A Change Towards Preschool Inclusion: A Case Study

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Abstract

The aim is to examine the work at a Swedish preschool that is striving to become inclusive for a group of children with disabilities. The bioecological model and a mixed method case study design were adopted. One head teacher, ten preschool staff members, and four children with disabilities participated. Data were collected by way of observations, one focus group interview, and two retrospective interviews. Statistical and thematic data analyses were conducted. Ethical approval was obtained. A decision is made to create a new unit in the preschool. The unit is given a specialised organisational typology. The preschool integrates activities and different types of support provisions. The quality of inclusion practices and support provisions in the preschool is almost good. At a time when inclusion is valued, this study can provide a basis for interesting discussions about preschool inclusion in Sweden and other countries.
Keywords

inclusive practices – integrated activities – preschool inclusion – quality education – support provisions – young children with disabilities

1 Introduction


Preschool inclusion or similar expressions such as early childhood inclusion is not only about a physical placement and the attendance of children with and without disabilities in the same preschool or unit. Rather, preschool inclusion is also about ‘a sense of belonging and membership, and access to positive social relationships – as well as development and learning’ (Hebbeler and Spiker 2016: 198), and a celebration of diversity (Sandall et al. 2019). Sandall et al. wrote: ‘Inclusion is the celebration of diversity put into action. An inclusive program [preschool] celebrates what every individual brings to that program and provides each person with the support to be a successful member of that program’ (2019: 4).

Preschool is the first stage in the education system in Sweden, and all children aged one to five, including those with disabilities, have the right to attend them (Education Act 2010:800; Swedish National Agency for Education [SNAE] 2018). In Swedish preschool, all children are to be given opportunities...
to play indoors and outdoors, to acquire social and academic skills, and to prepare for compulsory school (snae 2018). The best interests of the child are to be the primary consideration in all decisions made (Education Act 2010:800). In Sweden, a preschool often incorporates several units that share an outdoor playground. The administrative body in charge is often the municipal council. Preschools in Sweden are commonly inclusive, but some are in the form of segregated preschools (programme) intended only for children with disabilities.

This case study investigates a change towards inclusion. Specifically, what happens when a segregated preschool programme is permanently closed in a Swedish municipality and the children with disabilities and staff must move to a preschool that is in the process of becoming inclusive. The term move refers to a change in location, a transfer and a way of putting early childhood education into practice. The case study is an important piece in the puzzle in the continuing pursuit of knowledge for sustainable development in inclusive preschools in Sweden and other countries. It involves the examination of a preschool striving to become inclusive for a group of children with disabilities. At a time when inclusion is valued and is also important and a Sustainable Development Goal to be reached by 2030, such an examination of change towards inclusion is needed. It can form a basis for interesting discussions about preschool inclusion and provide learning opportunities. The study is part of a research project about children with disabilities, support provisions and sustainable development in inclusive preschools in the context of Sweden.

1.1 Previous Studies

Studies and frameworks exist that focus on the implementation of preschool inclusion for children with disabilities.

1.1.1 Degrees, Typologies, Support Provisions and Quality

Hanson et al. (2001), Lundqvist (2016), and Guralnick et al. (2008) have shown that preschool inclusion can be implemented to various degrees. Such inclusion can involve integrated activities, partial inclusion, and full inclusion. Lundqvist (2016) described the various degrees as follows:

- with full inclusion, children with disabilities are involved in educational activities, routines, and play with peers without disabilities throughout their day at preschool,

- with partial inclusion, children with disabilities are involved in educational activities, routines, and play with peers without disabilities at preschool, but they spend regular time separately for therapy or similar reasons (for example, speech therapy), and
with integrated activities, children with disabilities spend most of their time in a preschool or a unit that does not commonly enrol children without disabilities.

In this low degree of preschool inclusion, children with disabilities have meetings and contact (i.e. integrated activities) with children without disabilities from other preschools or units regularly.

Preschool inclusion can also have different organisational typologies (Lundqvist, Allodi Westling, and Siljehag 2015, 2016). They are specialised or comprehensive organisational typologies. A specialised preschool/inclusive unit enrols children with the same disability and children without disabilities. A comprehensive inclusive preschool/unit enrols children with different disabilities and children without disabilities.

