

A Qualitative Study of the Initiation and Continuation of Preschool Inclusion Programs

MEGAN L. PURCELL
 Eastern Kentucky University

EVA HORN

SUSAN PALMER
 University of Kansas

ABSTRACT: *Initiation and continuation of preschool inclusion is a challenging task. Through interviews and focus groups of school district and special education personnel, researchers in this study examined how 5 programs in 1 Midwestern state provided such services. The investigation used a multiple-case study methodology to examine how these programs initiated and sustained inclusive services. Especially important to these programs were factors such as having a shared vision, utilizing key personnel, and developing a structure within which the program could work.*

A number of researchers have reported positive outcomes of inclusion for young children with disabilities (Buisse & Bailey, 1993; Lamorey & Bricker, 1993; Odom, Wolery, Lieber, Sandall, Hanson, Beckman et al., 1999). Others have noted that an inclusive model for early childhood education does not appear to produce any negative developmental or social effects for any of the children involved in these programs (Guralnick, 2001). Participation in such a program can have a beneficial impact on children both with and without disabilities, resulting in positive gains such as increased and more meaningful social interaction (Guralnick, 2001; Leyser & Kirk, 2004; Stahmer & Carter, 2005).

The 1997 and 2004 amendments to the Individuals With Disabilities Education Act support previous legislation regarding the inclusion of children with disabilities in educational environments with children without disabilities (IDEA 1997; 2004). Further, a student's individualized education program (IEP) must include provisions for students to *be involved and progress in the general curriculum* (20 U.S.C. § 1414[A][iii][II]), which has been represented in education with the phrase "access to the general education curriculum" (Nolet & McLaughlin, 2000). Inclusion is but one aspect of accessing the general education curriculum for students with disabilities. Rather than merely being concerned with the *place* where an instructional strategy or curriculum is used, inclusion involves young

children "belonging, being valued, and having choices" (Horn, Thompson, Palmer, Jenson, & Turbiville, 2004, p. 207). Although accessing the general education curriculum involves more than inclusion, being in the same location with the same or similar programming as children without disabilities is one meaningful way to ensure that students with disabilities are receiving some of the same instruction and interaction with typical peers—even if materials must be adapted or the curriculum altered to meet individual needs of young children with disabilities.

Although many local education agencies (LEAs) might not provide educational settings for preschool-aged children who are developing typically, they often look to collaborate with organizations and funding sources in the community when considering inclusive options for children with disabilities (Buysse, Wesley, Bryant, & Gardner, 1999; File & Kontos, 1992; Odom, Parrish, & Hikido, 2001). Such collaboration often leads to a variety of programmatic forms, sometimes resulting in different programs within a single LEA (Odom, Wolery et al., 1999). In a study of 16 programs, Odom, Wolery and colleagues (1999) identified a two-dimensional model for describing how inclusion for preschool children with disabilities was implemented. These two dimensions are organizational context and individualized service of the program. Organizational context is the classroom model in which inclusion is supported (e.g., Head Start or public-school programs), and individualized services include specialized programs such as special education and related services.

When studying early childhood special education, particularly the inclusive models of service, a number of factors can be examined, including the impact of inclusion and access to the general curriculum on children, legislative support for the model of inclusion, and the organizational contexts and individualized service models in which inclusion is delivered. A particularly important element in the study of inclusion is the role of innovative change in the development of these programs. Innovative change in education has been analyzed and documented by researchers in general education and early childhood education in particular (Fullan, 2001; Mayrowetz & Weinstein, 1999; Peck, Furman, &

Helmstetter, 1993; Wesley & Buysse, 1996). Fullan, for example, described three phases for innovative change in education: (1) initiation, (2) implementation, and (3) institutionalization. As early childhood special education programs continue to grow and change, LEAs can employ factors similar to those used by Fullan. For instance, advocacy, clarity, and agreement on the meaning and need for change; development of new policies; and access to funds to support innovation are factors which are likely to influence the development of new inclusive programs and models.

In addition to the factors identified by Fullan (2001), Lieber and colleagues (2000) identified six key influences that assisted and sometimes challenged 16 programs in several states in the initiation and implementation of inclusive preschool programs. These six factors were (1) personnel who influence the program; (2) stakeholders involved with the program who share a common vision or concept of inclusion; (3) policies established by federal, state, and local agencies that influence inclusion; (4) training and external support for individuals associated with the program; (5) organizational structure development within the program that supports inclusion; and (6) the impact of individuals, groups, or agencies outside of the program that support the efforts for inclusion (Lieber et al.). Lieber and colleagues studied how these programs (which were located in multiple states) were able to begin inclusive programs for young children, and at what point key influences impacted the initiation and implementation of the programs.

