



## CHAPTER 3

# How Do Children Benefit from Inclusion?

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*Dr. Sloane is a director of a university child development center. The school primarily enrolls preschool-age children of university faculty and staff and occasionally children of families in the community. Currently, the center does not include children with disabilities; however, many of the staff have expressed an interest in doing so for several reasons. Supportive staff members think inclusion is a natural extension of an early childhood philosophy that embraces diversity and celebrates individual differences. They also think that, as the university center, they should be modeling the very practices their field supports. The remainder of the staff have expressed apprehension, however, as they think they do not possess the developmental knowledge or practical experience needed to work with children with more severe disabilities. Their apprehension also stems from wanting to ensure that children make positive gains as a result of participating in their program. Surely the preschoolers with disabilities will benefit from seeing typically developing models, they suggest, but what about the children without disabilities? Will the program still be challenging enough to support their developmental and learning needs? Will these children still make the same gains?*

*Dr. Sloane admittedly does not have the special education expertise or knowledge of research to reassure staff but believes strongly that all children can benefit from their ability-diverse peers. He considers how best to move forward, seeking the assistance of university faculty in the special education and early childhood programs. Together they point Dr. Sloane toward several research-based resources, articles, and conference presentations that suggest all young children benefit from inclusion.*

After reading the first two chapters, it is most likely obvious to you that the early childhood community supports inclusion, as does the law. The next question is why? This chapter turns to research to share how preschoolers both with and without disabilities benefit from participating in high-quality inclusive environments. Researchers have learned a great deal about early childhood inclusion over the past 30 years. Recall from Chapter 1 the research synthesis points developed by Buysse and Hollingsworth (2009) and the National Professional Development Center on Inclusion (NPDCI; 2009). Reviewing the research supporting each point is beyond the scope of this chapter. Instead, here we hone in on the strong evidence supporting children's progress to help readers make a strong case for inclusion in their programs. We know as early childhood educators and leaders that children in early

childhood settings are in the midst of immense growth, acquiring knowledge, skills, and abilities in several interconnected realms: social, emotional, physical (e.g., gross motor, fine motor), self-help or adaptive (e.g., dressing independently), communication, and language. Knowing that there is a vast body of research that supports inclusion, we chose to organize this chapter into the short- and long-term benefits, drawing from not only the early childhood inclusion research base but also the wealth of research supporting K–12 inclusion. Research shows that high-quality inclusion can help young children make gains that are not only visible during preschool but also realized much later in life. Further supporting these outcomes are parent and practitioners' perceptions of how exposure to inclusion from an early age can positively influence all children's behaviors and skills (see NPDCI, 2009, Research Synthesis Point #4; see also Chapter 1). After reading this chapter, you will be able to share with families, staff, and professional development providers the ways in which inclusion supports children with and without disabilities' life trajectories, during preschool and into adolescence and adulthood.

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### **ARE CHILDREN WITH DISABILITIES BEING INCLUDED IN TYPICAL EARLY CHILDHOOD SETTINGS?**

Yes, children with disabilities are being included—but much more work is needed. Data from OSEP suggest that the number of preschoolers with disabilities served by Part B of IDEA continues to increase. In 1997, Part B served 565,004 children ages 3–5. By the end of 2006, states collectively reported serving 706,635 children, or 25% more eligible 3- to 5-year olds! Two-fifths, or 44.5%, of these children were served “*in the regular early childhood program*”<sup>1</sup>

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<sup>1</sup>A “regular early childhood program includes at least 50 percent children without disabilities. Regular early childhood programs include, but are not limited to, Head Start, kindergarten, reverse mainstream classrooms, private preschools, preschool classes offered to an eligible pre-kindergarten population by the public school system and group child care” (U.S. Department of Education, 2011, p. 31).

at least 80% of the time<sup>2</sup> and almost one-fourth (24.2%) of children were served in a *separate class*" (U.S. Department of Education, 2011, p. 32; emphasis ours), suggesting that programs have a long way to go in fully including young children with disabilities.

