

Inclusion for Preschool Children with Disabilities: What We Know and Should Be Doing



<https://ectacenter.org/topics/inclusion/what-we-know-strain.asp>

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The movement toward inclusion of preschool age children with disabilities gained national attention with the passage of Public Law 99-457, the IDEA amendments of 1986, which extended least restrictive environment (LRE) provisions to children with disabilities ages 3–5 years. Over the last 30 years, the evidence regarding inclusive service delivery for young children with disabilities has accumulated rapidly.

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What We Know

- No study that assessed social outcomes for children in inclusive versus developmentally segregated settings has found segregated settings to be superior. This is important because one of the things that parents of young children with disabilities most desire for their youngsters is to develop friendships with same-age, typically developing peers. If we ask “What developmental outcomes are most likely to lead to successful post-school adjustment?”, social skills is always the answer.
- Positive social outcomes are attributable to inclusive settings, but only happen when social interaction is frequent, planned, and carefully promoted by teachers.

- Typically developing children show only positive developmental, educational and attitudinal outcomes from inclusive experiences.
- There is no evidence that children with specific types or severities of disabilities are poor candidates for inclusion.
- When measuring how well children maintain skills after initial teaching, segregated settings have been shown to have a poor outcome. Children tend not to use newly-learned skills in segregated settings, and are much more likely to use such skills in inclusive settings.
- Programs characterized by inclusive service delivery tend to be state of the art on a variety of other dimensions, including:
 - Extensive parental involvement
 - Highly-structured scope, sequence, and method of instruction
 - Attention to repeated outcome assessments

What We Should Be Doing

How do we translate empirical findings to ongoing service delivery models? The results speak to the following programmatic issues:

- Child referral to inclusive setting
- Continuum of service
- Personnel training
- Class organization and structure
- Administrative practices

Child Referral

Though there is little scientific evidence available, what exists does not support the notion that less involved children should be preferred for inclusive services while potentially excluding more involved youngsters.

When formulating policy and procedures, we must discount this popular belief and recognize that no available data exists upon which to exclude children with severe disabilities from inclusive placements. Programs show that children with severe disabilities like autism can be successfully included.

Based on evidence to date, we should screen children away from maximally inclusive options only after high quality, inclusive options have been tried—with fidelity and support to personnel—and failed.

Continuum of Services

Policy makers and those who design services are frequently faced with a dilemma: it is possible for practitioners to satisfy bureaucratic and legal requirements, but not help—or worse, do potential harm to—clients.

LRE requirements have evolved into a working definition that describes a continuum of service. This continuum allows requirements to be satisfied by several institutional options. However, scientific evidence shows that inclusive services produce the desired outcomes only when young children with disabilities are included at least several days per week into a social and instructional environment with typical peers.

Any continuum of permissible services that ranges is too broad to be effective and may deny children the opportunity for benefit—for example, from a segregated class in a segregated building, through a segregated class in regular building, to a regular class in a regular building.

Personnel Training

If inclusive service delivery is to fulfill its potential, there is a need for greater emphasis on teachers and personnel preparation. Attempting innovation with less than the best-prepared staff usually yields poor services, poor outcomes, and less inclusion for children with disabilities.

At minimum, successful teachers and other personnel in inclusive settings must know how to:

- Assess current educational and social needs of all children and plan instruction accordingly
- Meet individual goals of all children in a group-teaching format
- Plan and arrange for daily interactions between children
- Utilize class peers as instructional agents
- Frequently monitor child outcomes and use the information to modify instructional procedures accordingly
- Communicate effectively with parents and enlist help when needed
- Plan for child and family transition to the next educational setting

Classroom Organization and Structure

Programs characterized by high quality inclusion and excellent child outcomes are also state of the art on a variety of other dimensions.

To realize the potential of inclusive service delivery, programs for young children with disabilities should include provisions for:

- Early screening, referral, and programming to insure a minimal time delay between problem development and intervention
- Assessment of family strengths and skill needs, and support that is planned accordingly
- Repeated curriculum-based assessments and instruction that relates directly to the assessments
- Overall program evaluations that include the opinions of consumers (for example, parents, teachers, and administrators)

Policy and Procedures

To institutionalize quality service delivery, educational practices—not just personnel—must be certified. We can do this by developing new program standards and using them for scrupulous monitoring, providing technical assistance and training for deficient programs and personnel, and de-certifying programs and personnel that are chronically deficient.

Administrative Practices

Any innovation will have little hope for long-term success without support and vigilance from competent administrators.

Administrative practices needed to ensure high quality preschool inclusive services include:

- Eliminate state and local policies and procedures that promote separation rather than integration of all children where necessary.
- Provide personnel, time, and fiscal resources for necessary training and coaching for all personnel.
- Expand options for service delivery and staff arrangements—for example, team teaching and consulting models.
- Provide professional leadership by encouraging innovative options for including young children with disabilities.
- Provide specific incentives for other administrators, leaders, and staff to promote high quality inclusive service delivery.