Overview

Young children with significant disabilities CAN make developmental and social gains when they are served in inclusive community settings. This paper describes what we learned from our study of the practices implemented to successfully include young children with significant disabilities. “Successfully included,” for this study, means that the child made progress on IFSP outcomes or IEP goals; made gains in general development and learning; and was accepted as a full member of the group. In addition, parents and professionals were satisfied with the child’s gains and experience in the group setting. We interviewed and observed early intervention (EI), early childhood special education (ECSE), and early childhood education (ECE) providers and parents.

One of the major factors influencing the success of inclusion in the settings we studied was the relationship between the parents of the children with disabilities and their providers. It is a key element of inclusive practices. Turnbull and Turnbull (2001), define the parent-provider relationship as one in which both parties work together to strengthen the child’s development and build skills that are functional for the child in a variety of settings. Parents felt a shared responsibility and were viewed as active partners by early childhood staff and specialists. In each of the sites we studied, parent involvement and participation was evident and critical to the success of the placement. However, the relationships that formed between parents and providers were highly individualized and unique to each child and setting.
Parent/Provider Relationships: From the Literature

Successful inclusive programs address the children’s needs within the context of their families’ needs—they are not considered in isolation from each other (Turnbull & Turnbull, 1997). Literature focused on inclusion and young children (Erwin, Soodak, Winton, & Turnbull, 2001) identifies the parent/professional relationship as a key principle of family-centered practices (Dunst, 2002). When families are actively involved in decisions and choices regarding their child’s education, better outcomes are realized for the child (Ryan, 1995). The authors of *Integrating Therapies into the Classroom* suggest the need for professionals to establish a process whereby families and professionals share knowledge, recognize the strengths of each individual, and work as a team to avoid negative experiences (Scott, McWilliam, & Mayhew, 1999). It requires strategies and solutions that are respectful, individualized, and build families’ trust (Odom, 2002).

Results of our Study

The research team identified several features considered critical in a positive parent-provider relationship. These features are listed below with descriptions that include examples or strategies to help explain what it looks like in practice. These features were reflected across all of the research sites.

- **Perception of Child**
  
  Parents and staff accept the children as they are with a belief that all children can learn. Neither one had a “fix it” mentality, but rather an attitude of building upon the child’s strengths and adapting for specific disabilities or special needs. Children had opportunities to enhance their learning and development through typical experiences and routines. Parents were anxious for their children to have the same opportunities as their peers, including the interactions that could ultimately be an outcome of those opportunities—friendships. Both parties expected the child to participate as a member of the group. Parents indicated that the staff “treat my child like they treat the other children” when describing what makes the program work.

- **Individualized Practices**
  
  The severity of the children’s needs and disabilities and their families’ priorities require strategies and solutions that are highly individualized. Medical and health related complications required providers to acquire specific knowledge and skills for developing and implementing the child’s individualized plan. The most immediate source for this information was the parents.

  While the parent-provider relationship was integral to the success of inclusive services, it looked different for each child and setting. One example of this was the accommodation for a child who was easily fatigued. Parents and staff together reviewed the daily schedule, shared their expectations and then determined the child’s level of participation. The parent’s informal inquiries about their child’s participation and progress provided opportunities for parents and staff to compare notes and modify the activities when warranted.

  Individualizing practices means that the staff are flexible and rely on strategies that match the children’s and families’ needs.

- **Responsive to Parent Needs and Priorities**
  
  The program staff respond to families’ interests and needs by establishing an environment that helps parents feel comfortable. One parent described it as an “ease of communication” between staff and parents. The staff took advantage of opportunities to interface with parents (e.g., drop off and pick up) as one way of building the relationship. Another parent said the staff had an understanding of the need “to make life easier at home” for families of children with significant disabilities.

  Staff followed through on parents’ suggestions or recommendations. One developmental therapy specialist said, “My responsibilities are to try to achieve the outcomes that the parents feel are important to their child.”

- **Shared responsibility**
  
  The parents in this study have a real interest in working with the staff to promote a positive experience. They saw themselves as having a role and shared responsibility for the successful inclusion of their child. Program staff not only welcomed parent contributions, but sought it out. Parents were considered to be members of the instructional team and viewed as active partners by the specialists and other staff. Parents took advantage of opportunities to put therapy and instructional strategies to work and both parties were open to each others’ ideas and recommendations. The climate of the program encouraged parent contributions and parents saw themselves as essential to their children’s learning and development. An example of this was expressed during an interview with a speech therapist who related what one Mom was doing to reinforce what the staff was working on at preschool. The child was asked to sign the word “more” during snack time and Mom requested the sign during meal times at home.