### *Programs have a long way to go in fully including young children with disabilities.*

One of the more commonly known challenges of inclusion is the lack of high-quality preschool programs (Barnett & Hustedt, 2011). As early childhood educators, we aim to help preschoolers develop and acquire the skills they need to be successful in school as well as later in life, and we do this through thoughtfully designed environments and intentional, structured interactions that scaffold children's growth and learning (e.g., Epstein, 2008; Sandall & Schwartz, 2008). Much of the recent push in early childhood has been toward preparing young children academically for school; however, children must achieve several fundamental social-emotional milestones to effectively apply their knowledge in a kindergarten classroom. To this end, national technical assistance and research centers have been focusing on collecting and disseminating research around the importance of social-emotional development in children's early and lifelong success (e.g., the Center for Social Emotional Foundations of Early Learning; the Technical Assistance Center on Social Emotional Interventions; the National Center on Cultural and Linguistic Responsiveness; the National Center on Parent, Family, and Community Engagement). At the time of this writing, however, National Institute for Early Education Research (NIEER) researchers reported a \$715 per student cut in state-funded prekindergarten, or a 15% decrease in state preschool program funding, over the last decade (Barnett et al., 2011, p. 12; NIEER, 2012). These cuts come despite evidence that strong social and emotional beginnings reduce the achievement gap by the time children begin kindergarten and can lead to academic success and future employment (Barnett & Hustedt, 2011). In the nationwide battle for universal high-quality preschool, the inclusion of children with disabilities remains a small but mighty movement that accrues benefits to our nation's children and to our society. We

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<sup>2</sup>"Percentage of time spent in the regular early childhood program is defined as the number of hours a child spends per week in the regular early childhood program, divided by the total number of hours the child spends per week in the regular early childhood program plus any hours the child spends per week receiving special education and related services outside of the regular early childhood program, multiplied by 100" (p. 31).

hope you use the evidence presented next to become a champion for young children, particularly preschoolers with disabilities.

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### **CHILDREN WITH DISABILITIES BENEFIT FROM INCLUSION**

ECSE and early intervention fields, with support from early childhood leaders, achieved consensus around three general areas that transcend the developmental domains in which young children with disabilities should demonstrate progress toward becoming more meaningfully engaged in their day-to-day lives and across settings. For children with disabilities to be fully integrated into and successful in school and life, they need opportunities to do the following:

- Develop positive social-emotional skills (including social relationships)
- Acquire and use knowledge and skills (including early language/communication and early literacy skills)
- Use appropriate behaviors to meet their own needs (e.g., adaptive or self-help skills such as feeding oneself; see Early Childhood Outcomes Center [n.d.-a])

The rationale for these “functional outcome” areas is that children should be acquiring the rudimentary knowledge, skills, and behaviors needed to develop social competence, think critically, and problem-solve, as well as gain independence in their everyday lives (see Early Childhood Outcomes Center [n.d.-b]). In fact, OSEP uses children’s progress data in these outcome categories to measure the success of Part B-619 and Part C services nationwide!

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### Short-Term Benefits

To many, it may appear that typically developing children acquire these functional skills in an effortless manner (Bailey, McWilliams, Buysse, & Wesley, 1998). Research suggests, however, that children who have multiple interactions with peers and adults throughout early childhood show a marked improvement across multiple areas of development (Buysse, Goldman, & Skinner, 2003; Goldstein, 1993; Hart & Risley, 1995). From this information alone, it seems vitally important for children to be placed in situations in which they can interact with peers and adults alike.

The good news is that children with disabilities who are included in high-quality classrooms with their typically developing peers stand to reap positive gains across developmental domains (Holahan & Costenbader, 2000; Odom, 2000; Rafferty, Boettcher, & Griffin, 2001) and likely in the functional outcome areas mentioned earlier, as many parents and practitioners have noted (Rafferty & Griffin, 2005).

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There is a multitude of research that has been accumulated over 3 decades showing that, when children with disabilities are included in general education settings, they are more likely to exhibit positive social and emotional behaviors at a level that is much greater than their peers who are relegated to programs that serve only children with disabilities (Holahan & Costenbader, 2000; Strain, Bovey, Wilson, & Roybal, 2009). The prevailing theory for this gap is that children in inclusive settings have a chance to interact with peers who demonstrate a broad spectrum of social-emotional abilities (Lamorey & Bricker, 1992; Odom et al., 2002), providing models from whom children with disabilities can learn appropriate social and emotional behaviors (Guralnick, 2001; Odom et al., 2002).