Moreover, it requires child support provisions. Lundqvist, Allodi Westling, and Siljehag (2015), Miller Young, Chandler, and Carta (2019), Sandall et al. (2019), and Soukakou (2012, 2016) have shown that support provisions of various types facilitate and enhance the involvement of children with disabilities in educational activities, daily routines, and play at inclusive preschools and units, and thereby their development and sense of belonging with their peers. Synonyms of the term child support provisions in this article are support, support measures and inclusion practices. According to Lundqvist, Allodi Westling, and Siljehag (2015), the types of support provisions are:

- environmental integrated support provisions (e.g. time visualisations, child preferences, special equipment, and picture exchange communication),
- interpersonal integrated support provisions (e.g. a preschool staff member provides feedback and one-on-one assistance in daily routines),
- one-on-one training (e.g. a preschool staff member teaches a child on such matters as imitation and communication),
- speech therapy, and
- an extended timeframe in preschool.

One-on-one training is, from a teacher’s perspective, one-on-one teaching. Miller Young, Chandler, and Carta (2019) and Sandall et al. (2019) concluded that preschool inclusion for children with disabilities is achieved by way of a multi-tiered system of support that includes, for example, modifications, adaptations, embedded learning opportunities, and explicit, child-focused instructional strategies. Soukakou (2012, 2016) has also shown that support provisions such as adaptations of space, adult/preschool staff member involvement in peer interactions, and adults’ guidance of children’s free-choice activities and play in inclusive preschools are needed. Even so, adequate support is not yet a reality for all preschool children with disabilities (Sjöman 2018; UNESCO 2020). This means children with disabilities do not always receive the support
they need and are not always sufficiently involved in preschool activities. This affects their well-being as well as their social and academic development in a negative way. Love and Horn (2021), Chen, Barton, and Hallett (2015) and Soukakou (2012, 2016) have pointed out that support provisions should be evaluated and assessed. When needed, they should also be improved since the quality of support matters for the children. The European Agency (2017) and UNESCO (2020) arrived at a similar conclusion, and, in Sweden (Lundqvist, Allodi Westling, and Siljehag 2016) and other countries (Vlachou and Fyssa 2016), studies show that the quality of support provisions varies and that they may need to be improved.

Regarding staff support, previous studies, researchers (Odom et al. 2011; Sandall et al. 2019) and a joint position statement (National Association for the Education of Young Children [NAEYC 2009] have shown that ongoing professional development to acquire preschool inclusion knowledge and skills, and collaboration among families, preschool staff members, specialists and other key stakeholders are needed to implement preschool inclusion and support effectively. Collaboration has been described as a cornerstone of preschool inclusion (Odom et al. 2011) and it takes different forms, some examples are team teaching and consultation (Sandall et al. 2019). Sandall et al (2019) explained: ‘Successful adult collaboration contributes to successful inclusion of young children and enables the individualisation that meets each child’s needs’ (29).

### 1.1.2 A Change Towards Inclusion

Studies exist (DeVore and Russel 2007; Purcell, Horn, and Palmer 2007) that concern change towards inclusion. According to DeVore and Russel (2007), it is important to determine that families want a change, that head teachers or similar are involved, that inclusive learning environments are created, and that the change is financially feasible. A team of special educators, therapists, and preschool staff members must be created whose goals are to establish inclusion, to ensure that team members work side by side and solve problems together (e.g. what decisions/choices are beneficial or disadvantageous), to teach social skills, and to embed instruction and therapy in response to individual needs (DeVore and Russel 2007). According to Purcell, Horn, and Palmer (2007), important factors regarding a change towards preschool inclusion are a shared vision, collaborative relationships, and key staff members who set things in motion and make inclusion happen.

A change towards inclusion is not always easy (Purcell, Horn, and Palmer 2007; UNESCO 2020). Purcell, Horn, and Palmer (2007) concluded that: ‘Initiation and continuation of preschool inclusion is a challenging task’ (85) and UNESCO (2020) wrote: ‘Learn from peers: a shift to inclusion is not easy.'
A move to inclusion can be learned from sharing experiences: in teacher networks, in national forums, in regional and global platforms’ (12).

