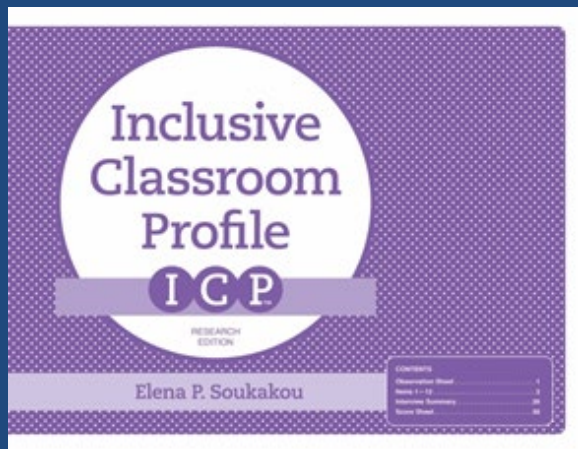


# THE INCLUSIVE CLASSROOM PROFILE (ICP™) CONCEPTUALIZATION & DEVELOPMENT



ICP Doctoral Seminar

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November 15<sup>th</sup>, 2022

WHAT ARE YOU INTERESTED IN LEARNING?

**SHARE YOUR RESEARCH QUESTIONS IN THE CHAT BOX!!!!**

# UN 2030 SUSTAINABLE DEVELOPMENT GOALS



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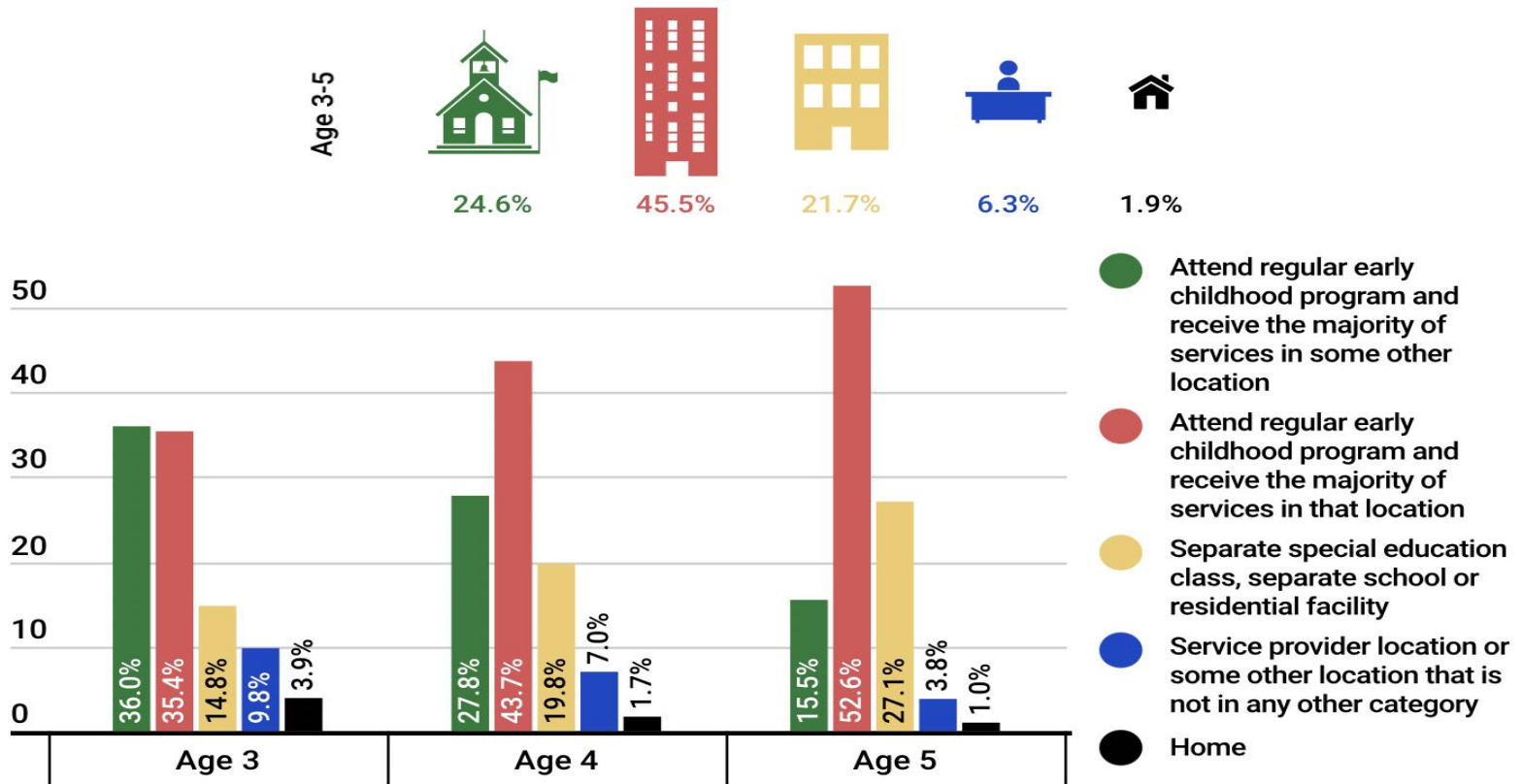
Goals