It seems equally important, then, that children with disabilities are given opportunities to interact with higher functioning peers (Goldstein, 1993; Wiener & Tardiff, 2004). Researchers have found that children with disabilities who interact with peers with higher-level social skills often imitate these behaviors and skills

in the future (Banda, Hart, & Liu-Gitz, 2010; Holahan & Costenbader, 2000). Researchers Odom and Bailey (2001) cite a body of research that has shown that “children with developmental delays and hearing impairments engage in more advanced forms of play than occurs when participating in play with other children with disabilities” (p. 263). According to a review conducted by Antia and Levine (2001), children who are deaf or hard of hearing are more likely to engage in more advanced levels of play when included with typically developing peers. In addition, when typically developing children are taught strategies to communicate with their hearing-impaired classmates, the quality and quantity of social interactions between them are likely to increase. A similar phenomenon is also noted for children with specific language impairments (Paul-Brown & Caperton, 2001). Finally, young children with autism—a disability characterized by repetitive behaviors and delays in social and communication skills—are more likely to *generalize*, or apply their social skills to new interactions, while in inclusive settings (Strain, 1983), particularly with peer support (Strain et al., 2009).

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A recent and rigorous study of the inclusion-driven Learning Experiences and Alternative Program (LEAP) further confirmed improved outcomes in young children with autism in only 2 years (Strain & Bovey, 2011). LEAP is a multifaceted program that integrates research-based practices to support the inclusion of young children with autism in typical preschool classrooms. Researchers trained school personnel over 23 days and provided coaching over a 2-year time frame to ensure staff systematically maintained a high-quality preschool environment, taught typical peers to support social and communication skills (e.g., peer-mediated instruction and intervention), used effective instructional strategies (e.g., errorless teaching, incidental teaching), monitored child progress, and led family skills training (for a thorough description, please see



Strain & Bovey, 2011). Researchers found that children with autism included in LEAP classrooms demonstrated less severity in autistic behaviors than children with autism who were not included in the LEAP program model (Strain & Bovey, 2011). More compelling, perhaps, is that children with autism maintain improved behaviors following program participation as they move into general education classrooms (Strain & Bovey, 2011).

Alternately, when children with disabilities are separated from their peers and excluded from the early childhood classroom, they are unable to observe appropriate social behaviors and are therefore less likely to achieve the fundamental social milestones (Bailey et al., 1998; Holahan & Costenbader, 2000; Peters, 2004) that are linked to later success in school and life. The bottom line is that “regular, sustained interaction” in inclusive classrooms offers children with disabilities opportunities to observe, develop, expand, and generalize their social skills (Strain, McGee, & Kohler, 2001, p. 357).

Although much of the inclusion research has focused on improving children with disabilities’ social skills, some emerging evidence also suggests that inclusion, when implemented with fidelity (meaning as designed) and in a high-quality early childhood setting, supports children’s cognitive growth greater than situations in which children are not included in a typical early childhood setting (Hoyson, Jamieson, & Strain, 1985; Peters, 2004; Strain & Bovey, 2011; Strain & Hoyson, 2000). In the LEAP preschool program mentioned earlier—a program that includes a blend of necessary supports for children (e.g., classroom and curricular adaptations and modifications), evidence-based instructional approaches (e.g., peer-mediated interventions, positive behaviors supports), dynamic learning objectives, and family skills training to reinforce positive behaviors, all within a routinized schedule—children with social and communication delays across sites show “marked developmental progress on intellectual and language measures” in comparison to their counterparts segregated from typically developing peers (Strain & Bovey, 2011, p. 134). Another study found that preschoolers included in the general education classroom made greater gains around social-emotional development than children with disabilities who were not included (Holahan & Costenbader, 2000). In a paired samples study, children with varying disabilities ages 3–5 were matched on several characteristics (e.g., chronological age, gender, services received, time in program, level of functioning). One child in each pair attended an inclusive classroom, while the other attended a self-contained classroom. Children in the inclusive classroom showed increased social-emotional development compared with their matched pair, as measured by the Brigance Diagnostic Inventory of Early Development (1991).



