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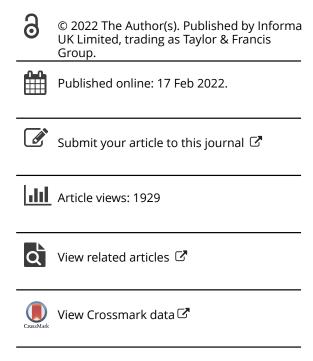
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Putting preschool inclusion into practice: a case study

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ABSTRACT

At a time when inclusion is valued, an important guestion is how it can be put into practice. This study investigates how one Swedish preschool and one of its units achieve inclusion. It adopted a mixed method research approach and a case study design. Participating in the study were one head teacher, five preschool staff members and five children with attachment difficulties/an attachment disorder. The data were collected by way of structured and semi-structured observations, a focus group interview and one retrospective interview. Thematic and statistical data analyses as well as patternmatching were conducted. The study shows that preschool inclusion was achieved by means of a new unit, a specialised organisational typology, full inclusion, a two-tiered system of integrated support, a shared vision, high expectations of all children, positive attitudes, qualified staff, staff support and sufficient funding as well as a set of factors and inclusive practices that were implemented to a high level of quality (nearly excellent; m = 6 on a 7-point Likert Scale). The pattern of the results, with two exceptions, supports the predicted pattern with a basis in previous studies and frameworks. The study answers the question and can form a basis for interesting discussions.

KEYWORDS

Inclusive Classroom Profile (ICP); preschool inclusion; quality; support; young children with disabilities

Introduction

At a time when inclusion is considered beneficial for both individual children and society at large (Barton and Smith 2015; Booth and Ainscow 2002; Collett 2018; European Commission 2020; Florian and Black-Hawkins 2011; Mitchell 2014; Odom et al. 2004; United Nations Convention on the Rights of Persons with Disabilities [UN CRPD] 2006; United Nations Educational, Scientific and Cultural Organisation [UNESCO] 1994, 2020), and is a Sustainable Development Goal to be reached by 2030 (UN 2015, Goal 4, Target 4.5), an important question to answer is how inclusion can be put into practice. The European Agency for Special Needs and Inclusive Education (European Agency 2014, 5) indicates that further research on this subject is required: 'The current debate is no longer about what inclusion is and why it is needed; the key question is how it is to be achieved'.

Employing a case study research design, this study aims to further understanding as to how inclusion is achieved in the context of the Swedish preschool for children with attachment difficulties/an attachment disorder. The rationale is to provide an answer to the key question.



Previous studies and frameworks

Studies and frameworks exist that focus on the implementation of preschool inclusion. Some of these are particularly relevant for this study since their focus is on the implementation of preschool inclusion for children with disabilities.

Results from previous studies

Previous studies have indicated that inclusive preschools have a wide-ranging, comprehensive organisational typology or a specialised organisational typology designed for children with a certain disability diagnosis (Lundqvist 2016; Lundqvist, Allodi Westling, and Siljehag 2015a, 2015b, 2016).

Previous studies have also indicated that inclusive preschools can be described in terms of full inclusion, partial inclusion and integrated activities (Guralnick et al. 2008; Hanson et al. 2001; Lundqvist 2016; Lundqvist, Allodi Westling, and Siljehag 2015b). Full inclusion refers to the highest degree of preschool inclusion in which children with and children without disabilities have educational activities, daily routines and playtime together throughout the preschool day. Partial inclusion refers to a preschool in which children with disabilities receive therapy, or similar, separate from their preschool peers while also having educational activities, daily routines and playtime together with their peers. Integrated activities refer to a low degree of preschool inclusion in which children with disabilities attend a preschool (or preschool unit) of their own but have regular meetings and contacts – termed integrated activities – with children without disabilities and staff from other preschools (or preschool units). According to Lundqvist (2016) and Lundqvist, Allodi Westling, and Siljehag (2015b), full inclusion (in a preschool) can relate to a comprehensive organisational typology, while partial inclusion and integrated activities can relate to a specialised organisational typology.

A previous study (Lundqvist, Allodi Westling, and Siljehag 2015a) indicated that inclusive preschools provide integrated support (e.g. time visualisations, child preferences, special equipment, picture exchange communication, sign language, feedback and one-on-one assistance) to facilitate and enhance children's sense of belonging, learning and development, and segregated support such as speech therapy separate from peers. According to Lundqvist (2016) and Lundqvist, Allodi Westling, and Siljehag (2015b), full inclusion (in a preschool) can relate to integrated support, while partial inclusion can relate to both integrated and segregated support. Integrated activities can relate to integrated support such as one-on-one assistance.