Considering the sociopolitical environment of school, Brotherson, Sheriff, Milburn, and Schertz (2001) identified other barriers and facilitators to providing inclusive early childhood education. Obstacles included (a) an increase in the number of challenging children, (b) limited qualified personnel, and (c) incompatible regulations across programs. Factors that facilitated inclusion involved (a) early support for families, (b) strong community collaboration, and (c) key administrative officials providing supports for such programs. Further, in an analysis performed by Buysse, Wesley, and Keyes (1998), the development and implementation of early childhood inclusive programs also were influenced by the teacher-child ratio in classrooms, adequacy of

classroom facilities, quality of child care, and time spent planning and coordinating special services to ensure the most effective educational and inclusive experiences for the children involved.

In summary, researchers examined: (a) the positive outcomes for young children with disabilities in inclusive settings; (b) the process of innovative educational change; (c) key influences in the initiation and continuation of inclusion; and (d) specific barriers to, and facilitators of, the initiation and continuation of inclusion.

To further influence the establishment and continuation of inclusive services, Guralnick (2000) suggests two central goals for consideration, "(1) achieving universal access to inclusive programs and (2) agreeing on and establishing feasible programs" (p. 214). This article focuses primarily on Guralnick's second goal to illustrate the processes whereby preschool inclusion programs were initiated and implemented in school districts and special education cooperatives within a single state. The two research questions that guided this qualitative study were (1) What factors impact the initiation of preschool inclusion services? and (2) What elements have local programs put into place to effect continuation of preschool inclusion? This study replicates and extends Lieber et al. (2000) by examining the themes they put forth, as well as developing new themes in the initiation and continuation of preschool inclusion programs.

The investigation used an extensive interview process to study how preschool programs addressed a variety of challenges to provide inclusion. The use of a qualitative, multiple embedded-case study design allowed a purposeful selection of sites for use in the study which enabled identification of sites having particularly unique characteristics. This design supported the collection of multiple sources of data related to the goals of the study, examination of a complex process (with many related components), and the development of informative case-descriptive reports to highlight and examine some of the unique challenges that these sites overcame to initiate and continue their inclusive programs.

METHODS

SETTINGS AND PARTICIPANTS

This study was conducted with five preschool programs located in a Midwestern state. Each of these programs had services for children with and without disabilities participating in all activities. The programs, however, were not homogeneous; they differed on one or more variables, including funding, design, and supervisory agent (see Table 1).

The purposeful sampling procedure for the study ensured that programs were deliberately selected for inclusion on the basis of criteria that addressed the research questions (Berg, 2001; Bogdan & Biklen, 1998; Braud & Anderson, 1998; Creswell, 1998; Patton, 2002). Request for participation in the present study began with identifying school districts and special education cooperatives that were implementing inclusive preschool services. Possible sites were drawn from across the selected state and included rural, urban, and suburban communities; sites served small to large populations, involved a variety of funding sources for services, and were viewed by state administrators as environments where effective practices were employed. The decision to invite a site to participate was also influenced by the researchers' goal: to study programs that had to address a range of challenges in implementing and maintaining inclusive preschool education. Table 1 (December 1 child count, 2002) presents some of the unique challenges the participating sites had to overcome or learn to work with to provide preschool inclusion.

With these criteria in place, the researchers first examined state Department of Education data on school districts and special education cooperatives to determine a set of potential sites according to basic information (location, population served, etc.). The researchers then requested assistance from the state Inservice Training System (ITS) and state Department of Education (SDE) to identify inclusive programs that met the specified criteria. In selecting a possible participation site, the study placed additional significance on programs that exhibited unique characteristics in developing and implementing inclusion programs, such as particular geographical challenges, relationships with a local univer-

TABLE 1

Cross-Site Context

<i>Site</i>	<i>Location</i>	<i>Special Education Sponsoring Agency</i>	<i>Other Sponsoring Agencies and Funding Sources</i>	<i>Number of Children Served^a</i>	<i>Unique Site Characteristics</i>
A	Rural	Special education cooperative	<ul style="list-style-type: none"> • 4-Year-Old At-Risk Head Start (school district grantee) • Migrant Even Start 	Medium	<ul style="list-style-type: none"> • Geography is very rural, lies within 2 time zones, and encompasses 20 school districts within 12 counties • Variety of available options in which children participated • Teaming of the faculty, staff, and administration • Key individuals involved with the program • Willing to be adventurous
B	Urban/ Suburban	Public school district	<ul style="list-style-type: none"> • Community child care/preschool programs • 4-Year-Old At-Risk • Head Start (school district grantee) 	Medium	<ul style="list-style-type: none"> • Strong level of collaboration between local university and the public school program • Strong level of collaboration between the community and the public school program • Incentives for faculty and staff participation
C	Rural	Public school district	<ul style="list-style-type: none"> • Head Start (Early Childhood Center grantee) • Special education cooperative • Indian Reservation 	Small	<ul style="list-style-type: none"> • Key individuals involved with the program • Community very involved and influential
D	Urban/ Suburban	Special education cooperative	<ul style="list-style-type: none"> • Head Start (school district grantee) 	Large	<ul style="list-style-type: none"> • Personnel are well prepared for program and highly involved in decision-making processes • Program has high level of support for children and families • Strong level of interagency collaboration
E	Rural	Public school district contract to community agency	<ul style="list-style-type: none"> • Head Start (Community Connections grantee) • 4-Year-Old At-Risk 	Small	<ul style="list-style-type: none"> • Blended funding of multiple sources to provided services • Strong level of interagency collaboration • Program has high level of support for children and families