Clearly, the programs described here are different and target children with varying disabilities; however, all offer what noninclusive programs do not: *the ongoing opportunity to interact with peers of varying academic levels*. Inclusive classrooms are ripe with opportunities to engage children with disabilities in the daily routine and in activities that elicit and challenge academic performance. Typically developing peers, when coached by teachers, can become natural scaffolders of learning and interaction, for example, and evidence to support these types of peer-mediated interventions in the preschool population continues to grow (National Professional Development Center on Autism Spectrum Disorders, 2010). Moreover, the expectations for child growth and development in typical early childhood classrooms are often much greater than expectations for children in segregated classrooms (Guralnick, 1990). Children may be expected to put on their coats themselves, for example, or to manipulate their fingers to pick up and eat a snack. Whatever the expectations may be, they exist for all children. Though they may be accomplished with the right combination of “supplementary aids and services” (see Chapter 2), these higher expectations ultimately lead children with disabilities to achieve more, gain confidence and independence, and develop a stronger sense of self, in their preschool settings and much later in life.

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### **Long-Term Benefits**

The long-term benefits of inclusion for children with disabilities continue to emerge. Given the somewhat recent push for inclusion, researchers have not had ample time, resources, or funding to monitor children’s progress as they move from inclusive preschool classrooms and into the K–12 and employment arenas. Despite this limitation, “researchers have found that the quality and quantity of young children’s social communicative behaviors are highly predictive of long-term developmental and functional outcomes” (U.S. Department of Education, 2011, p. 182). It is from this smaller body

of evidence, largely pulled from the K–12 area, that we describe how children benefit from inclusion beyond preschool.

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One area in which children with disabilities who are included in the general education classroom show long-term benefits is in their social-emotional development. Many of the positive social benefits that young children experience in inclusive classrooms continue to be seen when those children are included in K–12 general education classrooms (DeSimone & Parmar, 2006). Students who were included at a younger age and continue to be included with typically developing peers as they become older are likely to demonstrate the following:

- An understanding of socially acceptable behaviors and interactions beyond children educated in segregated classrooms (Cawley, Hayden, Cade, & Baker-Kroczyński, 2002)
- Increased social interactions with peers with and without disabilities (DeSimone & Parmar, 2006; Hughes, Carter, Hughes, Bradford, & Copeland, 2002)
- Fewer feelings of stigmatization associated with pull-out services (Eisenman & Tascione, 2002)

*Positive social benefits that young children experience in inclusive classrooms continue to be seen when children with disabilities are included in K–12 general education classrooms.*

The research also shows that included children demonstrate academic gains (Brigham, Morocco, Clay & Zigmond, 2006; Idol, 2006), including

- Higher achievement test scores (Wilson & Michaels, 2006)
- High school graduation (Cawley et al., 2002)

It is important to note that some of these findings utilized a mix of children, some of whom were included from an early age and others included closer to their entry into secondary school. However, it seems evident from this research that inclusion has long and meaningful impacts on youngsters with disabilities. There are likely additional benefits that will be brought to light as more data are made available from inclusive settings.

## *Inclusion has long and meaningful impacts on youngsters with disabilities.*

***Differing Educational Experiences and the Importance of Early Inclusion*** In thinking about the ways in which an inclusive classroom differs from a self-contained or general education classroom, many individuals may focus on how instruction is delivered. This detail is important, especially considering the social context of the delivery. Next are two vignettes of children who experience vastly different social experiences in their educational settings, determining the tone for their lifelong learning.

*Meet Ziya. Ziya is a 5-year-old boy that began his educational experience in an independent inclusive preschool. Professionals informed his parents that he demonstrated skills consistent with a disability that may affect his motor development, speech development, and some social interaction. Fortunately, in his preschool classroom, Ziya is encouraged at an early age to interact with peers of varying intellectual and social abilities, including children with abilities similar to his as well as children with much stronger social skills. In addition, his well-trained teachers take time to utilize effective instructional techniques to promote his self-regulation skills and appropriate social behaviors, including social stories and prompting. They also facilitate play opportunities with typical peers and teach peers how to encourage Ziya's social skills. As a result, every day that Ziya comes to preschool, he is given multiple opportunities to practice and improve his social interactions. Like a young scientist, he learns on his own what does and does not work through observation, trial and error, and teacher instruction. He is further supported by teachers and peers who reinforce his*

use of appropriate social behaviors. As Ziya prepares to transition to kindergarten, his parents reflect on how frustrated he was before beginning preschool, unable to express himself and initiate play with his peers. They feel confident that he is now equipped with a rich tapestry of social experiences to draw from as he interacts with older children in his school. His parents largely attribute his abilities to being included with peers who modeled appropriate social behaviors for him.

