K, Hutter-Pishgahl, L. and Shelton, G. (2004) Elements of successful inclusion for children with significant disabilities. *Topics in Early Childhood Special Education*, 24 (3) pp. 169-183.

Findings

The issues and practices summarized here are those that the reviewers believed are relevant specifically to the use of Start with the Arts with children at home or in early childhood education settings.

Current Issues Related to Inclusion of Children with Disabilities

Our review identified the following issues being discussed by researchers related to inclusion of children with disabilities in early childhood education:

> Current philosophical thinking is that inclusive settings are superior, offering children a more effective way to prepare for the real world, friendships with typically-developing children, and the opportunity to play, share toys and cooperate with others.

> There is a paucity of research on what factors predict the successful inclusion of children with disabilities in early childhood education program. The research that has been conducted does not provide clear evidence that inclusive environments are any better than segregated environments in yielding developmental outcomes for children with disabilities.

> Current philosophical thinking is that inclusive interventions should be child-centered with outcomes expected not only for the child, but also for the family.

> Most research on inclusion has been conducted with children of preschool age; little research has been done on inclusion with infants and toddlers.

> Most children who have disabilities are served in their homes.

> Most child care settings in the U.S. are not fully inclusive.

> There are many other goals for inclusion besides development, such as: (a) promoting group membership, (b) promoting social relationships, (c) promoting functional skill competence, (d) increasing acceptance by others, (e) increasing the chances of others interacting with the child, (f) increasing the degree to which the child controls daily

events, (g) increase the ease of caring for the child, and (h) decreasing the likelihood of painful or aversive events.

The role of the teacher appears to be critical to high quality inclusion for reasons such as:

Being in an inclusive classroom is not sufficient to teach children necessary skills. Instruction is necessary to assure skills are acquired.

Teachers' beliefs about inclusion appear to influence the way in which inclusion is implemented.

The lack of teacher training is a primary barrier to inclusion.

In-service training of child care staff is the primary way providers will learn to provide quality care for all children.

Training in working with children with disabilities appears to be related to positive attitudes among teachers about inclusion.

Major concerns of parents of children with disabilities about inclusive environments are that:

Instruction of their child will not be high quality because of the less than adequate qualifications of the care providers to teach children with disabilities.

Care of their children will be diminished because their needs are so great.

The team approach to teaching is confusing.

Care providers also have concerns about being effective in inclusive environments for reasons such as:

Fear of their own ability to care for children with disabilities.

Lack of comfort in building relationships with parents.

The expense of meeting licensing requirements related to caring for children with disabilities.

Time, logistics, liability, insurance and other costs related to traveling among inclusive settings rather than having all children with disabilities in the same location.

Concern that clinical interventions may not be appropriate for child care settings.

Best Practices for Including Children with Special Needs in Early Childhood Education

Our review revealed that high quality inclusive settings are more likely to have:

(a) space for small and large group activities that is naturalistic, is manipulative, uses adaptive devices that are placed where all children can use them, and have low barriers across work stations to allow adult supervision in all areas.

(b) smaller group sizes with children grouped by age rather than by developmental milestones achieved.

(c) accessibility so that all students can work and play in all areas of the room and maintain as much independence as possible.

(d) adequate materials that promote various form of play (parallel, cooperative, solitary) and that are adaptable for use in a variety of learning activities.

(e) activities that reflect themes, skill-building and creativity.

(f) a predictable daily schedule of activities where instruction is embedded into and distributed within and across ongoing activities and routines, and where activities of daily living are at the center of the curriculum.

(g) low teacher/student ratio with a large number of adults, at least three adults in the classroom.

(h) social support for interactions with other children that emphasizes child engagement and where there is active involvement of all children in all activities.

(i) positive and skilled teacher/child interaction that utilizes reinforcement-based and peer-mediated strategies, balances the promotion of participation with promotion of independence, and rewards participation rather than achievement.

(j) positive teacher beliefs about inclusion and its benefits for all children.

(k) individualized instruction and developmental goals focusing on strengths rather than weaknesses and with programming that generalizes the application of learned skills to other contexts.

(l) collaboration among adults, including parents as equal team members with adequate and multi-directional communication among teachers, parents and specialists.

