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## *Renewing the Inclusion Agenda: Attending to the Right Variables*

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In 1978, Michael Guralnick provided leadership to our field by editing a book entitled *Early Intervention and the Integration of Handicapped and Nonhandicapped Children*. The focus of that book was (a) to provide an overview of the processes and strategies used to understand and implement new concepts, models, and designs in early intervention; and (b) to present conceptual, programmatic, and empirical information on what was then termed “integration.” One of the most important aspects of the book was its concentration on quality early intervention as emphasized by Galloway and Chandler (1978) who stated, “a program that is inadequate for non-delayed children will also be a poor choice for children whose development is delayed” (p. 285). All of the chapters in the book were authored by the trailblazers of our field and they each focused on the promotion and enhancement of children’s learning in the same settings as their nondisabled peers. This was the early vision of inclusion: opportunities for social and educational learning for all involved. Looking back, this book epitomized for me the excitement of our field as we strove to develop better ways to serve children with disabilities and their families.

Around this same time (1976 to be exact), I started out in the field of early childhood intervention as a classroom teacher. I was responsible for teaching preschool children with a range of disabilities in a public school program in Vermont. This resource-rich program had a full interdisciplinary staff and almost as many teachers, therapists, classroom and therapy aides, student teachers, practicum stu-

dents, and volunteers as there were children. The program was outcome driven, using then-validated special education techniques as required by program supervisors and university collaborators.

I was lucky to have started teaching in Vermont, because before the passage of Public Law 94–142 this state had adopted a vision for children who required special education. The core of this vision was the right of every child to receive education in their town or community school, in classes with their non-disabled peers. The exception at the time was preschool, as most school districts did not yet have the capacity to meet the special needs of this age group. At the end of my second full year of teaching, Mike Guralnick’s book was published. The book served as both an anchor and direction setter to my colleagues and me as we began to shift our model program from a self-contained, center-based model to one serving children in their community’s child care, Head Start, or nursery programs.

I would like to claim that research or systematic planning brought about the shift we embarked upon. Not so. Failure brought it about. That is, the failure of many of our “graduating” 5- and 6-year-olds to make successful transitions into their local kindergarten and first grade classrooms (kindergarten was not mandatory in those days). Of course, the failure was not the children’s failure. Rather, it was our failure as service providers because we did not plan and prepare the children for the types of inclusive environments they were entering. Some might argue (as happened at the time) that the children’s needs were too

demanding for them to be served in general education classrooms and they should stay in self-contained programs. However, this was not an option because of the state vision and policy developed by our state leaders.

In response to our failure, we teachers were given the opportunity to learn from those experts who had developed inclusive preschool models, as well as from those who were providing early childhood programs for children without disabilities. The result was a major revamping of our service-intense model. To ease our transition into a more community-based inclusive model, we started slowly. That is, we kept the children in our center for half the day and searched for placements in private kindergartens, Head Start, child care programs, or nursery schools in their home school districts for the other half day. This required not just a shift in philosophy but also practice. We were thrust into the role of consultants who had to ensure that “our” children made objective gains in these placements (our funding in those days depended on children’s outcomes) as determined by evidence collected on both our practices and children’s outcomes. Again, failure was not an option.

Before long, the families realized that the children did better than we all had expected in the community placements and that they were acting more like children than special education students. Additionally, the families were developing a different vision for their children—one that attributed their learning to a range of opportunities in places with typically developing children, as opposed to the learning that occurred only in special schools with special teachers. So our service delivery shift continued as we phased out the half-day specialized placement, mostly at the request of families. An additional lesson we learned was that some of the children’s most important outcomes were not then measured by our Individualized Education Plan (IEP) objectives and minimum-objective system, especially in the areas of social competence and self-management skills. This forced us to revamp curricula, practice, and outcome measures. If it wasn’t for Guralnick’s book, I know our struggle into an inclusive service

delivery model would have been much harder—and might not have happened.