# 4

**Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**

# ACCESS TO INCLUSIVE PROGRAMS

Percent of Students with Disabilities, Ages 3 through 5, by Educational Environment, Served Under IDEA, Part B, in the US, Outlying Areas, and Freely Associated States: SY 2018-19



Source: U.S. Department of Education, EDFacts Data Warehouse (EDW): "IDEA Part B Child Count and Educational Environments Collection," 2018-19. <http://go.usa.gov/xdp4T>.

# HOW DO WE KNOW HOW WELL WE ARE PRACTICING INCLUSION?



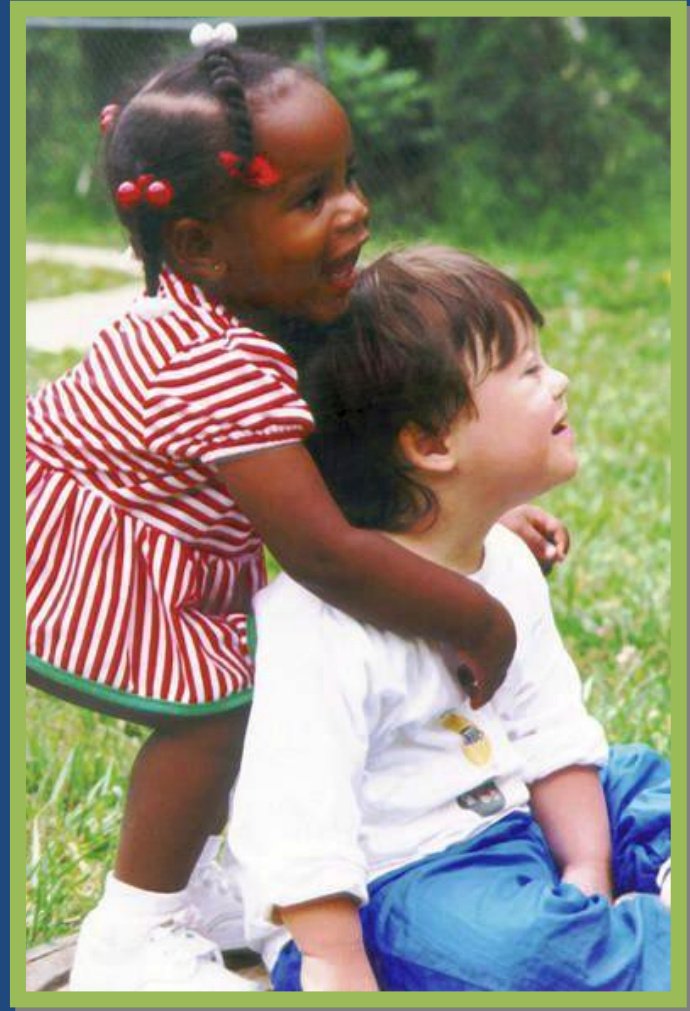
# WHY WAS THE ICP DEvised?