(m) tracking of developmental progress.

(n) responsive teaching, acting on children's interests and abilities.

(o) support and collaboration with specialized staff.

(p) adequate time for teachers to plan.

(q) include more than one child with a disability.

Providing opportunities for teachers to interact with parents can be effective training as parents know the most about responding to their children's needs.

Summaries of Documents Reviewed

The following summarizes the book chapters and article reviewed. The summary is not meant to be a review of all information included in the document. Rather, the key points listed within each summary are those which relate specifically to the issues and best practices in the inclusion of children with disabilities in early childhood education settings with a focus on their applicability to Start with the Arts.

Odom, S.L. and Bailey, D. (2001) Inclusive preschool programs: classroom ecology and child outcomes. In Guralnick, M.J. (Ed.) *Early childhood inclusion: focus on change*. (pp. 253-276) Baltimore: Paul H Brookes Publishing Co.

Key points:

There is a linkage between ecological features of an inclusive classroom and child outcomes.

Inclusive early childhood education environments are higher quality than either homogeneous special education classrooms or general early childhood education programs.

In inclusive settings: (a) more children with disabilities experience more social interaction with peers, (b) children display more cognitively mature forms of play, and (c) children display more social interaction in play activities when they are structured activities.

Teacher beliefs about inclusion influence the way in which inclusion is implemented.

Collaboration among adults affects classroom ecology.

High quality inclusive settings are more likely to have: (a) space for small and large group activities, (b) smaller group sizes, (c) accessibility so that all students can work and play in all areas of the room and maintain as much independence as possible, (d) adequate materials that promote various form of play (parallel, cooperative, solitary), (e) activities that reflect themes, skill-building and creativity, (f) a predictable daily schedule of activities, (g) low teacher/student ratio, (h) social support for interactions with other children, (i) positive and skilled teacher/child interaction, (j) positive teacher beliefs about inclusion and its benefits for all children, (k) an emphasis on child engagement and active involvement of all children in all activities, (l) individualized instruction and

developmental goals, (m) collaboration with parents, (n) tracking of developmental progress, (o) responsive teaching, acting on children's interests and abilities, and (p) support and collaboration with specialized staff.

Lack of teacher training is a primary barrier to inclusion.

McWilliam, R.A., Wolery, M. and Odom, S.L. (2001) Instructional perspectives in inclusive preschool classrooms. In Guralnick, M.J. (Ed.) *Early childhood inclusion: focus on change.* (pp. 503-530) Baltimore: Paul H Brookes Publishing Co.

Key points:

Successful inclusion of young children with disabilities depends on the quality and maybe the quantity of individualized instruction.

The definition and conceptualization of individualized instruction differ across early childhood education and special education disciplines.

Teachers' beliefs and philosophies about the appropriateness of educational experiences and about inclusion affect the implementation of individualized instruction.

There are different models of providing preschool inclusion and individualized instruction, including: (a) one-on-one model where the special education teacher provides services to the child with a disability separate from other class activities, (b) consultant model where the specialist consults with the classroom teacher on ways individualized instruction can be embedded into classroom activities, (c) team teaching model where teacher and specialist share the primary teacher role, (d) early childhood model where there is little interaction with special education staff, (e) reverse inclusion where the majority of students have disabilities with a few typically-developing students included, and (f) integrated activities model where typically-developing children and special education children are in separate classrooms but they merge together for a certain portion of the day.

Studies have found equal effectiveness of embedding special sessions into ongoing activities and having special sessions for instruction.

For the purpose of assessing and teaching skills, development is often divided into the domains of: (a) language and communication skills, (b) physical (motor) skills, (c) cognitive abilities, (d) adaptive and self-care skills, and (e) social skills.

There are many other goals for inclusion besides development, such as: (a) promoting group membership, (b) promoting social relationships, (c) promoting functional skill competence, (d) increasing acceptance by others, (e) increasing the chances of others interacting with the child, (f) increasing the degree to which the child controls daily events, (g) increase the ease of caring for the child, and (h) decreasing the likelihood of painful or aversive events.

Children with disabilities in inclusive classrooms do not have a developmental advantage over children in segregated classrooms, but do have more advanced play and behavior skills. Being in an inclusive classroom is not sufficient to teach these skills. Instruction is needed to ensure these skills are acquired.