What is more, a previous study (Warren, Martinez, and Sortino 2016) identified characteristics of an inclusive preschool that was considered successful. These were highly qualified staff who collaborate, high expectations of all children, curriculum modifications and the monitoring of children's learning progress. A further characteristic of a successful inclusive preschool was having children who learn through play and children without disabilities being encouraged to respect individual differences.

In addition, previous studies suggest that inclusive preschools have both strengths and weaknesses in terms of their inclusive practices and that they vary in the overall quality of their inclusive practices (Lundqvist, Allodi Westling, and Siljehag 2016; Vlachou and Fyssa 2016).



Content of research-based frameworks and additional examples of studies

The Building Blocks Model (Sandall, Schwartz, and Joseph 2001; Sandall et al. 2019), which is an example of a research-based framework, suggests there are multiple components to successful preschool inclusion for children with disabilities. These are curriculum modifications and adaptations, embedded learning opportunities and explicit, child-focused instructional strategies. Curriculum modifications and adaptations refer to 'a change to the ongoing classroom activity or materials in order to facilitate or maximize a child's participation in planned activities and routines' (Sandall et al. 2019, 55). One type of change is termed environmental support and another materials adaptation. Six more types are activity simplification, child preferences, special equipment, adult support, peer support and invisible support. Embedded learning opportunities refer to planned, short and low-intense instructions in relation to ongoing activities and routines related to the learning objectives of children with disabilities. Explicit, child-focused instructional strategies refer to planned intensive and individualised instruction routines related to the learning objectives of children with disabilities in which a preschool staff member provides instruction, opportunity for the child to respond, and feedback. Sandall et al. (2019, 147) wrote:

To acquire necessary skills and concepts, some children may need more opportunities every day to practice the skill, more assistance from their teachers, instruction in a setting with fewer distractions, positive reinforcement in a more consistent manner, and consistent guidance when they make errors.

According to the Building Blocks Model, the monitoring of individual children's progress is also necessary for successful preschool inclusion as well as collaboration between staff and different experts.

Others also describe the importance of a multi-tiered system of support and focused instructional strategies (Miller Young, Chandler, and Carta 2019; Pretti-Frontczak, Grisham-Brown, and Hemmeter 2017).

The Inclusive Classroom Profile (Soukakou 2012, 2016) suggests that successful preschool inclusion for children with disabilities is achieved by way of 12 inclusive practices that are of high quality. Examples of these are adaptations of space, materials and equipment; support in transitions between activities; and monitoring of children's progress in terms of individual learning objectives to ensure children's growth. Others also emphasise matters relating to the quality of such inclusive practices (Barton and Smith 2015; Lundqvist, Allodi Westling, and Siljehag 2016; Vlachou and Fyssa 2016).

Yet another example is the Ecosystem Model of Inclusive Early Childhood Education (European Agency 2017a, 2017b; Ginner Hau, Selenius, and Björck Åkesson 2019) that proposes several factors for success for preschool inclusion and child outcomes such as belongingness, engagement, learning and development. In addition to, for example, a shared vision on preschool inclusion, positive attitudes, highly qualified staff, staff support and sufficient funding (European Agency 2014), the success factors operating within an inclusive preschool are an overall welcoming atmosphere for every child and family, an inclusive social environment, a child-centred approach, a child-friendly physical environment, materials for all children, opportunities for communication for all, an inclusive teaching and learning environment, and, finally, a family-friendly environment/ family involvement (European Agency 2017a, 2017b).

A predicted pattern with a basis in previous studies and research-based frameworks

In light of the studies and preschool inclusion frameworks mentioned above, the author (JL) put forth the following proposition prior to commencing the study. The proposition is part of a pattern-matching analysis technique that is applied in the study:

Preschool inclusion for children with disabilities varies in terms of organisational typology, and degree and provision of support. What is needed is a multi-tiered system of support that includes curriculum modifications and adaptations, embedded learning opportunities, and explicit, child-focused instructional strategies. A preschool that implements full inclusion is characterised by a comprehensive organisational typology and integrated support. A preschool that implements partial inclusion is characterised by a specialised organisational typology, and both integrated and segregated support. The use of integrated activities is characterised by a specialised organisational typology, a preschool/preschool unit solely for children with disabilities, and integrated support during integrated activities. Further, the quality of preschool inclusion (inclusion practices) for children with disabilities varies. Successful preschool inclusion is characterised by a shared vision, high expectations of all children, positive attitudes, highly qualified staff, staff support, and sufficient funding as well as a set of factors and inclusive practices that are of high quality.