- Limited research on the quality of inclusive practice in early childhood programs
- Existing program quality assessment tools not designed to measure the quality of inclusive classroom practices

(e.g. “CLASS codes should reflect the experiences of the typical or average student in the classroom.” Pianta et al., 2008, p. 11).

“YOUNG CHILDREN WITH DISABILITIES CAN EXPERIENCE LOW QUALITY IN CLASSES THAT ARE OTHERWISE RATED AS BEING OF HIGH QUALITY”

Wolery, et al., 2000



Inadequate 1	2	Minimal 3	4	Good 5	6	Excellent 7
<b>37. Provisions for children with disabilities*</b>						
1.1 No attempt by staff to assess children's needs or find out about available assessments.		3.1 Staff have information from available assessments.		5.1 Staff follow through with activities and interactions recommended by other		7.1 Most of the professional intervention is carried out within the regular activities of
1.2 No attempt to meet children's special needs (Ex. needed modifications not made in teacher interaction, physical environment, program activities, schedule).		3.2 Minor modifications				
1.3 No involvement of parents in helping staff understand children's needs or in setting goals for the children.		3.3 Significant modifications				
1.4 Very little involvement of children with disabilities with the rest of the group (Ex. children do not eat at same table; wander and do not participate in activities).		3.4 Substantial modifications				

## 5.2 Modifications made in environment, program, and schedule so that children can participate in many activities with others.

### \*Notes for Clarification

Item 37. Note that this item is scored only if there is a child in the group with an identified and diagnosed disability, with a completed assessment. If the diagnosis and assessment have not been completed on the child, (or if there is no child with a disability included in the classroom), score this item NA. If the child is receiving services, this can be accepted as evidence that a diagnosis and assessment exist. Existence of an IEP/IFSP is not required to score this item. To ensure privacy for families, the teacher need not point out the child or tell the observer about the particulars of the disability. As you question the teacher about how the identified child's special needs are handled, you do not need to know which child is being discussed.

3.2. "Minor modifications" may include limited changes in the environment (such as a ramp) to allow the children to attend, or a therapist who visits the program to work with the children periodically.

### Questions

Could you describe how you try to meet the needs of the children with disabilities in your group?

1.1, 3.1. Do you have any information from assessments on the children? How is it used?

1.2, 3.2, 5.2. Do you need to do anything special to meet the needs of the children? Please describe what you do.

1.3, 3.3, 5.3. Are you and the children's parents involved in helping to decide how to meet the children's needs? Please describe.

5.1, 7.1. How are intervention services such as therapy handled?

7.3. Are you involved in the children's assessments or in the development of intervention plans? What is your role?

# THE ICP...

- Is designed to complement existing classroom quality measures & standards
- Measures inclusive, classroom-level practices that support the individualized needs of children with disabilities
- Is a structured observation measure that includes a review of documentation and interview
- Uses a 1-7 point rating scale to assign scores for 12 items

# HOW IS THE ICP INTENDED TO BE USED?

- As a research tool
- As a classroom quality assessment measure
- To support continuous quality improvement

# LET'S THINK: WHAT PRACTICES MAKE CHILDREN'S EXPERIENCES INCLUSIVE?



# HIGH QUALITY INCLUSIVE PRACTICES SUPPORT.....

participation

individualization

ALL children

embedded  
instruction

sense of  
belonging

# DEVELOPMENT OF THE ICP: 5 PHASES



# FIVE PHASES

1. Exploratory research
2. Conceptualization and domain delineation
3. Item generation
4. Expert review
5. Pilot study

Soukaku, E. P. (2012)

