



Self- and Peer Evaluation in Inclusive ECEC Settings¹

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Preface

This report is an outcome of the Erasmus+ Project (Key Action 2: Strategic Partnerships) *Designing a Curriculum for Preschool Teachers Who Work in Inclusive Classroom Settings*, contract number 2016-1-TR01-KA201-034660. The project is financed by the European Union Erasmus+ Programme and coordinated by the Turkish National Agency (Directorate of European Union Education and Youth Programmes Centre, Turkish Ministry of European Union Affairs).

Participants

Parties working together on this project are:

- ZİHİNSEL YETERSİZ ÇOCUKLARI YETİŞTİRME VE KORUMA VAKFI (ZİÇEV) (Turkey)
- Hacettepe University (Turkey)
- Gazi University (Turkey)
- Ankara National Education Directorate (Turkey)
- Stichting Heliomare Onderwijs (Netherlands)
- Christliches Jugenddorfwerk Deutschlands Gemeinnütziger EV (CJD) (Germany)
- Asociacion Cultural medioambiental Permacultura Cantabria (Spain)

Report

This report presents a number of suggestions of how to evaluate the quality of inclusive Early Childhood Education and Care (ECEC), thus contributing to Project Outcome No. 2: Development of a New Tool to Evaluate Inclusive Preschool Settings in Turkey From the Perspective of Global Quality.

The Turkish partners suggested focusing on “user-friendly” forms of self-evaluation. More specifically, they asked for relatively simple instruments that may be used by professionals in inclusive ECEC services and their stakeholders to monitor and evaluate interprofessional collaboration in everyday practice. Furthermore, they wanted input on the development of an instrument to evaluate the extent to which the curriculum and the ECEC setting may be characterised as “holistic” and based on the principles of universal design for learning.

The outcomes of the project, including this report, will be published via the Erasmus+ Dissemination Platform: <http://ec.europa.eu/programmes/erasmus-plus/projects/>.

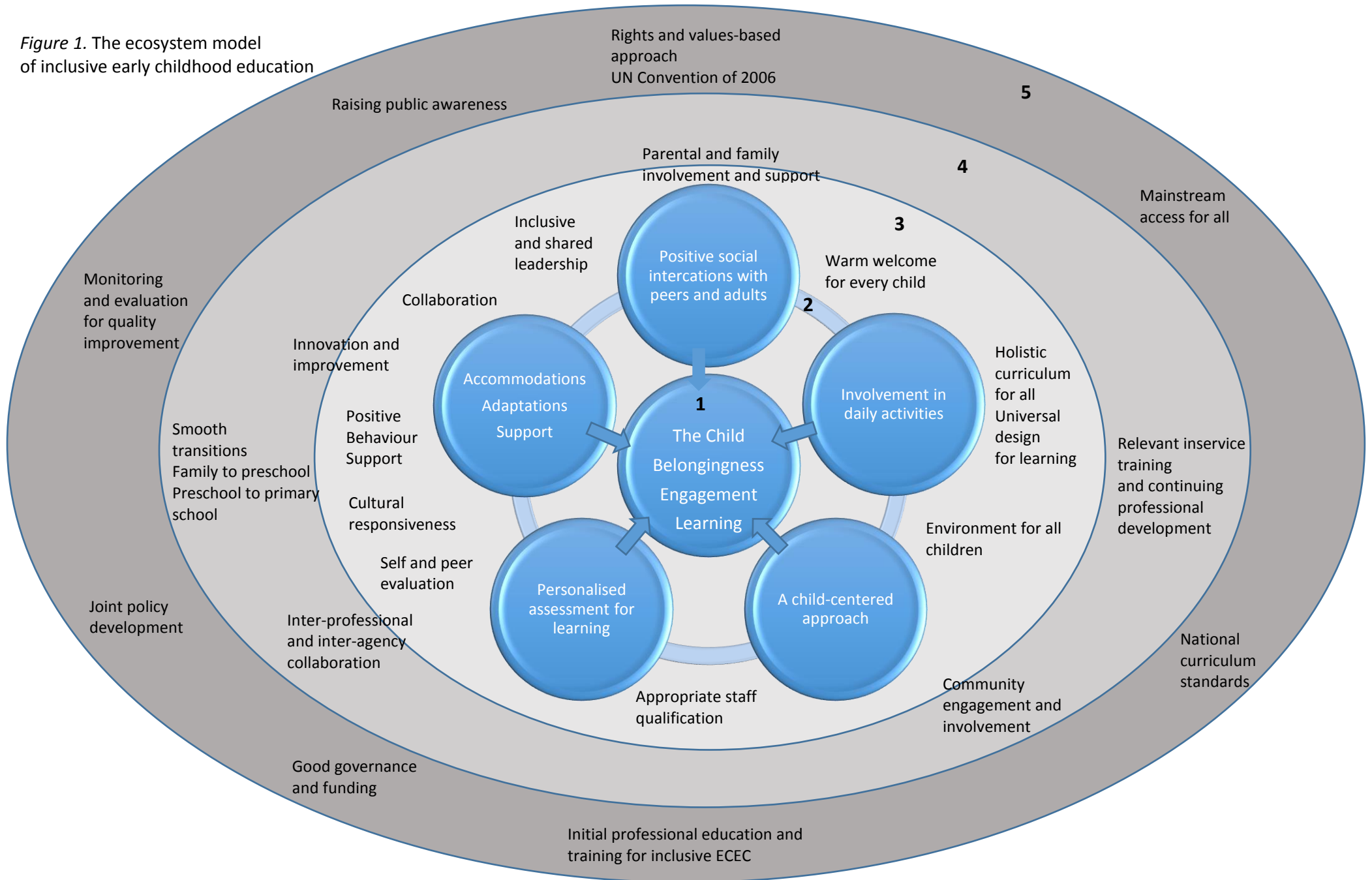
Programs, not children, need to be “ready for inclusion.”