Early childhood education and care in theory and in the Swedish context

Preschool is the first step in the Swedish education system (Education Act 2010, 800) and is, in this study, understood to be an important microsystem and influential factor in children's social and academic development (Bronfenbrenner and Morris 1998; Sylva 2010). Besides the microsystem, other important systems are the biosystem, mesosystem, exosystem, macrosystem and chronosystem. Even though preschool attendance is not compulsory in Sweden, almost all children go to preschool for several years before starting school. This is the case for both children with and children without disabilities. In Sweden, preschool fees are subsidised by the government, and each child is entitled to several hours of preschool per week at no cost. A Swedish preschool can comprise several units, and these units often share an outdoor playground. A preschool unit refers to a group of children and to the indoor spaces allocated to that group. Making up preschool staff are, for example, preschool teachers with a teaching degree at the level of Bachelor and childminders [barnskötare, in Swedish]. The Swedish preschool is regulated by an education act (2010:800) and a national preschool curriculum (Swedish National Agency for Education [SNAE] 2018). In the Swedish preschool, all children, including those with disabilities, should receive an education that incorporates teaching, mealtimes and snack times and opportunities to play, and, when needed, children should be given support so that they can take part, learn and develop (Education Act 2010, 800; SNAE 2018). Preschool should also prepare them for school. The Swedish preschool is also regulated by international conventions (United Nations Convention on the Rights of the Child [UN CRC] 1989; UN CRPD 2006). According to the UN CRC, all children should have access to education (Articles 2 and 24) and according to the UN CRPD (2006), support for children with disabilities should be effective and individualised, and should 'maximise academic and social development, consistent with the goal of full inclusion' (Article 24, my italics). Other degrees of inclusion such as partial inclusion or integrated activities are not mentioned in the UN CRPD

Aim

The aim of this study is to investigate how inclusion is achieved in a Swedish preschool and one of its units that is attended by both children with and children without disabilities aged three to five. The questions posed are: How is inclusion implemented in the preschool unit? What are the forms of support provided to the children with disabilities? What is the quality of the inclusion practices implemented?

Method

This study was part of a large research project about children with various disabilities, preschool inclusion and sustainable development of inclusive preschool in the context of Sweden. The project received financial support from the Swedish Research Council for Health, Working Life and Welfare (Forte), grant [number 2018-01855]. Beginning in 2018, it involved several preschool units in Sweden; its year of completion is set for 2023. The overall aim of the project is to further understanding of preschool inclusion in practice.

One of the units involved in the project also participated in this study. Established in 2018, the unit was strategically selected for this study: it was considered successful since both children with and children without disabilities attended the unit, and preschool inclusion was implemented. The information about the unit was obtained from a head teacher who was in charge of several preschools in Sweden. The author identified the head teacher by means of web searches. A case study design (Yin 2014) and a mixed method research approach (Teddlie and Tashakkori 2010) were adopted. The unit was defined as the case and preschool inclusion was defined as the complex phenomenon in focus that required an in-depth investigation. The study drew upon complementary qualitative and quantitative approaches and data.

Participants

The participants were the head teacher of the preschool, three preschool teachers with a teaching degree at the level of Bachelor, one childminder and one substitute teacher. The age range of the staff members is 36 to 50 years (m = 42 years) and their work experience ranges from 1 to 29 years (m = 12 years). The participants were also five children with disabilities (n = 4 boys; n = 1 girl). They all had attachment difficulties also known as an attachment disorder; they all had emotional issues and lacked ageappropriate social behaviours. Three also had communication difficulties; one did not speak. Their chronological age range was 53 to 68 (m = 59 months). The information about the children was obtained from staff members who knew the children well and who had insight into the children's past and present medical, psychological and special needs education assessments.