Fast forward almost 25 years and Guralnick is again providing leadership and direction to the field of early childhood intervention in the area of inclusion. My role has changed somewhat, although I am still unequivocally committed to the provision of quality early childhood intervention services in inclusive settings, and I am still relying on Guralnick to clarify issues and provide solutions to many of the challenges that currently confront us in this arena.

This article by him is the conclusion of his new book, *Early Childhood Inclusion: Focus on Change*. In it, he presents to us an ambitious agenda predicated on the notion that “the absence of direction and leadership in this field is most obvious and may be contributing to the slow pace and the fragmented process of change that characterizes the field of early childhood inclusion” (p. 214). In reading the recommendations presented by him one can sense his frustration. This frustration is based in part on the fact that, although much has improved since his first book was published, we are still struggling with the development of quality early childhood intervention models that occur within the context of inclusive practices.

Since Guralnick’s first book appeared, much has happened. First, the demographics of our society have changed. The children and families served in early childhood intervention represent an increasingly culturally and linguistically diverse population. Second, there are many more families who need access to child care, and many more families live in poverty. Third, service delivery models for young children have changed, the most important aspect being an acknowledged respect for the pivotal role the family plays in any service model for their child. Fourth, the role of early childhood special educators has shifted in some cases from a direct service provider into more of a consultant. Fifth, legislative entitlements and national, state, and local discretionary programs have established an increasing number of formalized services available to infants and young children, rep-

representative of a variety of political, philosophical, and research-based initiatives. The one constant through these changes has been the commitment of our field to the facilitation of children's learning, although not necessarily within inclusive settings. This is best illustrated by our national placement data on preschoolers with disabilities who receive special education services in settings with nondisabled peers. The data reported to Congress suggest that through the years there have never been more than 50% of preschoolers receiving special education in inclusive settings (Brown, personal communication, May 13, 2000). Of course there are many complex reasons for this, as eloquently described by the eminent leaders of our field (e.g., Bailey, McWilliam, Buysse, & Wesley, 1998; Bricker, 1995; Odom et al., 1999).

In response to our continued quest for quality and effectiveness, Guralnick has developed a series of recommendations to the field of early childhood intervention focused on systemic change aimed at moving forward the agenda on inclusion and early childhood intervention. The recommendations are ambitious: He provides 22 across the topics of systems change, program development, and research. These recommendations follow a strong directive for the U.S. Department of Education to develop a National Leadership Forum on Early Childhood Inclusion in order to systematically address the field's approach to early childhood intervention within inclusive settings. It is proposed that the forum be established to develop and implement these 22 recommendations as well as others that might surface.

Although I agree with most of the recommendations Guralnick has put forth, such as the importance of viewing our work within the larger landscape in early care and education and the need for improved personnel training models for all in early childhood, I have less enthusiasm for others (e.g., item 12). Nonetheless, I feel his agenda is sound and demonstrates leadership and direction that could, if embraced, move our field into the millennium, as we strive for quality in programs for all young children. Most notable in this agen-

da is Guralnick's dedication to identifying the right variables on which to focus. Rather than react to his main areas of recommendation, I will use this opportunity to highlight, expand, and illustrate some of these variables that were as salient to me at the beginning of my career as they are now.

### *A Leadership Agenda for the Nation*

Although many people might think that the recommendation for a long-term national leadership forum is more formal a structure than is needed to advance the inclusion agenda in the United States, I would like to applaud Guralnick's intention to elevate this agenda and place it in the forefront of future educational planning for young children. In particular, I want to call attention to his recommendation that the government should help ensure that families and their children receive quality early childhood intervention services—quality services embedded in inclusive settings. If the U.S. Department of Education takes on this challenge, it can join many of the world's governments in addressing the issue of inclusion in tandem with educational issues for all children.