Two strategies are typically used to promote advanced play and behavior skills and require skilled teachers and consistent use: (a) environmental arrangements (e.g. manipulative, supplementing with adult teaching and using adaptive devices), and (b) specialized procedures (e.g. adult interaction that is responsive to children's behaviors, using naturalistic teaching strategies, reinforcement-based strategies, peer-mediated strategies).

Factors that influence the implementation of inclusive environments include: (a) interventions implemented in a purposeful and comprehensive manner, (b) balance between promoting participation and promoting independence, (c) instruction embedded into and distributed within and across ongoing activities and routines, (d) contextually relevant and integrated learning opportunities, (e) specific programming to generalize the application of learned skills, and (f) regular monitoring of progress followed by adjustments as needed.

Bruder, M.B. (2001) Inclusion of infants and toddlers: outcomes and ecology. In Guralnick, M.J. (Ed.) *Early childhood inclusion: focus on change.* (pp. 203-228) Baltimore: Paul H Brookes Publishing Co.

Key points:

Research on the provision of early intervention in community settings is sparse. Most research on inclusion has been conducted with children of preschool age.

Most children who receive services from Part C of the Individuals with Disabilities Education Act (IDEA) are served in their homes.

One research study found that in-home services tend to focus on the child rather than on the family system.

One research study on a group intervention involving 10 parent-infant dyads (Parents Interacting With Infants program) found that parents of children with disabilities noticed differences in their child's development when included in a group of children without disabilities. The impact of this awareness was mitigated by the support that the parents received in the groups. Parents felt a sense of belonging when they felt accepted, respected and appreciated with regard to individual differences, and when the focus was on strengths rather than weaknesses.

One study of a community program involving inclusive classrooms found that an inclusive philosophy, a system for family involvement and staff training, among other things, were factors necessary for successful implementation of inclusive, community-based early childhood settings.

One study found that service coordination, family-childcare partnerships and transision services comprised an effective model of inclusion. The project studied was Beginning Learning Experiences in Developmentally Inclusive Child Care and at Home (BLEND).

One experimental study found no difference on developmental achievement scores between children in a segregated setting and those in an inclusive setting.

Erwin, E.J., Soodak, L.C., Winton, P.J. and Turnbull, A. (2001) "I wish it wouldn't all depend on me" research on families and early childhood inclusion. In Guralnick, M.J. (Ed.) *Early childhood inclusion: focus on change.* **(pp. 127-158) Baltimore: Paul H Brookes Publishing Co.**

Key points:

Most of the research cited in this chapter involves very small Ns.

Families and natural settings are the primary source for nurturing very young children.

The need for parent-professional partnerships is a priority in including young children with disabilities in natural environments with their age-peers.

In one study, parents indicated that one factor that influenced their choice of preschool programs was the belief that their child's special needs would be addressed without pressure from parents to work with their child. This study also found that mothers' perceived benefits of inclusive environments were exposure to real-world experiences and interaction with typical peers. Drawbacks of inclusive environments were inadequate special services, lack of individual attention and inappropriately trained staff.

There is a theme in the research on perspectives of parents of children with disabilities that inclusive environments benefit their children socially, but the drawback is in instruction.

In one study surveying parents of children with disabilities and teachers, parents were more supportive of inclusion than teachers. Teachers reported that the most important ingredients of successful inclusion were availability of support staff, assistance with instructional adaptation, sufficient time for planning and smaller class sizes.

In another study of both mothers' and fathers' perceptions, one concern voiced about inclusion was the lack of attention from teachers, concerns about the quality of services available, and the possibility of their children being ridiculed or rejected by peers. Parents also expressed the need for professionals to teach them intervention strategies that they could implement at home.

Parents do not segment inclusion only to the classroom, but want inclusion in multiple aspects of life such as neighborhood, recreational activities and religious community.

More recently, research has turned to a focus on child-centered interventions where outcomes of inclusion are expected for both the child and the family. Research findings in this regard tend to show that parents want to be involved in their child's inclusive education but do not necessarily want to be responsible for creating it or ensuring its success.