Data collection and analysis

Qualitative data concentrating on how to implement inclusion (research question 1) and the support provided to children with disabilities (research question 2) were collected by means of direct semi-structured observation (Yin 2014), a focus group interview (Wibeck 2010) with two preschool teachers who were responsible for the children with disabilities in the unit, and one retrospective interview (Kvale and Brinkmann 2014) with the head teacher of the preschool. In the direct semi-structured observation conducted throughout the data collection period, pen and notebook were used for notetaking. No voice/film recordings were made. In the focus group interview, the two preschool teachers described their unit and the implementation of preschool inclusion. They were also given the opportunity to have discussions with each other and to expand on each other's descriptions. In the retrospective interview, the head teacher reflected on and described the history and origin of the unit. The focus group interview and retrospective interview were conducted at the end of the data collection period, voice-recorded and transcribed (the relevant parts). These qualitative data were analysed by means of a deductive thematic analysis technique (Braun and Clarke 2006). This is a technique for 'identifying, analysing and reporting patterns (themes) within data' (Braun and Clarke 2006, 79). The author read the data, noted any interesting content and searched through the data for themes that reflected organisational typologies, degrees of inclusion, support and characteristics in previous studies and preschool inclusion frameworks. Thereafter, the author checked the search. In this study, quantitative data concentrating on inclusiveness and quality of inclusion practices (research question 3) were collected by means of the Inclusive Early Childhood Education Environment Self-reflection Tool (European Agency 2017a) and the Inclusive Classroom ProfileTM (ICP, Soukakou 2012, 2016). The selfreflection tool was used to provide a description of the unit's inclusiveness. The tool relates successful preschool inclusion to eight factors presented in a previous section and Table 1. Each factor consists of questions, and these were answered by the author by means of reflection. The ICP is a structured observation rating scale that requires few interview questions and document analyses. It is publicly available in book form and can

Table 1. Observed success factors in the inclusive preschool unit by means of the Inclusive Early Childhood Education Environment Self-reflection Tool (European Agency 2017a).

Factor	Description
An overall welcoming atmosphere for every child and family	The staff members are caring and promote an inclusive culture.
An inclusive social environment	The staff members build relationships with the children and facilitate their peer interactions. They support the children in activities and help them resolve conflicts.
A child-centred approach	The staff members build on the children's choices.
A child-friendly physical environment	Indoor and outdoor environments are accessible.
Materials for all children	Toys and other materials are easily accessible. These promote the children's creativity, communication and language, literacy, mathematics and science development.
Opportunities for communication for all	The staff members facilitate communication. They use pictures and some signs.
An inclusive teaching and learning environment	The children participate in educational activities such as circle time. The staff members have high expectations of the children and monitor children's learning progress.
A family-friendly environment/family involvement	The staff members develop a relationship with families. They inform them about their children's progress and involve them in decision-making.



Table 2. Quality of inclusive practices in the unit, as assessed by the ICP (Soukakou 2016).

Inclusive practice	Quality of inclusive practice (rating): Description
Adaptations of space, materials and	Excellent (7): The children access most areas and use many materials and
equipment	equipment independently. The staff members help them access areas and use materials and equipment purposefully, when needed.
Adult involvement in peer interactions	Excellent (6): The children are involved in many peer interactions. The staff members support these social interactions.
Adults' guidance of children's free-	Excellent (7): Time is set aside for free-choice activities and play, and the
choice activities and play	children have many opportunities to choose activities, play topics and playmates. When needed, the staff members provide help.
Conflict resolution	Excellent (7): The staff members prevent peer conflicts and support the children during incidents of peer conflicts. They have a non-threatening tone.
Membership	Nearly excellent (6): The staff members promote the children's membership in the group. There are opportunities for the children to assume social roles.
Relationships between adults and children	Excellent (7): The staff members share a warm affinity with the children.
Support for communication	Nearly excellent (6): The staff members actively facilitate the children's communication. They use pictures and some signs to communicate.
Adaptations of group activities	Nearly excellent (6): The staff members adapt group activities and make efforts to encourage the children's involvement.
Transitions between activities	Nearly excellent (6): The transitions between activities are smooth and achieved by, for example, a picture schedule.
Feedback	Nearly excellent (6): Feedback from the staff members to the children is positive and focused on efforts and processes.
Family-professional partnerships	Nearly excellent (6): The unit has a written policy on preschool inclusion. It is shared with families and others. The staff members communicate with the children's families and share information on the children's development.
Monitoring children's learning	Good (5): The staff members monitor children's progress towards individual objectives. They plan for embedded learning opportunities. They have consultation with a special educator on a regular basis.
Range	Good to excellent (5; 7)
Mean	Nearly excellent (6)