In 1994, 92 governments and 25 international organizations met in Salamanca, Spain, at the World Conference on Special Needs Education to further discuss the world objective of Education for All, in particular the policy shifts required to promote inclusive education. As a result, the *Salamanca Statement and Framework for Action on Special Needs Education*, structured around the principle of inclusion, was adopted unanimously. This framework consists of 85 articles (i.e., statements) written as recommendations. The Spanish government organized the conference in cooperation with United Nations Educational, Scientific, and Cultural Organization (UNESCO). This framework was just reaffirmed by UNESCO's Executive Board (5/18/00) and has been used to support all of UNESCO's initiatives for children with special needs. It should be noted that many countries and nongovernmental organizations have also provided leadership in this area throughout the world through the adoption of these

articles. The framework was then extended to the early childhood years through a UNESCO sponsored forum I attended in 1997. The result was 56 recommendations for both international organizations and national organizations across a range of issues governing quality early education, all to be conducted in the context of inclusive program models. Considering Guralnick's background in international work, I am not surprised at his recommendation for the forum and the scope of his recommendations. I would hope that our government agency is willing to take on this mission.

### ***Mental Models and Shared Vision***

Another area of importance to me in Guralnick's inclusion agenda is his recommendation that the field agree about the feasibility of inclusive programs (item 14). My feeling on this is stronger: I think this should be embedded within the first item in his agenda. Most important to me in the pursuit of quality inclusive early childhood models is the attitude and belief that these models can and should be the programs of choice for children with disabilities. If we do not have agreement about inclusion as a feasible program model, we might as well not pursue the rest of Guralnick's agenda for change.

I can't emphasize enough how important a shared vision is to the success of any endeavor. Since the 1970s, the field of early childhood intervention has been grounded in an academic quest for effective practices and models that could be adopted or adapted across children and families. Unfortunately, much variation currently exists in practices and models as seen in both the definitions and organizational structures governing inclusive programs, some of which are successful, and some that are not (c.f. Bricker, 1995; Odom et al., 1999). One reason for the lack of success might be the lack of a common mental model about the feasibility and implementation of quality inclusive early childhood programs.

A mental model is one of the five disciplines addressed by Peter Senge in his work with systems thinking and learning organizations. Applied primarily to business, as is Joel

Barker's work on paradigms, both have relevance to the challenges Guralnick has described. A mental model is an assumption, based on values, that influences our understanding of the world and governs the actions we take. In his agenda for change, Guralnick has laid out four central goals of early childhood inclusion, each grounded in values requiring the adoption of mental models that equate inclusive practices with program quality, thus necessitating a paradigm shift for some in our field. This has been illustrated to me most recently through a number of workshops I have conducted this year for preschool personnel on issues surrounding inclusion. Personnel from preschool special education, Head Start, kindergarten readiness programs and child care have attended these workshops. Through these, I have been dismayed at the multitude of philosophical and administrative barriers affecting program quality in general and inclusion in particular. It is no wonder that service providers are confused and sometimes less than precise about the origin of their intervention practices, especially those related to inclusion. It has become quite clear that providers, administrators, personnel preparation programs, policy makers, and families must adopt mental models that place effective early childhood intervention within the context of inclusive programs, as opposed to making either effectiveness or inclusion the choice. Otherwise, we are fighting an unwinnable battle. A vision that places inclusion as a necessary component of quality early childhood intervention services would tremendously assist the agenda Guralnick proposes.

The Map to Inclusive Child Care Project can offer one example of the power of mental models and shared vision. This 3-year technical assistance contract, awarded by the Child Care Bureau at the U.S. Department of Health and Human Services to the University of Connecticut, assisted 31 states and territories to develop child care teams composed of parents, childcare providers, early childhood interventionists, state level personnel, and others. These teams conducted strategic planning to expand and enhance inclusive child care opportunities for children with disabilities and

their families. The basis of their strategic planning was the development of a shared vision for their individual states and territories around child care and children with disabilities. Not surprisingly, the majority of the team visions focused on expanding and enhancing quality child care for all children. It was satisfying to note that all 31 teams used their vision to guide visible and concrete outcomes in the child care arena. For example, states changed legislation, leveraged funding (in the range of up to a million dollars in some instances), and revamped personnel standards. I use this limited example to guide the development of new mental models and shared visions within the National Leadership Forum and State Task Forces, as Guralnick has proposed (item 1).