# PHASE I: EXPLORATORY RESEARCH

- Aim
  - To develop comprehensive grounding before defining and delineating the construct
- Process
  - Exploratory case study research; literature review



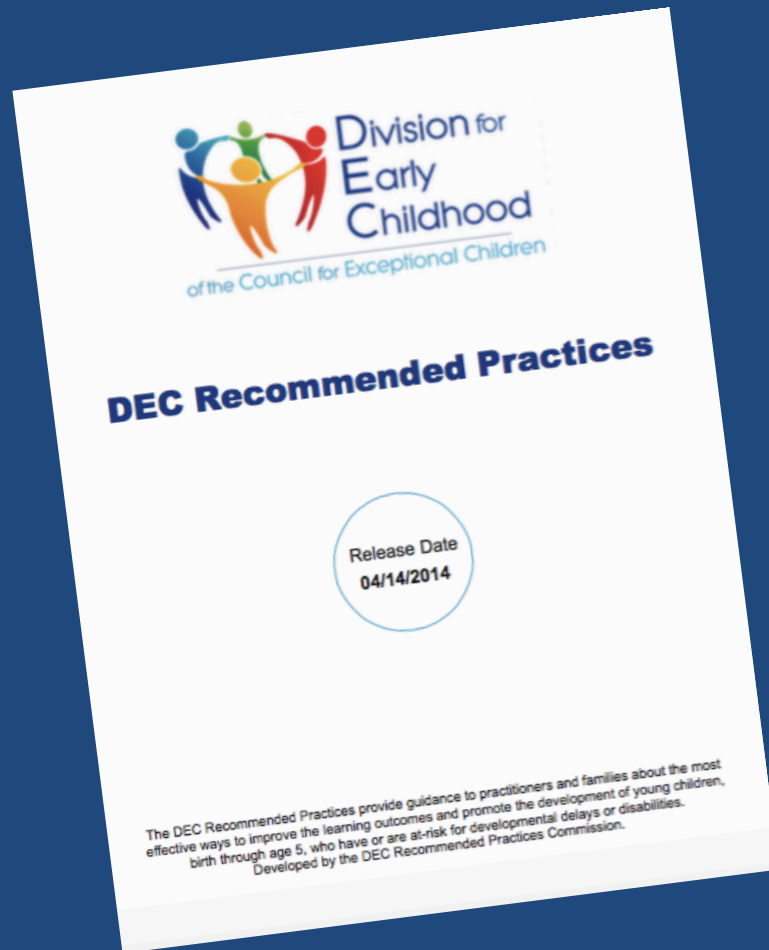
*“A purely conceptual approach to measure construction neglects empirical reality which is subject to change as rapid developments in research and public policy drive our everyday practice. On the other hand, a purely empirical approach to scale item generation might not appreciate the usefulness of grounding empirically derived data on past knowledge and current understandings”*

(Viswanathan, 2005, 2011)

# LITERATURE REVIEW

- Research studies , literature on preschool inclusion
- Existing measures, standards & recommended practices
- Review of national and international policies on inclusion

# DEC RECOMMENDED PRACTICES



# EXPLORATORY RESEARCH

- 6 month case study
- Non participant observations
- Semi-structured interviews
- Reflective Diary
- Running records of children's experiences and adult behaviors

# FIVE GUIDING PRINCIPLES

1. High quality inclusion reflects a broad, complex system of practices, which are interrelated.



(Adapted from Bronfenbrenner, 1979)

# FIVE GUIDING PRINCIPLES

2. “The practices of inclusive care programs are more likely to influence children’s learning and development than the fact that the child is enrolled in an inclusive program”

(Wolery et al., 2000; Odom et al., 2004; 2011; Barton & Smith, 2015; Rakap & Parlak-Rakap 2011)

# FIVE GUIDING PRINCIPLES

3. “Interactions between adults and children are a primary mechanism through which classroom experiences affect development”

(La Paro, Pianta & Stuhlman, 2005; Mathers et al., 2014 )

# FIVE GUIDING PRINCIPLES

4. Specialized instructional strategies and interventions are a major aspect of supportive inclusive programs.

(NDPCI 2011; Barton & Smith, 2015; Guralnick & Bruder, 2016, Rakap & Parlak-Rakap 2011; Snyder et al., 2018).