be used to access the quality of inclusive practices in a preschool unit attended by both children with and children without disabilities (Lundqvist 2016; Lundqvist, Allodi Westling, and Siljehag 2016; Lundqvist and Larsdotter Bodin 2018; Soukakou 2012, 2016). The ICP suggests that successful preschool inclusion consists of 12 inclusive practices. Three are presented in a previous section and all 12 in Table 2. The inclusion practices encompass indicators for inadequate quality, minimal quality, good quality and excellent quality on a 7-point Likert Scale. A rating of 7 reflects excellent quality, a rating of 5 reflects good quality, a rating of 3 reflects minimal quality, and a rating of 1 reflects inadequate quality. The overall quality of inclusion practices in the unit was established by calculating the mean value of the 12 inclusive practices.

The data were collected by the author in the autumn of 2020 over a two-and-a half-week period (N = 12 whole days).

The pattern-matching

After processes of qualitative and quantitative data collection, a pattern-matching analysis technique (Almutairi, Gardner, and McCarthy 2014; Yin 2014) was used. The proposition stated prior to the undertaking of this study was compared with the pattern of the results. The predicted pattern is presented in the introduction. The pattern of the results can be described as a synthesis of the findings. In keeping with a pattern-matching analysis

technique (Almutairi, Gardner, and McCarthy 2014), the two patterns are termed the predicted pattern and the pattern of the results. This pattern-matching can be understood as a confirmation of previous knowledge or an analytical generalisation (Yin 2014).

Ethics and trustworthiness

Ethical research guidelines, in accordance with the Swedish Research Council (2017), were followed, and the project and its studies were approved in 2019 by the Swedish Ethical Review Authority (2019-03724). Information about the study was processed and consent secured from the head teacher, preschool teachers, childminder, substitute teacher and parents of the five children with disabilities. A translation company translated the information into one additional language; not all parents spoke Swedish. The parents of the other children in the preschool were informed about the study at a parents' meeting and by means of a notice placed at the entrance of the preschool; no objections to the study were reported. The study was conducted with great sensitivity since it involved young children with attachment difficulties/an attachment disorder. During data collection, the author paid attention to verbal expressions as well as the body language of children with attachment difficulties/an attachment disorder as a form of active consent, and did not interrupt either educational activities, daily routines or play. The author also explained the role of researcher to the children. All data have been stored in a secure manner, and the results are anonymous. Nobody, neither staff member nor child, dropped out from the study although they could at any time.

Furthermore, the author worked hard to ensure the trustworthiness of the study: for example, the study was carried out in the children's unit; the author collected data over a period of several days; the two preschool teachers of the children with disabilities also answered questions in the Inclusive Early Childhood Education Environment Self-reflection Tool (European Agency 2017a) (their answers, without exception, confirmed the answers of the author); the ICP adopted has been reported to be valid (Lundqvist and Larsdotter Bodin 2018; Soukakou 2012, 2016); and the author had support from the author of the ICP before, during and after the application. Also, recognised analysis techniques, such as a deductive thematic analysis technique (Braun and Clarke 2006) and a pattern-matching analysis technique (Almutairi, Gardner, and McCarthy 2014; Yin 2014), were applied, and quotations from staff members were incorporated into the results.

Results

Preschool inclusion is achieved by means of:

- a new inclusive unit with a specialised organisational typology,
- a shared vision,
- full inclusion,
- integrated support and
- a set of factors and inclusive practices that are of high quality.

The results begin with the establishment of the new inclusive unit with a specialised organisational typology.

A new inclusive unit with a specialised organisational typology

A new inclusive preschool unit was established for the children. Previously they attended other preschools and units. In these, the children struggled and did not benefit optimally from their preschool education and care. The new unit was given a specialised organisational typology in attachment difficulties/attachment disorder, and the staff received, on a regular basis, support from a special educator on such matters as inclusion and an attachment disorder. The support took the form of consultation on a regular basis. The head teacher explained that the financial feasibility of the unit was ensured in that the cost did not exceed that of the children's previous education and care.

As things currently stand at the time of writing, the unit enrols five children with the same disability, namely attachment disorder, referred to as the children in the results, and nine children without such difficulties, who are referred to as peers in the results. It employs three preschool teachers, one childminder and one substitute teacher. Two of the staff members, who are preschool teachers, have a special responsibility for the children with attachment difficulties/an attachment disorder. According to the head teacher, the staff are qualified, have positive attitudes and constitute a strong work team. She says that the work team is 'very committed and experienced'. The staff members confirm this, saying: '[We have] chosen to work in this inclusive preschool unit'.