One qualitative study of 10 families found that the quality of parent's participation in inclusive environments was affected by: (a) the nature and quality of children's entry experiences into inclusive education [time and effort needed to get their children into inclusive education], (b) overall school climate [policies and practices related to participation of parents and inclusion of children with disabilities], (c) parents' personal perspectives [about maintaining balance in their lives, being heard and informed about their child's experiences/progress, desire to maintain harmony], and (d) the nature and quality of parent-professional partnerships that evolved over time [trust, shared vision about education, and communication].

A key issue facing researchers in this arena is the utilization of knowledge gained from research. This includes how researchers enhance their motivation and skills to disseminate their findings, what are researchers responsibilities regarding making sure their findings are utilized, what should federal agencies do to hold researchers accountable for utilization, how does the peer review process need to change to recognize the importance of enhanced outcomes for children and families, and how does systems change apply to the roles of researchers.

O'Brien, M. (2001) Inclusive child care for infants and toddlers: a natural environment for all children. In Guralnick, M.J. (Ed.) *Early childhood inclusion: focus on change*. (pp. 229-251) Baltimore: Paul H Brookes Publishing Co.

Key points:

Children with special needs spend fewer hours with nonmaternal care and start nonmaternal care later than other children.

Parents, both of children with special needs and those without, tend to select home-based care for infants and toddlers over child care centers.

Inclusive environments provide more choices of play activities and less teacher direction than do specialized programs.

Necessary characteristics of an inclusive environment are: (a) active involvement of all children in all activities, (b) focus on individual differences and provision of services to meet individual learning and developmental goals, (c) emphasis on collaboration with parents and special service providers, and (d) tracking developmental progress.

Inclusion is fostered in environments within which: (a) activities of daily living are at the center of the curriculum with routine events happening in a predictable sequence, (b) the emphasis on individualization of all activities fosters inclusion, (c) space is sufficient to

facilitate active involvement without crowding and which, if segmented, have low barriers to allow adult supervision of all defined areas, (d) barriers to participation of children with special needs are removed, (e) adaptive devices are positioned to allow them to be used by all children, (f) children are grouped by like age rather than by developmental milestones achieved, (g) include more than one child with a disability, (h) toys are used that can be adapted to a variety of learning activities, (i) active involvement of adults with the children during play, and (j) care providers have open and frequent communication with parents and with special service providers.

Up to age 3, children are more interested in the process than the product of their activities (e.g. building blocks and knocking them down over and over again). Therefore effective inclusive environments reward involvement rather than achievement, on trying rather than succeeding.

Effective teachers can facilitate communication by interpreting communicative attempts of children with each other. Communication based on sign language can be a useful bridge between children with and without special needs especially for children with speech and language delays.

Effective inclusive settings have sufficient adult to child ratios. In child care centers, this is a minimum of three adults in the classroom.

If inclusion is to become a standard in the field, in-service training of child care staff is the primary way providers will learn to provide quality care for all children. Child care providers of children with special needs can become effective teachers if given the proper training. Providing opportunities for teachers to interact with parents can be effective training as parents know most about responding to their children's needs.

Most child care settings in the U.S. are not fully inclusive.

Concerns about inclusion include: (a) parents' concerns about the qualifications of the care providers and their child's health and safety, (b) parents' concerns that the care of their children will be diminished because their needs are so great, (c) concern from parents of children without special needs that the disability of the included child will be "catching" or lead to unwelcomed change in their own child's behavior, (d) care providers' fear about their own ability to care for children who have special needs, (e) care providers' lack of comfort building a relationship with parents of children with special needs or opening their doors to special service providers, (f) program directors' concern about the expense of meeting licensing requirements related to caring for a child with special needs, (g) special service providers' concerns about giving away their knowledge and whether the child care worker is capable of implementing interventions, (h) special service providers' concerns about the time, logistics, liability, insurance, cost etc. of traveling to inclusive settings, and (i) special service providers' concerns that clinical interventions they know are inappropriate for child care settings.

Relatively little research has been done on the outcomes and experiences of children in inclusive care environments. Most of the research has been in preschool settings and has

focused only on child development outcomes, not on changes in attitudes, perceptions, or behaviors.