# FIVE GUIDING PRINCIPLES

5. Classroom practices that support children with special education needs in mainstream classrooms are individually and dynamically goal oriented

(Odom; 2004, 2011)

# GOALS OF INCLUSION

- Participation and learning for all children
- Membership
- Development of social relationships and friendships
- Understanding & appreciation of individual differences
- Motivation to Learn
  
- (Soukakou, 2012, 2016)

# Early Childhood Inclusion

A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)

**T**oday an ever-increasing number of infants and young children with and without disabilities play, develop, and learn together in a variety of places – homes, early childhood programs, neighborhoods, and other community-based settings. The notion that young children with disabilities<sup>1</sup> and their families are full members of the community reflects societal values about promoting opportunities for development and learning, and a sense of belonging for every child. It also reflects a reaction against previous educational practices of separating and isolating children with disabilities. Over time, in combination with certain regulations and protections under the law, these values and societal views regarding children birth to 8 with disabilities and their families have come to be known as early childhood inclusion.<sup>2</sup> The most far-reaching effect of federal legislation on inclusion enacted over the past three decades has been to fundamentally change the way in which early childhood services ideally can be organized and delivered.<sup>3</sup> However, because inclusion takes many different forms and implementation is influenced by a

wide variety of factors, questions persist about the precise meaning of inclusion and its implications for policy, practice, and potential outcomes for children and families.

The lack of a shared national definition has contributed to misunderstandings about inclusion. DEC and NAEYC recognize that having a common understanding of what inclusion means is fundamentally important for determining what types of practices and supports are necessary to achieve high quality inclusion. This DEC/NAEYC joint position statement offers a definition of early childhood inclusion. The definition was designed not as a litmus test for determining whether a program can be considered inclusive, but rather, as a blueprint for identifying the key components of high quality inclusive programs. In addition, this document offers recommendations for how the position statement should be used by families, practitioners, administrators, policy makers, and others to improve early childhood services.



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Council for Exceptional Children  
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Email [dec@dec-spced.org](mailto:dec@dec-spced.org) | Web [www.dec-spced.org](http://www.dec-spced.org)