^aSmall = 0-75 students; Medium = 76-150 students; Large = 151-225 students.

sity, and collaboration with community agencies (see Table 1 for information about each site).

DATA COLLECTION: INTERVIEWS OF KEY INFORMANTS

Once districts or cooperatives agreed to participate, a primary key informant was contacted for further discussion on selection of interview participants (Creswell, 1998; Patton, 2002; Seidman, 1998). The primary key informants recommended and obtained consent for additional individuals to participate in the interview process (see Table 2 for specific interview and focus group participants by site). These key informants were current and former district or cooperative staff who had been actively involved in the initiation and continuation of inclusion for children with special needs programs. For the most part, the key informants were administrators and had little difficulty identifying other eligible participants.

Primarily one-on-one interviews were conducted with participants but, when necessary or appropriate, group interviews were employed (Bogdan & Biklen, 1998; Creswell, 1998; Krueger & Casey, 2000). The interviews were semistructured, guided by the overall research questions of the two studies (Merton & Kendall, 1946, as cited in Bogdan & Biklen). This enabled the study's first author to shape the interview according to systematic themes, but still allowed participants to tell their stories and for the researcher to probe beyond the standardized questions and answers (Berg, 2001; Bogdan & Biklen; Marshall & Rossman, 1999).

DATA ANALYSIS AND CASE WRITING

Interviews were the primary data collection source, therefore the primary data analysis source was the interview transcripts. The analysis technique consisted of the coding of participants' statements—extracted from nearly 300 pages of written transcripts. The researchers used quotations from the interview transcripts and the notes that were made during the interview to identify key terms and phrases that captured the respondents' language and views of the program (Marshall & Rossman, 1999; Patton, 2002). For the present study, the researchers identified "substantive statements" (Gillham, 2000) or pieces of information

that represented data aligned with the research questions within each transcript. These statements then were coded according to predetermined "key influences" (Lieber et al., 2000) and using additional categories that emerged in the analysis and which were specific to the research questions (Table 3).

After all of the transcripts for a case were fully analyzed, the first author summarized all substantive statements under each coded category. A matrix was developed to visually display each respondent's substantive statements according to the categories of the analyzed data. This type of visual display "brings the summary category to life" and "conveys the range of responses that come under it" (Gillham, 2000, p. 75). In addition, vignettes, quotes, timelines, and visual figures or charts were used to assist in understanding each program.

Using all of the information collected, a case-study method was employed for the full reporting of the study. The development of descriptive case reports for each participating site facilitates the use of multiple sources for data collection (Bogdan & Biklen, 1998; Braud & Anderson, 1998; Yin, 2002), with interviewing being the primary source (Bogdan & Biklen; Creswell, 1998; Patton, 2002; Seidman, 1998). Observation, document analysis, and other forms of data collection were employed, however, because these data led the researchers to additional sources of information (Bogdan & Biklen).

The authors employed triangulation, peer review/debriefing, and member checking to ensure the accuracy and trustworthiness of the data and the case studies. In the data-collection process, triangulation was achieved through the use of multiple methods including interviews, focus groups, and document review (Patton, 2002; Stake, 1995). The authors employed peer review and debriefing through the use of a committee of university faculty and State Department of Education/Inservice Training System staff. Key informants (as previously described) were requested to participate in the study and assist with the identification of interview participants. These individuals—who were considered program experts—also assisted with review of data analysis and case development.