1.2 Theoretical Framework

The bioecological model for human development (Bronfenbrenner and Morris 1998) constitutes a theoretical framework that is suitable for this study regarding a change towards inclusion and children with disabilities. Primarily, it is used as a conceptual and analytical framework. The model contains several systems and proximal processes, and it considers interplaying influences of both nature, nurture and time relating to children’s development (Figure 1). Influences of nature (biosystem influences) refer to personal influences such as child characteristics (e.g. a disability). Influences of nurture refer to preschools and preschool units (microsystem influences), educational activities, daily routines, and play (proximal processes), collaboration between preschool units (mesosystem), distribution of resources to a preschool or preschool unit (exosystem influences), conventions, laws and a national preschool curriculum (macrosystem influences). Influences of time refer to changes in these systems, processes and influences across time (chronosystem influences).

![The bioecological model](image-url)
2 Aim and Questions Posed

This study aims to examine both a change towards inclusion and the work at a Swedish preschool that is striving to become inclusive for a group of four and five-year-old children with disabilities. The following are the four research questions posed: What was the basis for the change towards inclusion? How is inclusion for children with disabilities in the preschool implemented? What types of support are they provided with? What is the level of quality of these support provisions in the preschool?

3 Method

Two preschools participated in this study: one that was segregated and moved location and one preschool that was striving to become inclusive. The preschools had the same head teacher and were situated in a municipality in Sweden. A mixed method approach (Teddlie and Tashakkori 2010) and a case study design (Yin 2014) were adopted. Both qualitative and quantitative data was collected to allow for a rich description of the change towards inclusion and work. The preschools were defined as the case, and preschool inclusion was defined as the phenomenon in focus.

3.1 Participants

The participants were the head teacher of the two preschools; three preschool teachers with a Bachelor’s degree in teaching, one from the segregated preschool that moved and two from the preschool striving to become inclusive; and four childminders [barnskötare, in Swedish] from the inclusion-seeking preschool; one special educator; one preschool education specialist; one trainee teacher, and four children (n=3 boys; n=1 girl) with medical diagnosis. One of the children had autism spectrum disorder (autism), two had autism and intellectual disabilities, and one had autism, intellectual disability, and attention deficit hyperactivity disorder. All four children had speech and language difficulties, and three of them had physical difficulties eating. One of them also had sleeping difficulties. Their chronological age ranged from 48 to 59 months (m=51 months), and their developmental age ranged from 6 to 36 months (m=24 months). The information about disabilities, difficulties, chronological age, and developmental age was obtained from preschool staff members who knew the children well and who had insights into the medical and psychological evaluations and assessments made. The years of work experience of those working with children with disabilities ranged from 4 to
31 years (m= 13 years) and their education ranged from a Bachelor’s degree in teaching to post-secondary vocational education and training in childminding.

Information was processed and consent was obtained from the participants as well as from the parents of the children with disabilities. Professional translators translated parental information and the letter of consent into three additional languages as not all the parents spoke Swedish. The parents of the other children were informed about the presence of a researcher using a notice placed at preschool entrances; these parents reported no objections to the study. A procedure called active consent was used concerning the participating children with disabilities. This means that the researchers who collected the data paid attention to both the verbal language and body language of the children as a form of consent.

3.2 Data Collection Methods and Analyses

Data collection took place during the autumn of 2019 over a two-and-a-half-week period (N=13 whole days). All data was stored securely via the first author's personal university account and protected internal network drives. In addition, computer hard drives were encrypted. The data was only accessible by the first author.

Retrospective interviews (Kvale and Brinkmann 2014) with the head teacher and one preschool teacher from the segregated preschool that moved were conducted for research question one. They were held at a place chosen by the participants, voice-recorded, and transcribed. The retrospective interviews were conducted by the first author. In the retrospective interviews, the head teacher and the preschool teacher described the initial point of change and the change towards inclusion. Interview transcriptions were read several times, and the initial point of change and the actual change towards inclusion were identified.