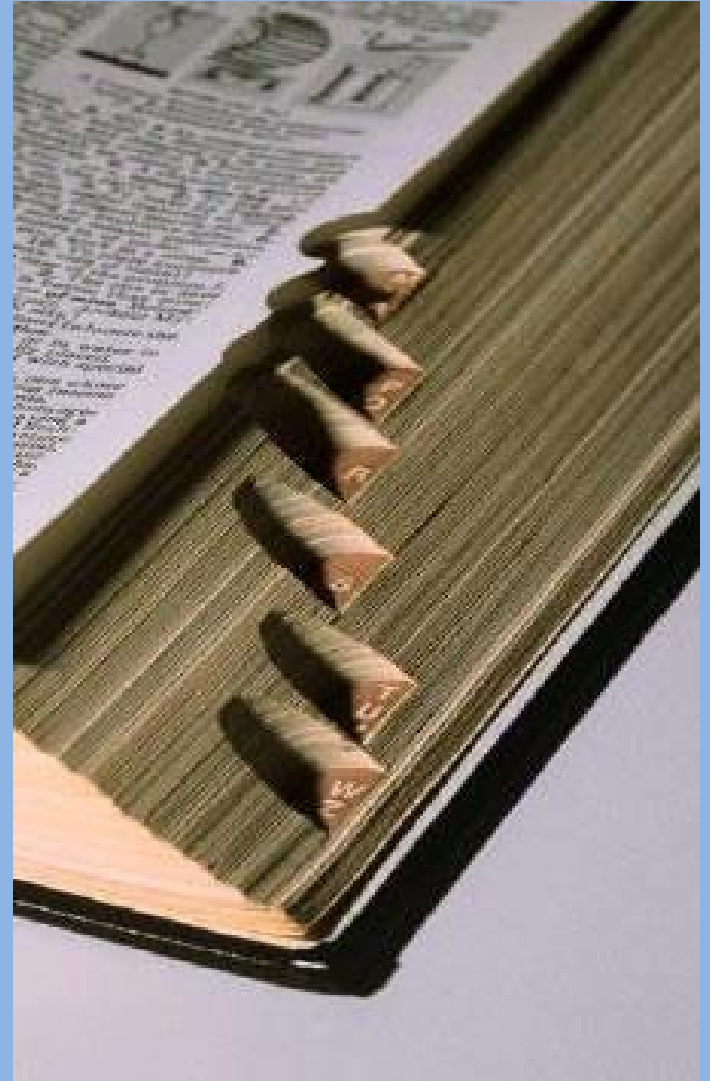
**naeyc**

National Association for the Education of Young Children  
1509 16th Street NW | Washington, DC 20036-1426  
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## Early Childhood Inclusion: A Joint Position Statement of DEC and NAEYC

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. **The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential.** The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and [systemic] supports

(DEC/NAEYC, 2009)



WHAT CLASSROOM PRACTICES MIGHT  
SUPPORT THESE GOALS FOR ALL CHILDREN?

# CHALLENGES

- Complex, multidimensional nature of construct
- Personal background and experience
- British context

# PHASE II: CONCEPTUALISATION

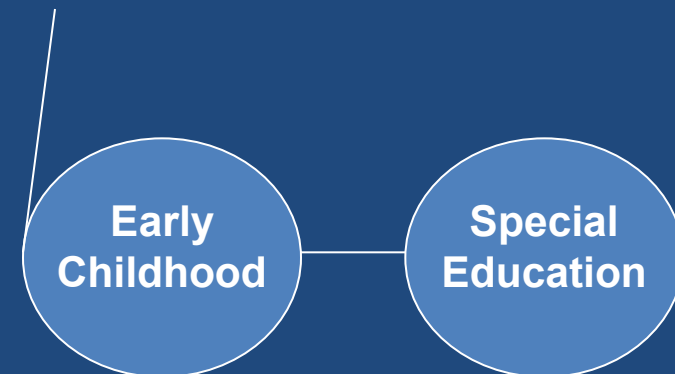
- Aim:
  - To define the construct in relation to other similar and different constructs, and to delineate its domains.
- Process
  - Analysis exploratory research, synthesis of literature review findings, identification of themes, domain delineation

# DOMAIN SPECIFICATION

- “The construct should be described in different ways, in terms of what is included and what is *not* included in the main domain. Such an approach is an effective way of clarifying the construct and distinguishing it from related constructs”

(Viswanathan, 2005, 2011)