TABLE 2

Interview/Focus Group Participants

<i>Site</i>	<i>Interviewee and Focus Group Role/Position</i>	<i>Interview Duration (min)</i>	<i>Interview Location</i>
A	Former Cooperative Director	60	State Department of Education
	Cooperative Early Childhood Special Education Teacher #1	60	Elementary school
	Cooperative Early Childhood Special Education Teacher #2	60	Early Learning Center
	Cooperative Early Childhood Special Education Teachers (<i>n</i> = 8) not included in other interviews	20	Cooperative main office
	Administrators Focus Group: Current Director and two administrators	45	Cooperative main office
	Additional focus group: Cooperative Early Childhood Special Education Teacher	60	Grade school
	Cooperative Early Childhood Special Education Paraeducator		
B	Director of Special Education	45	District office
	Early Childhood Special Education Teacher #1	60	Special Education Department District office
	Early Childhood Special Education Teacher #2	60	University
	University Faculty #1	60	University
	University Faculty #2	60	University
C	Former superintendent of school district	60	University
	Indian Nation Reservation Early Childhood Education Center Early Childhood Special Education Teacher	45	Early Childhood Education Center
	Indian Nation Reservation Early Childhood Education Center Director	30	Early Childhood Education Center
D	Cooperative Administrator	30	Middle school
	Community Programs/Head Start Administrator	30	Programs Building
	Community Programs Coordinator; Former Head Start Teacher	45	Programs Building
	Cooperative Early Childhood Special Education Teacher #1	30	Programs Building
	Cooperative Early Childhood Special Education Teacher #2	45	Programs Building
	Cooperative School Psychologist	45	Programs Building
	Head Start Teacher	30	Programs Building
	Cooperative Speech/Language Pathologist	30	Programs Building
E	Director of Special Education	45	High school
	Early Childhood Special Education Administrator	75	Community agency office
	Early Childhood Special Education Teacher	30	Via telephone

For member checking, one or two key informants from each participating site were asked to review the data-analysis procedures as well as the assertions, and to draft the case report prior to completion of the study (Stake, 1995). The case report was sent electronically from researcher M. L. Purcell to the site contact. Upon completion of review, the contact performing the member check at the site either sent approval for the report and expressed agreement with the findings, or the

contact and Purcell worked together to re-examine points of disagreement to come to a consensus on the assertions of the case. Through follow-up contacts the report then was reviewed using this same procedure until full agreement was attained.

RESULTS

The substantive statements identified in the transcripts were coded using the previously developed

TABLE 3

Key Factors in the Initiation and Continuation of Early Childhood Inclusion

<i>Key Factor</i>	<i>Definition</i>
Collaborative Relationships	The formal and informal relationships between agencies to work together in the provision of inclusive services. Examples of these relationships include formal contracts for funds and services, regularly scheduled meetings, and informal conversations to ensure the success of the program.
Community Influence ^a	Influence exerted by community members (e.g., families) who are not employees of the school district or other agencies such as Head Start.
Family	Family as Initiator (initiation): The initial influence exerted by one or more families of children with disabilities on inclusive practices in the early childhood special education program. Family Support and Partnership (maintenance): The support, training, or participation opportunities for parents of children involved with the inclusive program.
Key Personnel ^a	The influence of a specific person or people employed by the program on inclusive practices in the program. Influence can be ongoing, can be sparked by an event (hearing a presentation), can be sparked by previous experience, or can wane (e.g., a charismatic leader whose interests turn to a new innovation).
Organizational Structure ^a	Structures that exist within a district and between different agencies so that people can communicate, collaborate, and share resources. This includes formal interagency agreements.
National, State Local Policies and How They Are Enacted ^a	Policies established by national agencies (Head Start or OSEP) or state agencies that influence practices that occur in local programs. Examples of these influences are the LRE provisions from Pub. L. No. 94-142, the Head Start "10%" mandate for children with disabilities, and state or regional level administrators' enactment or enforcement of policies at the classroom level.
Shared Vision ^a	The transformation of the concept of inclusion that occurs over time among those who design, deliver, or use inclusive education, so that it includes the views of all participants.
Training and External Support ^a	Any money, training, other type of support, or special recognition beyond regular program money or support that is associated with the startup of a program.

^aAdapted (with permission) from J. Lieber et al. (2000), Key Influences on the Initiation and Implementation of Inclusive Preschool Programs, *Exceptional Children*, 67, p. 83.

key influences from Lieber et al. (2000) and two additional factors—*collaborative relationship* and *family as initiator/family support and partnership*—that emerged during the data analysis process (see Table 3 for a listing of all eight key factors). As noted, individual case reports were developed for each site. Drawing from these case studies, this article reports data pertinent to each site, with the goal of providing cross-site analyses for a diverse group of programs.

Based upon peer analysis of the transcript data, the key factors that emerged were sorted into four categories: (1) supporting initiation, (2) supporting continuation, (3) challenging initiation, and (4) challenging continuation of preschool programs. Table 4 shows which sites reported key factors that most impacted their pro-

gram initiation and continuation. Only the key factors that are *primary* in the initiation and continuation of inclusion are included in Table 4. Thus, if a key factor was not included in the table, it might have been mentioned by interview participants, but it *was not identified as a primary factor* in the sites' data on initiation or continuation of the program. Primary factors were those that appeared most often in the coded transcripts.