Meet 5-year-old Azra. Like Ziya, Azra's disability has an impact on her motor, speech, and social skills. Unlike Ziya, her parents were not able to find a public inclusive preschool, so she began her educational experience in her neighborhood child care program. Her providers certainly care for her, but as a result of her disability and her individual support needs, her parents observe her primarily interacting with one child care provider instead of the other children. Her provider, unfortunately, does not have the knowledge base or training to facilitate social interaction and deliver high-quality instruction as Ziya's teachers successfully do. As a result, Azra is not given the same opportunities as Ziya to practice her social skills.

The following year, Azra makes the transition to the same kindergarten as Ziya. The parents of the two are friends and decide to observe Ziya and Azra together during their first week of school. The differences are stark. The parents observe Ziya sitting and engaging in circle time activities, focusing on academic tasks, and easily interacting and playing with peers throughout the day. Azra, in contrast, seems unsure about the routine, and although she can sit with her peers, she seems unsure about how to initiate a conversation, ask questions, or begin collaborative play. Instead, she observes her peers as they play with one another.

The following year in elementary school, Ziya begins to learn key foundational math and literacy concepts. Although he occasionally has trouble understanding specific concepts because of his disability, he is able to rely on his social skills to seek help appropriately and to use suitable social behaviors to develop friendships. Azra seems frustrated, however. Included with her typical peers, she is also learning the same foundational concepts but experiences difficulties understanding concepts due to her disability. These difficulties are evident in her unsuccessful attempts to seek assistance from her peers and teachers. She finds it hard to ask for help appropriately. Out of frustration, she uses inappropriate strategies like grabbing and yelling to seek assistance, but this seems to aggravate her peers and teachers, who see her as "challenging." For this reason, she is unable to make and keep friends. By the time Azra

*moves into middle school (and eventually high school)—a period in life during which peer groups are of utmost importance—she will likely fall several grade levels behind her peers. Ziya, in the meantime, continues to build friendships. As he moves to middle school and high school, he will likely keep pace with and rely on his peer networks to learn appropriate social behaviors.*

Although many early childhood programs may be directed by qualified individuals who can create developmentally appropriate settings, the setting alone is not enough. Physical placement in a high-quality setting alone only offers children with disabilities *access to their peers*. Creating an environment and culture that bolsters meaningful *participation* through daily social interaction, work, and play with appropriate *supports* (e.g., evidence-based instructional strategies, social supports) is also needed for children to make and sustain gains (see Chapter 1). Children with disabilities such as Ziya, who are included early with typical peers and explicitly taught how to interact appropriately with others through evidence-based strategies (e.g., the LEAP program model), experience improved social skills that serve as a foundation for lifelong learning and success. When you start early and “show” young children what is expected of them socially and emotionally using peer models, children are less likely to experience frustration and isolation and more likely to be accepted by others and to excel academically.

***Assumptions Underlying Early Inclusion: The Case for Evidence-Based Practices*** The benefits described earlier assume two things:

1. Inclusive services begin at an early age and continue through secondary school.
2. These benefits are derived from programs that utilize *evidence-based practices*.

It is imperative that programs orchestrate inclusion in an intentional manner, guided by practices that are known to work (refer to Chapter 1). We learned in Chapter 2 that federal law guides inclusive services. We also learned that the type of services children receive and the setting(s) in which they receive them are outlined in each eligible child’s IEP. Each IEP team, which includes parents, reviews assessment results to identify long-term goals for each child (e.g., cooperative play—social and communication domains) and short-term objectives that guide the child’s incremental progress

(e.g., requesting toys from a peer, turn-taking) toward identified goals. For instance, if a 5-year old child with social and communication delays is eligible for special education services, her IEP team might feel it is important that she be able to play cooperatively with friends before she begins kindergarten the following year. If she is unable to request toys from a peer or take turns, however, she will not be able to achieve this goal. So the team creates short-term goals addressing these more specific skills, also enabling team members to monitor her progress toward her overall goal. Two things are inherent in this planning: 1) an understanding of child development and 2) an understanding of *how* to promote specific outcomes. Team members must participate in a collaborative decision-making process that considers evidence about the child's development, her needs, family priorities for the child, and practices that will successfully support her progress toward identified goals—we call this process *evidence-based practice*.