Data for research questions two and three, which focused on how to implement inclusion and the support provided for children with disabilities, was collected by way of semi-structured observation (Yin 2014) in the inclusion-seeking preschool. The observation was conducted using pen and paper; no film or sound recordings were made. Data for research questions two and three was also collected by way of a focus group interview (Wibeck 2010) with one preschool teacher and two childminders working in the inclusion-seeking preschool. In the focus group interview, they described the way they implemented preschool inclusion and the support provided to children with disabilities as well as their views on these two matters. The focus group interview was conducted at a place chosen by the participants,
voice-recorded, and transcribed. The focus group interview was conducted by the first author. The data gained from the semi-structured observation and the focus group interview was analysed using deductive thematic analyses (Braun and Clarke 2006). In the first analysis, the first author looked at full inclusion, partial inclusion, and integrated activities. In the second analysis, she looked at specialised and comprehensive organisational typologies. In the third analysis, she looked at environmental integrated support provisions, interpersonal integrated support provisions, one-on-one training, speech therapy and extended timeframes. These terms were obtained from previous studies. In the three analyses, the first author familiarised herself with the data, noted interesting features in the data, and searched for themes. In the third analysis, one more theme (i.e. small-group training) was identified and added. Small-group training is small-group teaching from a teacher's perspective. Thus, the third analysis had an inductive element.

Data for research question four, which focused on the quality of support provisions, was collected by way of a structured observation termed Inclusive Classroom Profile™ (ICP, Soukakou 2012, 2016), which is publicly available in book form. The ICP encompasses twelve support provisions termed inclusion practices. They are presented in Table 1. Each inclusion practice encompasses indicators for inadequate, minimal, good, and excellent quality on a 7-point Likert Scale. A rating of 7 means excellent quality of practice, a rating of 5 means good quality of practice, a rating of 3 means minimal quality of practice, and a rating of 1 means inadequate quality of practice. An overall quality of inclusion practices was established by calculating the mean value of the 12 practices. The ICP can be used in preschools that have at least one child with a disability (Soukakou 2016), and it has proved to be both useful and valuable in the context of the Swedish preschool (Lundqvist, Allodi Westling, and Siljehag 2016; Lundqvist and Larsdotter Bodin 2018). The first author conducted the structured observation, which included some interview questions and document analyses. The first author has experience using the ICP tool (Lundqvist 2016; Lundqvist, Allodi Westling, and Siljehag 2016) and has had regular dialogues with its author.

To increase the trustworthiness of the results, extracts from the structured and semi-structured observations, as well as citations from the focus group interview and retrospective interviews, were included in the results. To increase the understanding of interplaying influences of both nature, nurture and time relating to the participating children's development, concepts from the study's theoretical framework, were also included in the results.
<table>
<thead>
<tr>
<th>Inclusion practice and score</th>
<th>Indicators observed; examples</th>
<th>Indicators not observed; examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptations – space, materials, and equipment</td>
<td>4 ‘Adults [...] help children use materials [...] There are many materials [...] that children use independently’ (2).</td>
<td>‘Most [...] areas can be independently accessed by children’ (2).</td>
</tr>
<tr>
<td>Adult involvement in peer interactions</td>
<td>2 ‘The [...] environment is set up with areas, toys, and props that promote social activities [...] Some efforts to encourage and support children’s peer interactions are made’ (4).</td>
<td>‘Children are allowed to participate in many [...] activities [...] with their peers’ (4).</td>
</tr>
<tr>
<td>Adult guidance of children’s free-choice activities and play</td>
<td>2 ‘Children have many opportunities to decide on activities, playmates, and play topics that they like’ (6)</td>
<td>‘Adults [...] help children who have difficulty becoming involved [outdoors], when needed’ (6).</td>
</tr>
<tr>
<td>Conflict resolution</td>
<td>4 ‘Adults intervene to prevent harmful [...] behaviours’ (8).</td>
<td>‘Adults [...] [help] children understand and express their own perspectives’ (8).</td>
</tr>
<tr>
<td>Membership</td>
<td>5 ‘Peers’ behaviours [...] and responses show understanding and respect for children’s individual differences [...] adults respond to children’s comments/questions about [...] differences’ (10).</td>
<td></td>
</tr>
<tr>
<td>Inclusion practice and score</td>
<td>Indicators observed; examples</td>
<td>Indicators not observed; examples</td>
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<tr>
<td>Relationships between adults and children</td>
<td>‘All adults share a warm affect with children</td>
<td>...</td>
</tr>
<tr>
<td>Support for communication</td>
<td>‘Adults actively facilitate social communication</td>
<td>...</td>
</tr>
<tr>
<td>Adaptations of group activities</td>
<td>‘Children with and without disabilities are actively engaged for the majority of time during most group activities [integrated activities]’ (16).</td>
<td></td>
</tr>
<tr>
<td>Transitions between activities</td>
<td>‘Adults consistently support each child who has difficulty making the transition between activities’ (18).</td>
<td></td>
</tr>
<tr>
<td>Feedback</td>
<td>‘Adults use verbal and non-verbal feedback</td>
<td>...</td>
</tr>
<tr>
<td>Family-professional partnerships</td>
<td>‘Program[me] does not have a written policy on inclusion that can be shared with families’ (22).</td>
<td>‘</td>
</tr>
</tbody>
</table>
The results begin with the initial point of change towards inclusion and the creation of a new unit.