KEY FACTORS SUPPORTING INITIATION

Key personnel and *shared vision* were the overwhelmingly predominant supporting factors in initiation of inclusive programs. Regarding key personnel, many interview participants referred to individuals who "made it happen" or set things in motion for a transition to inclusion or, as in the

TABLE 4

Sites Reporting Key Factors as Primary in Supporting or Challenging Inclusion

<i>Key Factor</i>	<i>Primary Factors Supporting Initiation</i>	<i>Primary Factors Supporting Continuation</i>	<i>Primary Factors Challenging Initiation</i>	<i>Primary Factors Challenging Continuation</i>
Collaborative Relationship	Sites: B, D	Sites: B, C, D	Sites: A, B	Sites: A, C, D
Community Influence	Site: C	—	Site: A	Sites: A, E
Family Support & Partnership	—	Site: E	—	—
Key Personnel	Sites: A, B, C, D	—	Site: C	—
Organizational Structure	Site: E	Sites: A, B, D, E	Sites: B, C, D	Sites: B, D
Policy	Sites: A, B	Site: C	Sites: D, E	Sites: C, D, E
Shared Vision	Sites: A, C, D, E	Sites: A, C, D	Sites: A, B, C, D, E	Sites: A, B
Training & External Support	Site: D	Sites: A, B, E	—	—

case of Site A, to even begin early childhood special education services. Typically, these agents of change were administrative staff from school districts, educational cooperatives, and Head Start programs. Participants from Site A, for example, indicated that the lead change agent was the former cooperative director. It was reported that the director had worked predominantly with the early childhood special education and school district staff to establish classrooms and playgroups, she could find no programs in some communities with which to partner and thus found no options for inclusive services. For Site B, the primary change agents came from the local university. Key individuals in this case historically brought state and federal grants into the district to provide inclusion for the preschool, and to prepare staff and community programs for inclusion. Families were not mentioned in interviews as the primary change agents. This could be because only school district personnel were nominated by key informants and were available for interviews at each site.

Key personnel and shared vision were the overwhelmingly predominant supporting factors in initiation of inclusive programs.

Shared vision also was a predominant factor in supporting initiation of preschool inclusion.

Most people in the sites agreed that inclusion is the most appropriate model for the education of all children. Several of the sites were transforming from traditional programs of early childhood special education to programs of inclusion, and the change was not always easy. Nevertheless, there was positive support for such programs, as illustrated by the administrative and teaching staff at Site D who indicated that inclusion was “what is best for kids” and this was the driving force to support their change. “The main thing is children. The difference of the disability is such a small part of being a child. . . . It would be really something [for it to be] more about the child than disability” (Former Cooperative Director).

KEY FACTORS SUPPORTING CONTINUATION

Organizational structure was the predominant supporting factor in continuing inclusive models. Once programs began, they built the structure to support continuance. Four of the programs relied on this for their continuation. Site A, for example, used a teaming structure to support the early childhood special education teachers. As shown in Table 1, Site A had a vast geographic range to supervise. The teachers reported that they easily could have felt very isolated and “on their own.” The cooperative, however, established and supported teaming activities among the early childhood special education staff to collaborate, mentor, and observe each other in practice. These

opportunities gave the teachers the time to problem solve and also provided support as teachers encountered a variety of challenges.

[W]e do have meetings once a month and we do get together, and that motivation comes from each other, kind of patting each other on the back. We spend a lot of time with concerns: "How would you handle this situation?" (Early Childhood Special Education Teacher)

As preschool inclusion was being implemented in Site B, the school district developed relationships with community preschool programs. To continue these relationships, "barter style" agreements evolved. For example, if a child was receiving services at a community-based program rather than paying directly for tuition, then the school district provided materials and supplies, staff salaries, or paraeducator support. Similarly, Site D established contracts among all partnering organizations. These contracts were reviewed regularly, especially when program policies (such as Head Start or IDEA regulations) changed.

Children are currently enrolled in just about every place you can find a child. We have children at home, we have children at preschools, childcare centers, home daycares, the 4-Year-Old At-Risk program. . . . We're also trying to do playgroups. (Early Childhood Special Education Teacher)

Beyond the formal contracts, Site D also had informal mentoring and partnering agreements with Head Start and early childhood special education teaching staff. This included Head Start and early childhood special education teachers coordinating and collaborating to complete the paperwork necessary for each program and to ensure accountability to regulations. "I think actually the day-to-day motivation comes from my peers and co-workers, my team. . . . I love coming to work, love my team, love my job" (Head Start Teacher).