# CONCEPTUALISATION



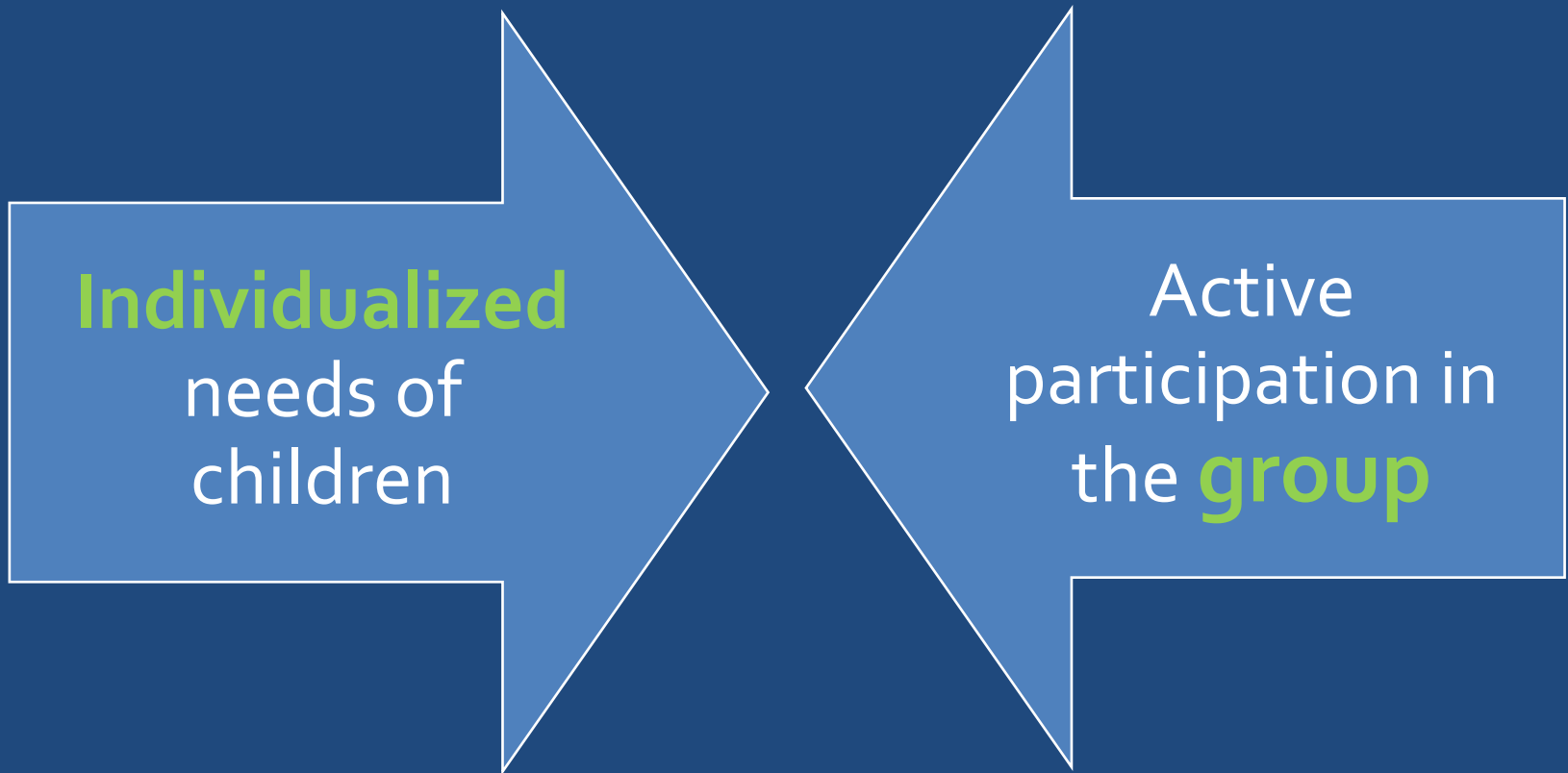
# DOMAIN DEVELOPMENT

- Children's involvement in activities
- Learning environment: physical space, materials and equipment
- Adult support for children's social experiences
- Adult-child interactions
- Membership
- Adults engagement in children's activities/play
- Adult Roles/Collaboration

# INCLUSIVE PRACTICES: (ICP) DEFINITION

- Ratings on the ICP items indicate the extent to which classroom practices intentionally adapt the classroom's environment, activities, and instructional supports in ways that encourage access and active participation in the group through adjustments that might differ from child to child.
- (Soukakou 2016; Inclusive Classroom Profile, Research Edition)