### 4.1 A Move, a New Specialised Unit and Financial Feasibility

A segregated preschool is situated in a municipality in Sweden. A characteristic of the segregated preschool is children with autism, and another is its daily one-on-one training for those children. Also, no peers without disabilities are enrolled.

The administrative body in charge (i.e. a municipal council) and the head teacher of the segregated preschool initiated a move to a preschool that is striving to become inclusive. They value inclusion and argue that a preschool should be characterised by play and contact between children both with and without disabilities. The head teacher in the inclusion-seeking preschool (who is also the head teacher of the segregated programme) ‘wants those children to come so that they can experience and enjoy the preschool’. This move constitutes a chronosystem influence.

In the inclusion-seeking preschool, a decision is made to create a new unit. The new unit is given a specialised organisational typology in autism and is, in this regard, different from the other units in the preschool. This new unit constitutes a microsystem influence and relates to autism, which is a biosystem influence that the children with disabilities have in common.
According to the head teacher, the financial feasibility of the new unit is ensured in that the cost does not exceed that of the segregated preschool. This distribution of resources relates to an exosystem.

At the time of data collection, the new specialised unit employs one preschool teacher and three childminders, engages a trainee teacher and enrols a group of four- and five-year-old children who have autism in common. They are described in the method section.

4.2 Integrated Activities and Support Provisions
The group of four and five-year-old children with autism spend most of their time with one another in their new unit but also have regular meetings and contact with staff and peers from other units, in particular from the adjacent unit. The integrated activities, which constitute proximal processes at a mesosystem level, are implemented in the new unit, in the adjacent unit, in a shared indoor area, in a shared outdoor playground, and in a forest close to the preschool. In the integrated activities, the children with disabilities, with support from preschool teachers and childminders, have circle and song time with peers. They also play with, for example, water, a play tent, soft toys, and wooden trains, and they dance, listen to stories, draw, and go on outings to the preschool forest with peers.

The following three sections (4.2.1 to 4.2.3) provide examples of integrated activities observed. The integrated activities can be described as both meetings and contact with children without disabilities from other units regularly, and a low degree of preschool inclusion, elements of preschool inclusion, inclusion activities or inclusion times. So, full inclusion or partial inclusion is not chosen in the inclusion-seeking preschool.

4.2.1 Integrated Activities in the Adjacent Unit
In the new specialised unit, one child arrives at preschool before the other children and spends this early time with peers in the adjacent unit. The preschool teacher from the new unit and the trainee teacher go with him. The child cannot independently access the adjacent unit due to a wooden gate. In the adjacent unit, the child, for example, plays farming with two peers, plays a fishing game with one peer, and does a jigsaw puzzle with one peer. Throughout the integrated activities, the child looks at his peers, imitates them, makes the same sounds as them, and receives toys, fish, and puzzle pieces from them. The preschool teacher and the trainee teacher have a warm affinity with the child and his peers. They take turns and provide interpersonal integrated support to the child. They provide prompting (e.g. verbal and hand-over-hand assistance to help the child play the game and do the jigsaw puzzle) and they
model (e.g. demonstrate farming, fishing, and jigsaw puzzle doing). They also provide feedback (e.g. 'very good', 'super', a smile, a hug, or a pat on the back when a child attempts to do something), communication support (e.g. interpreting the sounds, mimicry, and body language of the child, speaking on the child's behalf, and descriptive commentary), support in conflict resolution, and support in transitions between activities. Environmentally integrated support (i.e. the child's preferences, such as his favourite toys and activities) is also provided to facilitate and enhance the child's social meetings and contact with peers and his active involvement in integrated activities. When it is time for breakfast, the child returns to the new unit with his preschool teacher and trainee teacher and has breakfast.