KEY FACTORS CHALLENGING INITIATION

Although it was identified as a supporting factor, interview participants in all sites identified *shared vision* as a challenge to initiating inclusive models. All sites reported the lack of a common goal or vision for inclusion as a major challenge in starting

inclusive programs. At Site E, for example, participants identified concerns about their own effectiveness and ability to teach in an inclusive setting. Additionally, families of children with disabilities voiced concern about the quality of services. Not only were they concerned that their children with special needs might not receive the direct intensity of service desired but also, for 1 site that partnered with Head Start and 4-Year-Old At-Risk programs, various families initially expressed concern about their particular child with a disability being in a classroom with children from low-income families.

For parents, there was some resistance from the special education side . . . their first feeling was that services would be watered down . . . some of our Head Start staff weren't too certain they could work with children with more severe needs. They didn't have confidence in themselves. (District Administrator)

When partnering with community programs, such as in Site A, Site B, and Site C, the varieties of programs proved challenging for collaboration due to different perspectives about curricula for educating young children. Particularly for Site A and Site B, itinerant early childhood special education teachers were working with multiple community programs and had to learn to adapt to each perspective of education and inclusion.

KEY FACTORS CHALLENGING CONTINUATION

Collaborative relationships and *policy* are identified as challenges to the continuation of inclusive programs in most of the participating sites. Frequently discussed by the respondents was the challenge of continuing collaboration among teachers, administration, and various partners as personnel changed and expectations for the education of young children increased. Also, some participants indicated that working with community programs which had a high staff-turnover rate and fewer well-trained staff members was a great challenge. Early childhood special education teachers and administrators indicated that they "started over" many times with training and support to ensure effective educational and inclusive experiences for the children with special needs in these settings.

She [community preschool teacher] is the teacher. She doesn't have any educational training. It's just "Well, I think I want to do this." But as far as really knowing a scope and sequence of how children learn, she doesn't. . . . If they think you are judging them . . . you are not going to make any progress." (Early Childhood Special Education Itinerant Teacher)

Many of the sites were early childhood special education and Head Start partnerships, therefore federal policy changes frequently were mentioned as a challenge. When a federal program—such as Head Start—changed regulations, the district or cooperative would work to adapt the preschool program regulations just in time for regulations of another federal program—such as IDEA—to change. Data for Site E, in particular, indicated the difficulty of constant alterations to the way funding agreements were developed to ensure compliance with ever-changing regulations.

DISCUSSION

The purpose of this study was to understand, describe, and expand the literature regarding how school districts and special education cooperatives initiated and continued preschool inclusive programs. The Midwestern state in this study provided opportunities for investigation of small, large, rural, and urban school districts—including special education cooperatives—while employing the same statewide systems of finance and technical assistance. This allowed the researchers to study challenges and facilitators to inclusive education when factors involving funding and available assistance were generally similar.

Collaborative relationships and policy are identified as challenges to the continuation of inclusive programs.

When comparing the results of the present study to prior investigations, the researchers replicated some of the previous findings but also expanded upon them. Overall, the findings were consistent with those of Odom, Horn et al. (1999), as well as with past research on the pro-

cesses involved in educational change (Fullan, 2001; Mayrowetz & Weinstein, 1999; Peck et al., 1993; Wesley & Buysse, 1996). The barriers and facilitators identified in the current study also were consistent with those cited in earlier studies (e.g., Bricker, 2000; Leiber et al., 2000; Odom, Hanson et al., 2001). This study, however, revealed some remarkable challenges that the participating sites continually had to overcome to ensure an effective and beneficial educational experience for all young children, including those with disabilities. This extends the understanding of what is needed to initiate and continue inclusive services for young children with disabilities.

KEY FACTORS FOR CHANGE

One way that the present study extends the analysis of Lieber et al. (2000) is through the identification of two additional themes from the discussions by the informants (all eight key factors are defined in Table 3). These two additional themes were: *collaborative relationship* and *family as initiator/family support and partnership*. Seven of these eight key factors were identified as facilitators and barriers to initiation or continuation of preschool inclusion. *Family support and partnership* was identified as a facilitator in continuation in only one site (as shown in Table 4). The following discussion (aligned with Table 4) highlights the present study's identification of predominant key factors in initiation and continuation of preschool inclusion.

Initiation. As revealed in cross-site analysis highlighted in Table 4, key personnel and shared vision overwhelmingly were identified as the facilitators of initiation of inclusive services in the research sites. Many of the interview participants within and across sites agreed that inclusion was the preferred model for providing services for young children with disabilities.

Of the four sites that identified a key individual as the person who initiated the movement toward inclusion, three identified a special education administrator, Head Start administrator, or school district superintendent as the individuals that were key agents of change in initiating an inclusive model. The sources at the fourth site (at the time of initiation) reported hav-

ing a very collaborative relationship with the local university. A university faculty member was identified as the advocate for initiating inclusion at that site.