### ***Effective Practices and Evidence-Based Guidelines***

I am glad that Guralnick included in his agenda the importance of developing and disseminating effective practices and evidence-based guidelines to direct inclusive program models (e.g., Items 3 and 9). In 1990, Phil Strain addressed the Division for Early Childhood, Council for Exceptional Children, on the topic of inclusion (Strain, 1990). He summarized research that provided evidence for the expansion of inclusive models of early childhood intervention. He also chastised the field for holding on to “sacred cows” such as attending to service provision as opposed to service outcomes and promoting and tolerating non-validated models of early intervention. Unfortunately, 10 years later, we still maintain these sacred cows.

For the past 15 years, I’ve worked in a medical school. Although the medical-model approach to long-term intervention leaves much to be desired, there is one area in which my medical colleagues excel: their quest for better treatments of care. Once the effectiveness of medical treatments are proven, physicians embrace them and apply them to better patient care. For example, the areas of surgical techniques, anesthesia, medications and their administrations, and diagnostic tests are constantly improving and more effective tech-

niques are substituted as they are developed. None of us would want otherwise, especially if one treatment has been proven to be more beneficial than another. Considering the field of medicine is at least as complicated as the field of early childhood intervention, I often wonder why early intervention continues to permit children and families to receive second-rate (at best) practices when evidence suggests another path to effectiveness.

Of course there are many reasons for the status of the medical field, not the least of which is funding. Physicians serve in an open market, albeit one that is coming under more and more cost containment by HMOs. Early childhood intervention has not been funded on the basis of outcomes, in part because legislation has emphasized services as opposed to the functions and results of those services. Until our field begins systematically to adopt and infuse evidence-based practices as a guide to service delivery, we will struggle with idiosyncratic service delivery models composed of practices that may be outdated, inefficient, and at worst ineffective. Guralnick’s agenda places an emphasis on research, evaluation, and dissemination of proven practices that enhance inclusion across children and settings. I applaud this emphasis and feel it is currently missing in many of our early intervention models.

### ***The Role of Families in Their Children’s Learning in the Home and Community***

The agenda for change acknowledges the importance of natural environments for infants and toddlers (item 5) and inclusive community activities for all children (item 20). The family’s role in orchestrating these experiences must be emphasized in both these recommendations. Families almost universally consider different activity settings as the primary contexts for defining important aspects of family life. Activity settings are those settings in which families place value and participate. They can include, but are not limited to, family meal times, reading children books at bedtime, elders telling stories, family rituals and traditions, and community festivals and cele-

brations. These activity settings are similar in that they all provide child development opportunities and experiences, yet they might differ in their purposes, functions, demands and expectations. Additionally, we now know that the particular activity settings that define family life are those to which families ascribe special meaning. Again, these include experiences that parents desire for their children to promote development, skills, and values consistent with their cultural beliefs. These commonalities have been found in studies of children with and without disabilities (Bruder & Dunst, 2000).

Research and practice indicates that young children with and without disabilities or delays participate in many different kinds of natural social and nonsocial learning environments day in and day out, at different times of the year, and as part of different kinds of family and community celebrations and traditions (Dunst, Hamby, Trivette, Raab, & Bruder, in press). Many kinds of learning activities occur in inclusive environments, whether planned with specific goals and purposes, or as the result of opportunities and experiences not having predetermined goals and purposes. Library story times, baby exercise classes, and swimming lessons are examples of these planned learning activities. Serendipitous learning activities such as going along to a ball game with an older sibling, going food shopping with a parent, visiting a neighbor and so on, all of which are likely to include experiences having developmental-enhancing effects. Both kinds of learning opportunities are important for promoting and enhancing child competence and development, and they exist outside formal intervention programs.