Described by Buysse, Wesley, Snyder, and Winton (2006) *evidence-based practice* empowers professionals (and parents) to make informed decisions about how best to support young children. If parents want their child to be able to play with her peers, we as professionals must know under what conditions (e.g., environment) and with which practices (e.g., LEAP program model) we can facilitate her cooperative play skills. *Similarly, if we aim to help children achieve the outcomes described here and later in this chapter, we must know how to promote these skills.* For this, we rely on evidence—research, professional wisdom, and family priorities and values—about high-quality early childhood settings, effective instructional practices, and useful communication and collaboration strategies between teachers and professionals that will individually and collectively promote her success.

Evidence-based practice should inform any preschool inclusion effort. Three sets of practices—practices to design a high-quality environment, practices to promote the outcomes described in this chapter, and strategies to foster staff and family collaboration—are immediately relevant to building an inclusive program. High-quality preschool environments meet a series of research-driven standards that promote child safety, learning, and growth. These standards are described in Chapter 4, along with strategies to assess your program's "readiness" for inclusion. Instructional practices, such as embedded intervention or assistive technology, provide children with opportunities to acquire new skills through meaningful and relevant activities and experiences. Embedded interventions, for instance, are designed intentionally to facilitate children with disabilities' meaningful participation in daily routines (Snyder,



Hemmeter, Sandall, & McLean, 2007). Assistive technology is another instructional practice used to support a variety of developmental and functional skills in early childhood (Dunst, Trivette, Hamby, & Simkus, 2013). Though outside the scope of this book, we felt it was important to point readers toward these and other effective practices in early childhood. In Quick Tips 3.1, we direct you to resources about instructional practices and how use them to increase staff learning and competence.

Finally, in Chapter 6, we describe how to effectively engage staff and families in considering and building an inclusive program. We present a systematic approach to garner buy-in around inclusion and to facilitate the collaborative culture needed to make inclusion work. As you continue to read, remember that decisions based on little or no research and professional support, or decisions that disregard family priorities, are likely to do more harm than good for children's learning and success.

*It is imperative that programs orchestrate inclusion in an intentional manner, guided by practices that are known to work.*

## **INCLUSION BENEFITS FOR TYPICALLY DEVELOPING CHILDREN**

### **Building Blocks of Social Skills**

*It is Shaun's 1st day of school. Like many parents, Shaun's parents are nervous that he might have a hard time fitting in and making friends. Three-year-old Shaun is shy and does not always know how to get his peers to interact with him. Shortly after arrival, the children are given a chance to play at centers. Shaun naturally navigates toward the blocks because he enjoys building things. While at the block station, Shaun encounters Adi, a child who also enjoys playing with the blocks.*

*Initially, Shaun and Adi have limited interaction. Over several weeks, however, Shaun and Adi begin to share blocks with one another. Their interaction begins wordlessly as they reach for the same block in a pile purposely placed by their teachers to encourage their interaction. Their teachers use these interactions as opportunities to teach and encourage Shaun and Adi's use of positive and appropriate social skills. When Adi needs a block that Shaun is using, the teacher prompts Adi to ask Shaun for the block.*



### QUICK TIPS 3.1

#### Searching for Evidence-Based Practices to Support Inclusion in the Classroom

- **Subscribe to professional and academic journals.** Some journals are available online at no cost (e.g., *Early Childhood Research and Practice*), whereas others may be accessed with professional organizational memberships (e.g., *Young Exceptional Children*, *Teaching Young Children*). Select 1–2 that are most relevant to your program and subscribe to them. Every other month, invite staff members to select an article describing an effective practice, review it, and then discuss the practice at a staff meeting.
- **Attend conferences and workshops.** Budgeting for staff to attend national and local conferences that address inclusion is useful, though it may not be possible with impending cuts to early education. Fortunately, conference planners are increasingly posting presentations online. Search for relevant topics, download materials, and share them with staff.
  - Early Childhood Inclusion Institute (<http://inclusioninstitute.fpg.unc.edu>)
  - Division for Early Childhood (DEC) Annual Conference on Children with Special Needs and Their Families (<http://www.dec-sped.org/Conference>)
  - National Association for the Education of Young Children (NAEYC; <http://www.naeyc.org/conference>)
- **Build professional development activities around reputable online resources.** Encourage or require staff to complete online training modules specifically designed to support the use of evidence-based instructional practices. One widely used resource is CONNECT: The Center to Mobilize Early Childhood Knowledge: <http://community.fpg.unc.edu/>. Modules focus on embedded interventions, transition, communication for collaboration, family–professional partnerships, assistive technology, dialogic reading, and tiered interventions.
- **Explore local resources.** Children are best served when there is a net of people working to improve their

development. Luckily, many resources are available to professionals to create this community of support.