Although *shared vision* was reported as a facilitator, surprisingly it also was reported by all five sites as a challenge to initiation. The interview participants reported the lack of a shared vision across sites as a problem. Interview participants identified situations in initiation where some individuals or groups of teaching or administrative staff within or across agencies disagreed initially with the move to inclusion but, over time, recognized the benefits of the model. Within the primary group that initiated the move to inclusion (i.e., special education teachers and administrators), all were in agreement on the vision of providing inclusion as the preferred model for service. To establish inclusive programs in all sites, however, special education staff had to collaborate with multiple individuals and organizations—parties which might or might not have shared their vision of inclusion. Interview participants also reported that families of children with disabilities initially expressed concerns that a move to inclusion would have a negative impact on the quality of the program, and that their children would not receive an education tailored to their individual needs.

Families were not identified as initiators of inclusion in any of the sites. This contrasts with previous studies. Soodak and Erwin (2000), for example, reported that families of young children with disabilities often must work very hard to create (or initiate) effective inclusive programs for their children. It is possible that *families as initiators* was not identified as a primary factor in any of the current sites because the informants included only educators and administrators. It is possible that, at these sites, the parents of current or former students with disabilities could have provided a more expanded version of who initiated inclusive services.

Continuation. The identification of facilitators for continuation of inclusion was relatively balanced across the five sites and four of the eight key factors, as highlighted in Table 4. Three of the sites reported *collaborative relationships*, *shared vision*, and *training and external support* as factors that supported them in continuing to provide in-

clusive programs. Four sites identified *organizational structure* as a facilitator for continuation.

Under ideas of these three key factors, varieties of strategies emerged. Participants reported that systems within the organizations that developed over time and supported the continuation of inclusion, for example, were (a) mentoring and teaming among the teachers, (b) early childhood special education teachers working with the team of general early childhood teachers, and (c) early childhood special education teachers serving not only as head classroom teachers but also as itinerant teachers for the general early childhood classrooms.

Additionally, social supports for the staff were an important ingredient in continuing inclusive services. Staff members in three of the sites reported that they spent time getting to know one another as people and not just as professionals. The interview participants indicated that they were able to maintain effective inclusive programs because they had the opportunity to get to know—and learn to respect—one another.

Last, providing inclusive preschool programs involved formal and informal agreements among organizations such as an LEA, community child-care services, and preschool programs. Because most of the sites did not have LEA sponsored “traditional” preschools, the special education sponsoring agency for each research site collaborated with at least one other agency or funding stream to provide inclusive opportunities. Collaboration among agencies or grantees was very important and, without these collaborations, many of these sites would not have been able to provide inclusive services.

This feature of the present study is very much in alignment with the findings of Odom, Horn and colleagues (1999), who identified a variety of organizational contexts where children with disabilities are enrolled, including (a) preschool and child-care programs that are not associated with the school district or special education cooperative in the research site, (b) Head Start classrooms, and (c) preschool classrooms operated by the school district. Likewise, the children with disabilities who were located in the current research sites had their individualized services provided through a variety of different educational arrangements including (a) an early

childhood special education teacher or related service personnel providing itinerant services at the inclusive site; (b) early childhood special education teachers collaborating, consulting, and team teaching with general early childhood educators in the inclusive classrooms; and (c) early childhood special education teachers leading inclusive classrooms.

The area which had the fewest factors reported as challenges was *continuation* (see Table 4). Regarding *policy*, interview participants at three sites made reference to constantly changing policies and having to stay informed about changes. These sites had multiple collaborative partners or funding streams, so there also were multiple sets of policies that participants had to know—such as IDEA, Head Start, and 4-Year-Old At-Risk legislation and regulations. These constant changes also affected *collaborative relationships* among the partners within the different sites. An interview participant in one site stated that it was difficult for the collaborating agencies to remain informed of the changes in each other's funding source policies. This lack of awareness of policy change can cause friction between the agencies when funding emergencies arise. Staff turnover in LEAs and community programs also was a constant challenge, particularly when individuals enter the inclusive model and might not be informed of—or in agreement with—aspects such as the vision or organizational structures that have been established.

LIMITATIONS OF THE PRESENT STUDY

Several limitations must be taken into account when considering the findings from the present study. Although the sample size included five research sites with multiple numbers of interviews and focus group participants in each site, this was by no means an exhaustive group from which large-scale judgments or generalizations can be made.

A second limitation involves the key informants in the sites. There was one person at each site with which the first author communicated regarding identification of interview participants and particular programs within a site. All five of the primary key informants were employees of the

LEA or a collaborative agency, and this could have resulted in a bias in terms of the selection of persons to interview. Other important voices therefore might not have been included; for example, no parents were involved in the interviews. Although parent opinions were requested, key informants made no recommendations for parent participation in the research process. Thus, the results of this study are limited to a professional perspective.