4.2.2 An Integrated Activity in the New Unit
The staff in the new unit prepare for an integrated activity incorporating play with water. They invite three children from the adjacent unit and one staff member and gather around a tub filled with water and soap; both children and staff members have straws with which they blow bubbles. One staff member counts to three in different languages, and on the count of three, the children and staff blow through the straws: soap bubbles form. The children are encouraged to count together with the staff member and to blow, and those with disabilities look at one another and their peers, splash a little water on one another and laugh. The staff members interact warmly with the children and their peers and provide integrated interpersonal support to the children with disabilities. They include prompting (e.g. verbal and hand-over-hand assistance in holding and using the straw), modelling (e.g. demonstration of various elements), feedback (e.g. 'yes', 'great', a smile, a pat on the back), communication support (e.g. interpreting the sounds, mimicry and body language of the children, speaking on the children's behalf and descriptive commenting), and support in resolving conflicts, for example when two children want the same waterproof toy. Environmentally integrated support, such as child preferences (i.e. favourite waterproof toys of the children with disabilities), is also provided. Throughout the integrated activity, the staff members add favourite waterproof toys to help the children with disabilities stay involved, and they also colour the water.

4.2.3 An Integrated Activity in the Forest Close to the Preschool
Preschool teachers and other preschool staff members in the new unit and the adjacent unit prepare for an integrated outdoor activity in the preschool forest. They set the date and decide to have a snack in the forest. During the integrated activity, they interact warmly with the children and provide
interpersonal integrated support to the children with disabilities. This includes one-on-one assistance in the routines (e.g. when getting dressed for the outdoor activity, going to the forest with peers, having a snack with peers in the forest, and returning to preschool with peers), prompting, modelling, and feedback and support in communication. Environmentally integrated support, such as special equipment (i.e. special needs strollers) and the preferences of the children with disabilities (i.e. outings), are also provided.

4.3 Training and Play in the New Unit
When neither integrated activities nor daily routines take place in the new unit, the children with disabilities have one-on-one training or small-group training relating to such matters as gross and fine motor skills, zoology, botany, and chromatics. The teaching efforts are considered important for the children and constitute proximal processes at a microsystem level. They also have circle and song time, and they dance, listen to stories, draw, rest/sleep in a sensory room, and go on outings. They also constitute proximal processes at a microsystem level. Moreover, they play (e.g. with wooden trains, balls, soft toys, plastic animals, and robots) and wander around, in particular outdoors in the playground, where they have difficulty becoming involved in play and other mesosystem proximal processes.

4.4 Staff Support and Collaboration
The staff in the new unit are regularly supported by a special educator and a specialist in preschool education, at times also by a medical team from the local hospital. With them, they discuss integrated activities and support as well as other educational activities, daily routines, and play at preschool. The special educator and specialist in preschool do not co-teach in the unit or during integrated activities, rather they meet the staff in the new unit regularly and discuss, for example, whether what they are doing in the preschool and new unit is beneficial or disadvantageous for the children with disabilities. The head teacher says that ‘this [support from others] is worth its weight in gold’. The preschool teacher and other preschool staff members in the new unit are also positive: they say that it is ‘great to think about |…| and to discuss preschool inclusion |…| what we can add, what we can remove’ and whether or not we are doing ‘the right or wrong thing’. Such staff support, professional development and collaboration constitute exosystem influences.

4.5 Views of the New Unit and Integrated Activities
The head teacher is positive about the new unit and the integrated activities. She says that these activities ‘have been a great success’. The head teacher also
comments on the fact that integrated activities take place in the new unit: ‘They invite them to their unit, to their activities [...] instead of them going off all the time [to other units].’