  “His Mom is awesome . . . (she) works with him constantly . . . always asking him to sign—and he’s doing it for her more consistently than for anyone. It’s kind of the routine they’ve gotten into and he knows what she’s expecting.”
**Expectations**

The severity of a child’s disability and needs determine the parents’ frame of reference and expectations. When parents and providers alike had the same expectations, no matter how significant the child’s disability, it was more likely that the identified goals and outcomes were achieved. Intermittent and brief interactions between the children in the study and the other children in the group were reported by staff and observed by the research team. While parents did not make specific requests of staff to establish these times throughout the day, parents were aware of these focused interactions.

Services provided in inclusive settings can raise parents’ expectations. Parents knew that their child might not keep up with the other children, but were hopeful that the development of social skills and friendships were a part of the inclusive experience. Situations and activities can be planned and implemented to facilitate interactions between the two groups of children. Taking the children’s lead is one approach that enhances these times during the day.

The Role of Communication in Developing Parent-Provider Relationships

Early childhood programs increase the likelihood of developing a good parent-provider relationship when parents are informed and involved in the decision-making process (Fialka, 2001). A distinct part of the relationship among parents and the providers in this study was the ongoing interpersonal communication. It was reciprocal and based on mutual respect. Parents and providers exchanged information and remained open to suggestions. They valued each other as contributing to the growth of the child and the success of the inclusive experience. Communication was essential to that process. In fact, the features highlighted in this paper all have a communication component.

The parent-provider relationship is based on effective communication strategies. Regular communication helps everyone make appropriate decisions about service provision. It helps providers plan for the child’s individual needs and promotes interaction between providers and parents. Successful inclusion is a team effort, relying on proven communication techniques and the expertise of all the participants.

**Summary**

Although the parent-provider relationship is integral to the success of inclusive services, it looks different for each child and setting. Specific children, families and programs require strategies and solutions that respect the individuals involved. To quote one parent’s observations:

“...I am glad teachers are interacting with [children with disabilities]...the teachers are so good with them. He’s waving ‘hi’ more now. And when we pull up to the school he gets real excited...he’s ready to go to school. He points and he giggles real loud. He’s ready for his teachers. I hope they keep doing this.... The future depends on it.”

When working partnerships are examined to determine what make them effective, it is clear that it is a spectrum of factors that include: positive attitude, openness, desire to gain the skills needed, a willingness to share information, and willingness to participate as a member of the instructional team. Families want their child’s providers to have clear expectations of what the child can achieve and to share that information with them. Parents are able to be optimistic when providers work together to create a plan and offer suggestions of how to “get there.” Parents contribute to their child’s development by their active involvement with providers. It enables families to carryover therapeutic strategies within their family life. Children’s needs are addressed in the context of their families’ needs. Early childhood programs increase the likelihood of developing a good parent-provider relationship when these features are present.

**References**


In 2002-2003, staff at the Indiana Institute on Disability and Community’s Early Childhood Center conducted in-depth qualitative research in six inclusive community settings across Indiana. Our team of researchers wanted to find out what contributed to the successful inclusion of young children with significant disabilities. The study design called for identifying children who were served in community settings. We expected to see children who were full participants in their settings and receiving all services within the classroom environment.

Seven children were identified in settings that included community preschools and child care programs. Data was gathered over a six-month period from the cluster of people associated with each child. More than thirty early intervention (EI) and early childhood special education (ECSE) therapists and teachers, early childhood education (ECE) staff, and parents participated. The data was collected through interviews, observations, and review of children’s individual family service plans or individualized education programs. Qualitative study methods were used to analyze the data to discover essential elements that were present across the settings.

Key elements were identified which support children in inclusive settings. While all of the settings had features of each element, some were stronger in one aspect than another. The key elements were a) attitudes, b) parent-provider relationships, c) therapeutic interventions utilized within typical community settings, and d) adaptations to support children in the everyday routines and learning activities provided for all children.

The topics in this Inclusion Research Series address our findings around these key elements.