CONCLUSION

This study was designed to examine how five school districts and special education cooperatives in a Midwestern state initiated and continued inclusive service models for their preschool students with disabilities. Although there is evidence that inclusion has a positive impact on children with disabilities (e.g., Guralnick, 2001; Leyser & Kirk, 2004; Stahmer & Carter, 2005), issues surrounding how best to deliver inclusive services still remain unresolved (Guralnick, 2000), and include, "How can we establish inclusive preschool programs?" and "How do we make inclusive preschool programs accessible to all young children with disabilities?" The stories of participants at these research sites identified strengths and challenges to providing effective inclusive service models for the majority of their preschool students with disabilities. Through these stories, previously identified key factors for the initiation and continuation of inclusion were addressed and new influences emerged.

An especially important theme was *collaborative relationships*. Interview participants in all sites report collaborating with other individuals, groups, and agencies to provide inclusive service models for young children with disabilities. The following quote from one interview participant highlights this recurrent theme of collaboration as an important feature of a successful inclusive program.

Because children are our future and they deserve the best . . . if we can convince everybody that we are all working for the same goal that all of our children are worth the effort to do this because they are going to bring us into the future and we need to take

care of their needs now [i]t's worth every effort. Whatever the challenges are, we can work through them if we all work together. (Center Director)

IMPLICATIONS

This study examined the initiation and continuation of preschool inclusion programs. The facilitators and challenges identified in this study provide LEAs and teachers with possible solutions which they should consider in developing and maintaining their own inclusive programs. The sample of sites for the current study was chosen to represent small, large, rural, and urban sites. Further, the use of both individual school districts and special education cooperatives adds an additional contextual factor. There was a variety of unique issues associated with developing and continuing preschool inclusive programs in these sites. Other LEAs are encouraged to consider whether these are pertinent to their own situations, and to use this information to help develop new programs or to improve existing inclusive programs.

Some general areas to address when considering initiating or continuing an inclusive model are (a) utilizing key personnel, (b) having a shared vision, (c) employing a strong training and support model for staff, and (d) ensuring strong collaborative relationships. These areas are applicable to student of all ages.

When planning or continuing an inclusive model, LEAs should look to key individuals (predominantly administrators, as revealed in the current study) to support the initiative from the beginning of the program and throughout its life. Possessing a shared vision also is essential to supporting the development and continuation of an inclusive model. Over time, it also is critical to have a variety of training and support opportunities for the teaching and related service staff, so that everyone involved has the needed skills and so these skills can be further upgraded. Many LEAs do not have their own preschool programs for children who are developing typically, therefore LEAs often must collaborate with other organizations. Developing a strong collaborative partnership supports the initiation and continua-

tion of an inclusive program. LEAs and partner agencies should establish written policy regarding financial and managerial responsibility. Clearly identifying which agency (or funding source) is responsible for the variety of instructional and noninstructional costs, hiring, and supervision of staff assists a program in continuing its endeavor.

FUTURE RESEARCH

The qualitative study of process and perceptions (such as that done in the present study) provides important information, but there remains a need to collect outcome data on the impact of inclusion. For example, it would be useful to compare the effectiveness of different options (such as those identified in this study) on the programs of preschool children with and without disabilities.

An additional area for further research involves examining issues surrounding funding. For example, one participant questioned the blending of funds for classrooms specifically for groups that have state or federal assistance programs (i.e., special education for students with disabilities, Head Start, and 4-Year-Old At-Risk for children in families with low socioeconomic status) to provide inclusive opportunities. The interviewee expressed concern that the blending of these funding sources and programs could still be considered segregation because classrooms were organized around *specific groups* of children rather than *all* children. Not only should future research examine such perceptions and attitudes more fully, but it also would be helpful to examine the effectiveness of programs that provide a class-within-a-class for students with disabilities.

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ABOUT THE AUTHORS

MEGAN L. PURCELL (CEC KY Federation), Assistant Professor, Department of Special Education, Eastern Kentucky University, Richmond. **EVA HORN** (CEC KS Federation), Professor, Department of Special Education; and **SUSAN PALMER** (CEC KS Federation), Associate Research Professor, Bureau of Child Research, University of Kansas, Lawrence.

Address correspondence to Megan L. Purcell, 245 Wallace Building, 521 Lancaster Avenue, Richmond, KY 40475 (e-mail: megan.purcell@eku.edu).

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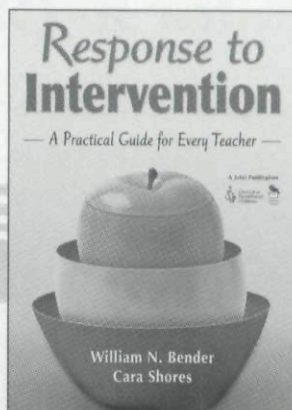
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