A shared vision

Before the new unit was established, a policy on preschool inclusion was drawn up that reflected the shared vision of the head teacher, staff members and special educator. It states, for example, the calculated staff to child ratio, presumed benefits and overall goals of the unit. Some examples of the presumed benefits are as follows: children can be divided into half-groups; the opportunities they are given are meaningful; they can form attachments to their peers and to the staff; and opportunities to communicate with families improve. The overall goals are directed at the work team and state that the team shall help the children form attachments, interact, regulate/cope with strong feelings and put their trust in adults.

Full inclusion

The new unit implements full inclusion, and its staff has high expectations of all children. Throughout the day, the children and their peers take part in joint activities such as educational activities, daily routines and play. A normal day in their unit incorporates the following joint activities as well as transitions between these: arrival; indoor or outdoor free-choice activities and play; a whole-group circle and snack time; indoor or outdoor free-choice activities and play, or an outing; a mealtime; a book, film, song, dance or social time in half-groups; indoor or outdoor free-choice activities and play; outdoor snack time; outdoor free-choice activities and play; and departure. At no time do the children have structured educational activities, daily routines or play separate from their peers.

The staff members say, and the semi-structured observations reveal, that it is easier for the children to participate in an active manner in daily routines and play than in structured educational activities such as whole-group circle time and half-group book, film, song, dance or social time. Structured educational activities are activities initiated, planned and led by the staff. One synonym to structured educational activities is instruction and another synonym is teaching.

Integrated support

In order to facilitate and enhance the participation of the children, the staff members integrate support: they provide several types of curriculum modifications and adaptations. One of them says: 'We want them to succeed'. Examples of the environmental support implemented are pictures on shelves, a picture schedule to inform children about the day, photographs of children taped to the floor to show their seating during whole-group circle time and a picture illustrating what happens next. Examples of adaptation of materials are child-size chairs and tables and materials placed on low shelves. Examples of activity simplification are handing pieces of a puzzle one by one, breaking down clean-ups into smaller manageable parts and starting a drawing with a child that the child finishes by himor herself. Examples of child preferences are letting a child hold a favourite toy during a transition, incorporating a favourite toy into play, singing the favourite songs of children at the end of whole-group circle time and having the child's favourite staff member be seated next to the child during whole-group circle time or mealtimes. One example of special equipment is a tricycle big enough for two to three children. Examples of adult support are modelling, that is, showing ways to use a toy or play a game, sitting next to a child, giving hand prompts to songs, using sign language, initiating play with the peers, joining the children's play, and using praise and encouragement. Examples of peer support are a peer showing a way to use a toy and pairing the children with peers who act as helpers. Examples of invisible support are letting the children take their turn after their peers and alternating between passive and active activities.

The staff members also embedded learning opportunities in their work practices that aimed to facilitate and enhance the children's learning progress towards individual objectives. One example of such an objective is eating with a spoon: the staff members clarify the objective and area of concern (one child eats with his hands), select mealtimes for the instruction, plan and implement the instruction, and monitor whether the objective has been achieved. Another example of such an objective is to distinguish angry faces from happy faces: the staff members clarify the objective and area of concern (one child keeps asking if peers/staff members are angry or happy); select free-choice activities and play for the instruction; plan and implement the instruction; and monitor whether the objective has been achieved. During the embedded learning opportunities, the level of insensitivity is not high.

The staff members do not implement more intense instruction such as explicit, childfocused instructional strategies or segregated support such as therapy or similar.

Success factors and nearly excellent quality

In the unit, there is an overall welcoming atmosphere for every child and family, an inclusive social environment, a child-centred approach, a child-friendly physical environment, materials for all children, opportunities for communication for all, an inclusive teaching and learning environment, and a family-friendly environment/family involvement (Table 1).



The quality of inclusive practices in the unit, as assessed by the ICP (Soukakou 2016), is presented in Table 2. The overall quality is nearly excellent (m = 6), and the quality of each inclusive practices ranges from good to excellent quality (from 5 to 7).