Research findings suggest: (a) developmental gains for children with special needs in inclusive settings are similar to those for children in specialized programs, (b) Inclusion tends to promote social interaction, and increased alertness and involvement, (c) Children with normal development who are in inclusive environments tend to have more positive attitudes about individuals with disabilities than children without this experience, (d) Once they have the experience, parents of children with disabilities tend to support inclusion as a way to prepare their children for the real world, that children often develop friendships with those who are typically developing, and that they gain the ability to play, share toys and cooperate with others, (e) Some parents like developing relationships with teachers in inclusive environments while others find the team approach confusing, (f) Parents report their children with disabilities learning by watching and imitating other children, (g) Parents of typically-developing children report their children gaining sensitivity and acceptance of others' differences, and do not experience negative effects from being in inclusive settings, (h) Care providers in inclusive environments report confidence and ability to assume this responsibility, (i) Teachers who received training in working with children with disabilities are more positive about inclusion than those who have not, (j) Some teachers in inclusive environments report gains in teaching skills, and (k) experience with inclusion does not relieve teachers' concerns about time pressures.

Schwartz, B. and Brand, M.E. (2001) Head start and the inclusion of children with disabilities. In Guralnick, M.J. (Ed.) *Early childhood inclusion: focus on change.* **(pp. 277-291) Baltimore: Paul H Brookes Publishing Co.**

Key points:

Outcomes for preschool children with disabilities will be limited without comprehensive child-, family- and community-focused interventions.

An early study on inclusion in Head Start found that children with disabilities in Head Start decreased their peer involvement and social behavior during the course of the year relative to their typical peers. While outcomes for teachers were positive, parents of children with disabilities in both inclusive and specialized environments voiced concerns regarding the ability of general education teachers to provide the specialized supports and services that were needed.

Proximity without specialized intervention is not sufficient for improving social skills and peer engagement of children with disabilities.

The intensity of training necessary for paraprofessionals to effectively work with children with disabilities in inclusive settings was beyond what could be accommodated in Head Start programs.

In one study teachers indicated that if they are to be more effective in educating children with disabilities in an inclusive setting, they need: (a) sufficient time for meetings to plan,

(b) preservice, in-service and extended supported consultation, (c) additional support staff to ensure that the child's goals are being met on a daily basis, and (d) reduction of class size.

The role of the parent is essential in services to children with disabilities.

Cross, A.F., Traub, E.K, Hutter-Pishgahl, L. and Shelton, G. (2004) Elements of successful inclusion for children with significant disabilities. *Topics in Early Childhood Special Education*, **24 (3) pp. 169-183.**

Key points:

Successful inclusion for this study was defined as: (a) children made progress on their individualized goals or outcomes, (b) children made gains in their personal development and in the acquisition of the knowledge and skills anticipated for all children, (c) children were welcomed by the staff members and peers in each program and were accepted as full members of the group, and (d) parents were pleased with their child's gain and that their children appeared comfortable and happy in the group setting.

Qualitative research examining seven successful cases of successful inclusive early childhood education settings found the presence of four characteristics: (1) attitudes of providers and parents [optimistic, positive perspective on what is happening to child in the inclusive setting, hopeful, building on child's strengths, willing to find solutions to difficulties, supportive administration, typical children were helpful to child with disability], (2) parent-provider relationships [parent involvement and shared responsibility, ongoing and reciprocal interpersonal communications based on mutual respect, program staff sought out parent contributions, accepting children as they were], (3) therapeutic interventions [individualized therapy within regular classroom routines; consultative, pull-out and one-on-one interventions used as needed; communication between therapist and teacher/parent; therapist perceived self as member of team; whole team taking responsibility for meeting goals], and (4) adaptations [child-specific changes made to activities, toys, books or other materials to support basic life functions, play/learning or socialization of the child with the disability].

General education teachers appeared to have a critical influence on the success of inclusion.

Successful inclusive programs address children's needs within the context of the family's needs.

There is no conclusive evidence as to whether inclusion or separation or particular therapeutic intervention is more effective in goal achievement for children with disabilities, but integrated therapy is more aligned philosophically with trends in early intervention.

Successful inclusion in early childhood education settings involved a large number of adults.