The preschool teacher from the segregated preschool who moved to the inclusion-seeking preschool is also positive. She values both the new unit and the meetings and contact between the children with disabilities and their peers at preschool. She says: ‘It is a small group, but still in a regular preschool [...] [here preschool teachers and other preschool staff members can] make an effort to teach children how to play’.

The other staff in the new unit are also positive about integrated activities and maintain that integrated activities ‘are a good start’ since they do not want to move too fast with preschool inclusion. One of them, referring to the integrated activity in the preschool forest, also says the following: ‘He [one of the children with disabilities] had a lot of fun. He is very sociable.’ They also comment positively on the new unit, arguing that preschool children with autism (and additional disabilities) do not always thrive in large groups of children and that those preschool children must have stability as well as a safe and calm place of their own in a preschool.

According to the head teacher, the preschool teachers, and other preschool staff members, all decisions related to the change towards inclusion are made in the best interests of the child at a biosystem level and following the Swedish Education Act at a macrosystem level.

### 4.6 Quality of Inclusion Practices

The quality of inclusion practices at a mesosystem level in the preschool, as rated by the ICP (Soukakou 2016), is shown in Table 1. The overall quality reaches a level that is almost good (m=4). The strengths are membership (practice 5), relationships between adults and children (practice 6), support for communication (practice 7), adaptations of group activities (practice 8), and transitions between activities (practice 9). The needs for improvement are adaptations of space, materials, and equipment (practice 1), adult involvement in peer interactions (practice 2), adult guidance of children’s free-choice activities and play (practice 3), conflict resolution (practice 4), feedback (practice 10), family-professional partnerships (practice 11), and monitoring children’s learning (practice 12).

## 5 Discussion

The study aimed to examine a change towards inclusion and the work at a Swedish preschool that was striving to become inclusive for a group of four
and five-year-old children with disabilities. The bioecological model for human development (Bronfenbrenner and Morris 1998) constituted the framework. Hence, interplaying influences of both nature and nurture as well as time were considered.

5.1 A Detour or Important Milestone Towards Full Inclusion?

The change towards inclusion comprised the move from a segregated preschool to a preschool striving to become inclusive, the creation of a new specialised unit, and integrated activities. The move, the creation of a new specialised unit, and the integrated activities can be seen to be an important milestone in the sustainable development of an inclusive preschool – for example, when the head teacher and staff decide to progress slowly with preschool inclusion, as in this study, and integrated activities are perceived to be in the best interests of the child. Decisions should be made in the best interests of the child (Education Act 2010:800).

However, the creation of a new specialised unit and integrated activities can be understood to be both a detour and an obstacle to higher degrees of inclusion, in particular when children with disabilities enjoy meetings and contacts with peers and are considered to be very sociable. In this case study, one of the children was described as very sociable.

Another possible change towards inclusion may have been to start with full inclusion or partial inclusion at a microsystem level in the preschool. Previous studies (Lundqvist 2016; Warren, Martinez, and Sortino 2016) have shown that full inclusion or partial inclusion is indeed realisable for children with disabilities. Furthermore, the UN CRPD (2006) states that support provisions for children with disabilities should “maximize academic and social development, consistent with the goal of full inclusion” (Article 24, our italics).

5.2 Two Features that Should Not be Forgotten

Support provisions such as interpersonal and environmentally integrated support seem to contribute to the involvement of preschool children with disabilities in integrated activities. Specifically, a combination of support from staff (e.g. prompting, modelling, feedback, support in communication, and support in conflict resolution) and child preferences (e.g. a favourite toy or activity of a child with a disability) seem to be of great importance during integrated activities and a feature of preschool inclusion that should not be forgotten.

The results of this study also shed light on the necessity and value of ongoing staff support for, feedback to, and confirmation of preschool staff from experts from several fields. According to this study, for example, preschool staff may
need to share their thoughts with others and to have their decisions/choices reflected upon and confirmed. Professional development and collaboration among preschool staff members and specialists seem to be critical both during a change towards inclusion as well as for the staff’s well-being. Just as with various types of support provisions for children with disabilities, support for staff by way of professional development and collaboration is a feature of preschool inclusion that should not be forgotten. It is not enough simply to choose a degree of preschool inclusion and an organisational typology: support provisions for children with disabilities, professional development and interdisciplinary collaborations are also needed.