Pattern-matching

The pattern of the results, with two exceptions, supports the predicted pattern with a basis in previous studies and preschool inclusion frameworks. The predicted pattern is presented in the introduction, and the pattern of the results is as follows:

The inclusive preschool unit has a specialised organisational typology and implements full inclusion. It provides a two-tiered system of integrated support. Curriculum modifications and adaptations, and embedded learning opportunities are used. Its preschool inclusion is characterised by a shared vision, high expectations of all children, positive attitudes, highly qualified staff, staff support and sufficient funding as well as a set of factors and inclusive practices that are of high quality. In the unit, the overall quality of inclusive practices is nearly excellent.

The comparison of patterns shows that the pattern of the results, with two exceptions, matches the predicted pattern. Thus, the pattern of the results supports, to a high degree, the predicted pattern. One difference is that the pattern of the results shows that a twotiered system of integrated support, including curriculum modifications and adaptations as well as embedded learning opportunities, is used, while the predicted pattern dictates a need for a multi-tiered system of support incorporating explicit, child-focused instructional strategies as well. The other difference is that the pattern of the results shows that full inclusion relates to a specialised organisational typology, while the predicted pattern dictates a relation between full inclusion and a comprehensive organisational typology.

Discussion

This study provides an answer to the key question (European Agency 2014). According to the results, a specialised organisational typology plus full inclusion, a two-tiered system of integrated support, a shared vision, high expectations of all children, positive attitudes, qualified staff, staff support, sufficient funding, a set of factors and quality inclusive practices together equate to preschool inclusion. This way of putting preschool inclusion into practice could be investigated further in a larger sample in order to verify if the way to implement preschool inclusion, as described here, is widespread, and if there is continuation in terms of preschool inclusion that, for example, children and parents find positive and that is associated with positive developmental outcomes. Since full inclusion with a specialised organisational typology was not part of the proposition stated, it is unlikely that this way of putting preschool inclusion into practice is widespread.

The results show that when it comes to the education and care of children who have attachment difficulties/an attachment disorder, neither a segregated preschool, a preschool with partial inclusion nor a preschool with integrated activities was understood as optimal. For them the best form of preschool was considered one that is fully inclusive. This reflects a trust in preschool inclusion and is consistent with the goal of full inclusion as stated in the UN CRPD (2006, Article 24).

According to Almutairi, Gardner, and McCarthy (2014), it is important to discuss why the predicted pattern and the pattern of the results did not completely match. Explicit, child-focused instructional strategies, included in the proposition put forth prior to commencing the study, were not implemented in the unit investigated. One explanation for this could be that the staff members did not associate full inclusion with such instructional strategies. Another explanation could be that the staff members did not know how to implement explicit, child-focused instructional strategies. Therefore, they did not implement them. Yet another explanation could be that they did not view such instructional strategies as needed. The use and value of explicit, child-focused instructional strategies could be investigated further in order to verify if such support and strategies are useful and valuable in fully inclusive preschool units in Sweden - for example, when children, such as those in this study, do not participate in an active manner in structured educational activities in whole- and half-groups. Sandall, Schwartz, and Joseph (2001), Sandall et al. (2019)) concluded that explicit, child-focused instructional strategies are beneficial for some children and incorporated such support and strategies in their preschool inclusion framework. Others (Miller Young, Chandler, and Carta 2019; Pretti-Frontczak, Grisham-Brown, and Hemmeter 2017) have also arrived at the same conclusion.

The main contribution of this study is that it provides an example of how preschool inclusion that is of high quality can be put into practice at a preschool microsystem level. It also provides an example of how the quality of preschool inclusion can be investigated using reflection as well as structured observation. Such examples are crucial at a time when preschool education has an important microsystem influence on children's social and academic development (Bronfenbrenner and Morris 1998; Sylva 2010); when inclusion is considered beneficial for both individual children and society at large (Barton and Smith 2015; Booth and Ainscow 2002; Collett 2018; European Commission 2020; Florian and Black-Hawkins 2011; Mitchell 2014; Odom et al. 2004; UN CRPD 2006; UNESCO 1994, 2020); when inclusion is a Sustainable Development Goal to be reached by 2030 (United Nations [UN] 2015, Goal 4, Target 4.5); and when the European Agency (2014) has stated that the key question to be answered in relation to inclusion is how inclusion, for example in preschool, is to be achieved. This study can form a basis for interesting preschool inclusion discussion. It has relevance for policymakers, head teachers of preschools and preschool staff members, as well as others with an interest in the practical side of preschool inclusion.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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