- o Search for high-quality inclusive preschool programs in your neighborhood or district. Coordinate multiple opportunities for your staff to observe inclusion in action.
- o Seek the consultation of community college and university professors who specialize in inclusion.
- o Budget for staff to take coursework at a local college or university.
- o Engage the community in programs focused on peer-mentoring relationships to encourage teachers to share, observe, and reflect on useful practices.

*With verbal cues, time, and teacher reinforcement, Adi learns to independently ask Shaun for a block. By midyear, Adi and Shaun have become quite the construction team! By the end of the year, both Adi and Shaun are showing improved social interaction skills and are sharing many more toys with each other and their classmates independently!*

*At the preschool's year-end party, Shaun's and Adi's parents meet. Shaun's parents express how happy they are that Shaun has found a friend that helped him overcome his shyness to approach and ask peers to play. Shaun's mom shares that Shaun now asks children he does not know to play also! Much to their surprise, Adi's parents express similar enthusiasm. Little did Shaun's parents know that Adi had an IFSP (refer to Chapter 2). They openly share with Shaun's parents that initiating interactions and sharing were two goals on Adi's IFSP. She is showing tremendous growth as a result of her interactions with Shaun and her teachers' focused intervention.*

As you will read later, it is through peer-to-peer interactions and adult guidance that all children can benefit from inclusion. Adi, a child with an IFSP, benefited from the peer interaction, thus making gains in her IFSP goal areas, as did Shaun, a typically developing child who learned how to initiate conversation, share toys, and sustain play. These gains are the result of the teacher knowing how to intentionally facilitate interactions

in ways appropriate to the child's developmental levels. In other words, the teacher used *evidence-based practice* to structure Shaun and Adi's environment and interaction to promote both of their abilities.

As an administrator considering inclusion, one of the major questions you will face is, How will the inclusion of children with disabilities affect the typically developing children in the classroom? This is an important and valid question to begin with and one many parents and practitioners share (Rafferty & Griffin, 2005).

### *How will the inclusion of children with disabilities affect the typically developing children in the classroom?*

It is true that much inclusion research has focused on how inclusion can influence and have an impact on the developmental outcomes for children with disabilities. And until recently, there was little evidence to state definitively that including children with disabilities is not in some way negatively affecting those children's typical peers. There is now sufficient evidence to suggest that typical peers are not harmed by or disadvantaged in inclusive classrooms; rather, they grow and develop as a result of the relationships they cultivate and sustain with their diverse counterparts (Buyse & Bailey, 1993; Odom et al., 2004). The following sections again review the immediate and then long-term benefits of inclusion for those peers, who teachers and parents often rely on to model and scaffold developmentally appropriate behaviors for their classmates with disabilities.

#### **Immediate Benefits**

Typically developing children learn a great deal from their classmates with disabilities in inclusive settings. First, the mere inclusion of children with disabilities prompts typical peers to become more understanding of and to develop positive attitudes toward their diverse counterparts (Odom & Bailey, 2001). One of the more cited advantages revolves around the repeated and impromptu interactions that can occur in an inclusive environment (Odom et al., 2002). When children with disabilities or differing abilities attempt to engage their typical peers in social interaction, typically

developing children learn to respond to these initiations and thus take further action in the following ways:

- Initiate interactions
- Negotiate sharing
- Develop an understanding of other children (Odom et al., 2002)

*Inclusion of children with disabilities prompts typical peers to become more understanding of and to develop positive attitudes toward their diverse counterparts.*

In addition, typical peers can learn to identify targeted ways to engage peers with differing abilities (Tsao et al., 2008). More recently, Diamond and Hong (2010) found that typically developing children are also more likely to approach their decisions to include children with disabilities in play based on fairness and equity. Their study, which took place in several preschool classrooms that included children with physical delays, revealed that children are more likely to include peers when activities are less demanding motorically, suggesting that teachers can design a classroom to naturally facilitate the active involvement of all preschoolers with and without disabilities.