# WHAT MAKES CLASSROOM PRACTICES INCLUSIVE?



# CHALLENGES

- Establishing boundaries of construct
- “One scale fits all” ambition
- Lack of consensus around dimensions of quality

# PHASE III

# ITEM GENERATION

- Aim:
  - To generate items by identifying specific behaviors that reflect the construct and describing them in observable ways
- Process
  - Outline possible items and quality indicators
  - Consider level of specificity,
  - Consider dimensions of quality
  - Consider sources of data assessment
  - Apply standards & criteria
  - Provide examples

# DIMENSIONS OF QUALITY:



- **Ocurrence:** Was the practice implemented?
- **Frequency:** How often is it implemented?
- **Consistency:** Did the practice occur throughout the day and/or across children?
- **Context:** Where was the practice embedded?
- **Individualization:** Was each child supported as needed?

# CHALLENGES

- Items difficult to observe
- Over “quantifying” descriptions

# PHASE IV: EXPERT REVIEW

- Aim
  - Submit the generated items to experts who will rate the content and structure of the scale
- Process
  - Create 5-point rating scale and questionnaire, aggregate responses, analyze
- Challenges
  - Problem of content validity

# PHASE V: PILOT STUDY

- Aim
  - To test developed items in a diverse range of classrooms enabling fine revision of items
- Process
  - Administration of scale in 45 classrooms, assessment of psychometric properties

# PILOT STUDIES

- PRE-PILOT STUDY:

Aimed at piloting the first set of items in classrooms N=5 to test indicators and expert reviewers feedback.

## UK PILOT STUDY

Aimed at field testing the ICP across a purposeful, diverse set of classrooms to assess the psychometric properties of the scale

(N= 45 classrooms).

NC PILOT STUDY tested the measure in a different sample to assess psychometric properties and extended the validation of the tool by assessing discriminant validity

(N= 51 classrooms )

# PSYCHOMETRIC PROPERTIES

- Reliability
  - Across raters (inter-rater)
  - Across items (internal consistency)
- Factor Structure
- Validity
  - Construct
  - Discriminant



(Soukakou, 2012, 2015, 2016,  
West, Soukakou & Winton 2021 )

# DEVELOPMENT OF THE RATING SCALE

- An iterative process
- A multi-step process
- A multi-method process
- A contextualized approach

# ICP ITEMS

1. Adaptation of space , materials, and equipment
2. Adult involvement in peer interactions
3. Adult guidance of children's free-choice activities & play
4. Conflict resolution
5. Membership
6. Relationships between adults and children
7. Support for communication
8. Adaptation of group activities
9. Transitions between activities
10. Feedback
11. Family-professional partnerships
12. Monitoring children's learning

# BREAK



# DEVELOPMENT OF INTERVIEW & DOCUMENTATION REVIEW PROCESS

- To ensure the validity of the information that is gathered and that we intend to measure.
- Short 15 minute review
  - Who will provide responses?
  - How should the question be worded?
  - What type of evidence provided by a response is the best quality indicators for a particular behavior?
  - What criteria delineate the standard of evidence?

(Willis & Artino 2013)

# EXAMPLE OF 3 QUESTIONS

QUESTION	PURPOSE
<p>Do you have a written system for identifying family priorities, concerns and/or resources? (Partnerships with families)</p>	<p>To assess if program has a written system for identifying family priorities and concerns in relation to their child's individualized learning needs?</p>
<p>How do you help children understand each other's differences in learning, skills and behaviors? Do you plan any classroom activities? If so, can you provide some examples? (Membership)</p>	<p>To assess the extent to which adults plan classroom group activities that positively promote children's individual differences in learning, skills and behaviors.</p>
<p>Do you have any procedures for regularly communicating with families about daily issues, family concerns and children's needs? If so, do your procedures include opportunities for bi-directional communication with families? Please describe. ( Partnership w/ families)</p>	<p>To assess procedures for everyday bi-directional communication with families.</p>

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