A recently completed descriptive study of 124 children (age birth-6) with and without disabilities across seven states conducted as part of the Families and Learning Research Institute identified the type of activity settings and locations in which their families spent time (Bruder & Dunst, 2000; Dunst, Bruder, Trivette, Raab, & McLean, in press). The findings have been summarized with regard to the number of (a) places and locations of the activity settings, (b) activity settings in which

learning opportunities took place, and (c) the kinds of learning opportunities that the children experienced. The findings are best understood by considering locations as sources of activity settings and activity settings as sources of learning opportunities. The children in the study participated in activities in an average of 15 different locations, where they experienced an average of 87 different kinds of activity settings. These activity settings, in turn, resulted in an average of 113 different kinds of learning opportunities illustrating the extent to which children are included in home and community activities outside of formal intervention programs.

I would like to suggest that the context of family routines and community activities are integral to any inclusion agenda. If we are truly trying to facilitate the acceptance of children with disabilities into settings with their nondisabled peers, it would seem that our efforts should be in assisting families to orchestrate learning experiences in the everyday activities they value. Although formal, planned learning opportunities have been the foundation of early childhood intervention, a broadened view of inclusion acknowledges the benefits of learning in a variety of real-world settings as determined by families. What is especially appealing about family routines and community activities as the contexts for promoting and enhancing child competence is that they are readily available, easily used sources of children's learning and likely to exist outside of and beyond a child's participation in formal early childhood intervention programs. If we reorient our pursuit of inclusion to begin with families, we may be able to clarify and enhance our understanding of effective, sustainable interventions.

### *Financing Quality*

In closing, I would like to emphasize one additional area Guralnick omitted: funding. A truth that has remained constant since the first wave of "integration" is the need to fund quality programs for children with disabilities and their families. Funding constraints have a negative impact on any service delivery system. In our current era, there has been an in-

creased amount of attention on the early childhood years with a subsequent increase in program initiatives at the national, state, and local levels. Unfortunately, these initiatives are governed by categorical limitations in both funding and population parameters (e.g., Head Start, Healthy Families). The result has been multiple funding streams for young children and families, most of them not well-coordinated. This was made painfully evident to me during a demonstration project I directed in the mid-1990s. Aimed at developing a collaborative program structure for preschool-age children in Hartford, Connecticut, the project attempted to meld preschool special education, Head Start, and the city child care program. Although Guralnick does acknowledge and recommend attention to administrative barriers affecting inclusion (item 9), what caused many of the barriers for us were both a perceived and real lack of funding to support quality across all three programs. This lack of funding affected everything from adult-child ratios in the programs to the availability of basic materials and equipment, to the lack of time for teaming, and to the lack of professional development time for the teachers involved. We were compelled to use our limited resources (another funding constraint) to “buy” substitute teachers to enable us to have a monthly inservice day for the special education teachers. This inservice was needed to provide opportunities for them to examine their practices across a variety of content areas such as philosophy, instructional models and curricula, child-initiated learning, data collection and IEP development, and consultation skills. Most important, we were attempting to build their competence and confidence with inclusive practices. It took 3 years to get a common training time together for all three programs, which occurred shortly before our project ended, and as could be predicted was not sustained. What was most discouraging was the lack of both clinical and programmatic supervision available to these teachers, another area also affected by funding constraints. It was easy to see that funding had and has a direct relationship to program quality throughout this project. It would be nice

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to end this commentary on a positive note, but unfortunately I have yet to see adequate funding given to programs for young children in general and young children with disabilities in particular.

In concluding this commentary, I would like to emphasize the optimism Guralnick's agenda for change has given me. As stated earlier, I began my efforts in early childhood intervention in an era of optimism for the possibilities we could offer to children with disabilities and their families. I am grateful that my early experience in system change for inclusion was grounded in what I still consider the right variables: a shared vision, evidence-based intervention practices, and the importance of families. The children I taught then are now in their late 20s and I assume participating in the world of adulthood. What better way to prepare our children for this world than beginning in an inclusive childhood?

I am grateful for Guralnick's agenda for change and his call for national, state, and local leadership to implement the needed change. The pursuit and assurance of quality early childhood intervention models has never been easy, especially when inclusion is used as one dimension of the quality. We should not be surprised: What we are proposing to do is improve children's lives, and Guralnick's agenda is leading the way.

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