5.3 **Room for Further Development in the Inclusion-seeking Preschool**

In the inclusive preschool in this study, the overall quality of inclusion practices was rated almost good, according to the ICP assessment (Soukakou 2016). This means that the preschool had come some way but that there was room for further development.

To achieve overall good quality, it needed to make efforts towards improvement: for example, it needed more areas that can be independently accessed by children (inclusion practice 1), an increased number of preschool integrated activities attended by both children with and children without disabilities, partial inclusion or full inclusion (inclusion practice 2), additional adult guidance in children’s free-choice activities and play outdoors (inclusion practice 3), more support in conflict resolution so that the children can express their perspectives (inclusion practice 4), explicit feedback (inclusion practice 10), a written strategy for inclusion (inclusion practice 11), and a monitoring system for children’s progress towards learning objectives (inclusion practice 12). These indicators were not observed in the preschool (Table 1) and are solutions for improving preschool inclusion obtained from using the ICP tool.

5.4 **A Comparison with Previous Studies**

This study confirms the results presented in previous studies. Both this study and previous studies (Hanson et al. 2001; Lundqvist 2016; Lundqvist, Allodi Westling, and Siljehag 2015; Sandall et al. 2019) show that integrated activities can be a way to implement preschool inclusion for children with disabilities, that a specialised organisational typology can be selected for an inclusive preschool unit, and that different types of support provisions can be needed in inclusive preschools and units. Both this study and previous studies (Lundqvist, Allodi Westling, and Siljehag 2016; Vlachou and Fyssa 2016) also show there to be a need for improvement efforts in inclusive preschools. Moreover, both this study and previous studies (DeVore and Russel 2007; Purcell, Horn, and Palmer
show that several actions and factors can influence a change and that a change towards inclusion can be perceived as challenging, for example in terms of what decisions/choices are good or bad.

5.5 Main Contributions
This study involves the examination of a preschool striving to become inclusive for a group of children with disabilities. It includes a detailed description of how a low degree of preschool inclusion at a mesosystem level can be achieved and an example of how the quality of inclusion practices can be assessed using structured observation. They are the main contributions of the study, and they increase the knowledge and understanding of preschool inclusion for children with disabilities.

Currently, when inclusion is a Sustainable Development Goal (UN 2015, Goal 4, Target 4.5), and inclusion is considered important for society as a whole as well as for the individual himself/herself (European Agency 2017; Lundqvist 2016; Odom et al. 2004; UN 2015; UNESCO 1994, 2020; Warren, Martinez, and Sortino 2016), this could be looked upon as important knowledge and understanding for, for example, administrative bodies, head teachers, preschool teachers, other preschool staff members, trainee teachers, and researchers in the field of early childhood inclusion.

5.6 A Basis for Preschool Discussions and Suggestions for Further Research
The results cannot be generalised but can form a basis for interesting preschool discussions in Sweden and other countries. UNESCO (2020) claims that a move towards inclusion can be developed by sharing experiences.

More research on the topic of sustainable development of inclusive preschool is needed. Integrated activities could be examined further to verify whether they are an important milestone in the sustainable development of an inclusive preschool. Staff support and child preferences could also be examined further to find out about relationships between the support provisions and involvement levels for preschool children with disabilities in integrated activities, for example in play. Moreover, the quality of inclusion practices could be examined in other units to verify whether the strengths and improvement needs identified in this study and previous studies (Lundqvist, Allodi Westling, and Siljehag 2016; Vlachou and Fyssa 2016) are widespread. Furthermore, global quality could be examined together with inclusion quality (Love and Horn 2021; Lundqvist, Allodi Westling, and Siljehag 2016). Additionally, important actions and factors could be examined to verify facilitators for the continuation of preschool inclusion.
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Contributions

JL conceptualised the study, collected the data, performed the analyses and wrote the manuscript. PA contributed to the planning of the study and the revision of the final manuscript.

Disclosure statement

There are no competing interests to report.

Ethical considerations

Ethical research guidelines, according to the Swedish Research Council (2017), have been followed. The study was approved in 2019 by the Swedish Ethical Review Authority (2019-03724).

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