*Teachers can design a classroom to naturally facilitate the active involvement of all preschoolers with and without disabilities.*

In addition to experiencing improved prosocial behaviors, typical peers may also be given the opportunity to become experts in academic areas. There is strong evidence to support the notion that children who are able to model exemplary behaviors to their fellow classmates are likely to demonstrate a heightened level of ability in these activities (Katz & Chard, 2000). As children do this, they are also likely to show increased

- Self-esteem
- Confidence

- Autonomy
- Leadership skills

Imagine the boost in importance a child will feel when he or she serves as an expert on a topic valued by his or her peers.

With a strengthened sense of self, and as they get older, typical peers can move into a tutoring role with proper teacher support (Fuchs, Fuchs, & Burish, 2000; Scruggs & Mastropieri, 1998). Typically developing children who have a strong grasp of content and materials are ideal for this role and can work with peers to facilitate their learning of course material (Scruggs & Mastropieri, 1998). Peer tutoring enables typical children to continue to explain concepts, subsequently mastering subject matter (Fuchs et al., 2000). As a result, typical peers continue to build their self-esteem and sustain positive feelings toward individuals with disabilities. Thus this peer-support model leads to a better-managed classroom in which all students can benefit (Scruggs & Mastropieri, 1998). Further, students approach course material and school overall with more enthusiasm.

### Longer Term Benefits

The research on longer term benefits of inclusion for typical peers is limited but also continues to emerge. There is some evidence to suggest that typical peers experience little academic advancement as a result of being paired with younger classmates with disabilities (Odom et al., 2004). Although more research on this phenomenon is needed, typical peers do not lose skills as a result of these interactions, a myth commonly associated with inclusion (see Strain & Bovey, 2011).

When children are exposed to inclusion at an early age and consistently throughout their lives, they are more likely to approach children with disabilities with acceptance (Rafferty et al., 2001) and are less likely to view a disability as an impairment (Burnstein, Sears, Wilcoxon, Cabello, & Spagna, 2004; Idol, 2006). Typical peers are also willing to initiate and maintain friendships with children who may be different and to assist classmates who may be experiencing difficulty with school-related tasks (Burnstein et al., 2004; Idol, 2006). Researchers have also found that some children even learn to adjust their communication without teacher instruction to engage their classmates who communicate differently than they do (Guralnick & Paul-Brown, 1977). Collectively, these positive behaviors improve the atmosphere and generate a sense of collegiality within the classroom and across the school.



*When children are exposed to inclusion at an early age and consistently throughout their lives, they are more likely to approach children with disabilities with acceptance.*

Though children introduced to inclusion at an early age view inclusion favorably (Idol, 2006), older children's willingness to accept and include peers with disabilities may wane. In fact, evidence suggests that older children are less likely to be receptive of children with disabilities being included in academic settings (Siperstein, Parker, Bardon, & Widaman, 2007). Siperstein and colleagues surveyed 7th- and 8th-grade students of 47 districts from 26 states. In this nationally representative sample, students thought including students with disabilities would improve their attitudes toward people with disabilities but that inclusion would negatively affect academic outcomes. More specifically, the surveyed students thought children with disabilities would take up more teacher attention than what is "typical" and lead to lower academic performance in the class as a whole. Finally, typically developing students were not likely to be interested in associating with children with disabilities outside of school (Siperstein et al., 2007). The students from Siperstein and colleagues' research were from a spectrum of inclusive models, and their views on the role of children with disabilities in the classroom were in contrast to students from fully inclusive models (Burnstein et al., 2004; Idol, 2006). Thus it is our belief that inclusion is in the best interests of all children and is most effective when enacted as early as possible, when children are still open to the concept of inclusion.

*Inclusion is in the best interests of all children and is most effective when enacted as early as possible.*

## CONCLUDING THOUGHTS

As you can see, the evidence supporting the inclusion of children with disabilities is plentiful and growing. Hopefully a few things are evident to you after reading this chapter:

1. There is no evidence to suggest that inclusion leads to decreased academic, social, or later life outcomes.

2. Children with disabilities benefit from being included in the general education classroom in both the short and the long term.
3. Evidence-based practices should guide decisions to support children's outcomes across settings.
4. Typically developing children show benefits while participating in inclusive settings.

Chapter 6 suggests strategies to use this information to gain the support of your staff, families, and any practitioners and colleagues you may work with to implement inclusion.

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