Introduction

The starting point for evaluating inclusive ECEC settings involves identifying the different elements that constitute an inclusive ECEC setting. The choice was made to use the Ecosystem Model of Inclusive Early Childhood Education (see Figure 1), developed by the European Agency for Special Needs and Inclusive Education (2016), to gain an overview of what constitutes an inclusive ECEC service and to identify relevant themes for this Erasmus+ project.

The European Agency developed the model during a three-year project aiming at identifying, analysing and promoting the main characteristics of quality inclusive pre-primary education. *Pre-primary education* is defined as education for children from 3 years onwards until they enter compulsory education (European Agency, 2016). In this document we refer to these practices as Early Childhood Education and Care (ECEC), as we did in the first report we wrote for this Erasmus+ project: *EU Policy on and Practices in EU Member States Regarding Inclusive Education in Early Years Settings* (Schuman, 2017). We use the definition of Bennet (2012), who defined ECEC as “all publicly funded services aiming to ensure the well-being, health and education of young children **from prenatal to primary school entry**” (p. 12). This means that we include children under the age of 3.

Figure 1. The ecosystem model of inclusive early childhood education



(Adapted from European Agency for Special Needs and Inclusive Education, 2016, p. 15).

The Ecosystem Model of Inclusive Early Childhood Education

As illustrated in Figure 1, the European Agency for Special Needs and Inclusive Education (2016) identified five themes to describe the ecosystem of inclusive ECEC:

1. The child is in the centre, is as an active participant and has a need for belongingness, engagement and learning. Teaching and support should stimulate participation, initiative, ownership, choice, self-regulation and self-advocacy. Inclusion, thus, is about access, participation and supports.

Access means having access to a wide range of learning opportunities, activities, settings and environments.

Participation refers to individualized accommodations and supports that allow children and families to participate fully in play and learning activities with peers and adults.

Supports refer to the infrastructure of systems-level supports that undergird the efforts of individuals and organizations (Division for Early Childhood & the National Association for the Education of Young Children, 2009).

2. Five processes that have an impact on the child's involvement and participation:
 - Positive social interaction, both with adults and with peers (socialisation)
 - Being involved in all daily activities, mostly through play
 - A child-centred approach (i.e., personalised support and focusing on strengths)
 - Personalised assessment, both for learning and participation
 - Accommodations, adaptations and support for children who need these to access the setting and the curriculum and to participate in all activities
3. Structural factors within the ECEC setting that support these five processes and refer to the physical, social, cultural and educational environment:
 - A warm welcome for every child and family
 - A safe environment for all children and their families
 - Support for families that require it
 - Working in partnership with parents and families
 - A holistic curriculum designed for all children
 - A stimulating environment designed for all children
 - Appropriate qualification of staff for working in inclusive ECEC settings and a commitment to continuing professional development (CPD)
 - A culturally responsive social and physical environment, including promoting diversity when hiring staff
 - Collaboration and shared responsibility among all stakeholders
 - Inclusive leadership committed to respecting and engaging all individuals involved, thus stimulating collaboration, teamwork and shared responsibility and decision-making
4. Structural factors from outside the ECEC setting that support the five processes:
 - Collaboration between the ECEC setting and the children's families
 - Relevant inservice training and CPD for all ECEC staff, in particular, focusing on developing more inclusive ECEC practices
 - Commitment and support from the wider community to serving all children
 - Interprofessional and inter-agency collaboration with professionals and services from outside the ECEC setting that serve the children in the ECEC setting and/or their families
 - Organising smooth transitions between home and the ECEC setting and between the ECEC setting and the primary school.
5. Structural factors operating at the macro level of the system and impact the other levels and, thus, the inclusive practices in the ECEC setting itself:

- A rights-based approach to including all children, in accordance with the UN Convention on the Rights of Persons with Disabilities (United Nations, 2006)
- Provision of mainstream access for all children in ECEC settings
- A set of national or regional standards for designing and developing a holistic and inclusive curriculum
- Provision of initial teacher education to prepare prospective professionals to work in inclusive ECEC settings
- Appropriate governance and funding systems for inclusive ECEC
- Procedures for regular monitoring and evaluation aimed at improving the quality of services

The partners in this project added some features to the European Agency model they considered to be important, taking into account what they had discussed, such as their orientation on EU policies and practices (Schuman, 2017); the collaborative work they had done so far; and the stimulating face-to-face meetings they had attended in Turkey and in Spain:

- A rights-based approach is essential; therefore, it is important to raise awareness in the public domain (the macro level) regarding the underlying values and importance of accommodating and supporting people with disabilities to participate and to be included.
- To secure family involvement, it is important to realise that some parents and families may need extra support and help to become more involved.
- To develop a more holistic curriculum for all children, the principles of universal design for learning (Horn, Palmer, Butera & Lieber, 2016) need to be taken into account.
- To support children with challenging behaviour, it is important to implement and use the principles of positive behaviour support (Sprague & Golly, 2004).
- Interprofessional and inter-agency collaboration can be strengthened through processes of joint policy development by the agencies involved.
- Smooth transitions are important throughout the lives of children and young people with disabilities, especially at key stages:
 - From the family to preschool
 - From preschool to primary education
 - From primary education to secondary education
 - From secondary education to further and higher education
 - From further and higher education to adult life and living, working and participating in the local community
- User-friendly ways of self-evaluation, peer evaluation and team evaluation in an inclusive ECEC setting allow the professionals and stakeholders involved to take responsibility for change and improvement of their practices and to exercise ownership.

We also decided that the focus of this report would be on user-friendly ways of monitoring and evaluating inclusive ECEC provision; in particular, monitoring and evaluating the everyday activities of the professionals involved. This involves asking such questions as: How do they work with the children and their families? How do they address equal access to the setting and to the curriculum? How do they monitor and evaluate their students' learning and participation? How do they create and sustain a stimulating physical, cultural, social and educational environment where all children feel welcome, learn and participate? How do they assess their everyday practice through self-evaluation and peer-evaluation, reflection and more formal ways of assessment, and how do they invite and use the feedback of stakeholders, most important, the children's and the parents'? How do they work as a team? How do they work with other professionals, both from other disciplines and from other agencies?

Therefore, for this project, we decided to focus on the following four major topics:

1. the Inclusive Classroom Profile (Soukakou, 2012, 2016), aimed at evaluating classroom-level practices that support the individual needs of children with disabilities;
2. the Inclusive Early Childhood Education Environment Self-Reflection Tool (European Agency for Special Needs and Inclusive Education, 2017);
3. the Competences for Interprofessional Collaboration and how to assess them, using the competency list developed at Artevelde University for Applied Sciences in Gent, Belgium (Vyt, 2012); and
4. the principles of universal design for learning and how they may help design a more inclusive curriculum, using the Checklist for Inclusive ECEC Environments (Cunconan-Lahr & Stifel, 2007).

The Inclusive Classroom Profile

The Inclusive Classroom Profile (ICP; Soukakou, 2012) is a structured observation rating scale (from 1 [inadequate] – 7 [excellent]) for assessing the quality of daily practice in inclusive ECEC services. It is designed to be used for children 2-5 years of age in settings where at least one child has an Individual Education Plan (Soukakou, 2012, 2016). As such, it is meant to complement existing classroom quality measures and standards.

The ICP reflects the definition of *inclusive ECEC* of both the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) (Division for Early Childhood & the National Association for the Education of Young Children, 2009):

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 supports. (p. 2)

The ratings indicate the extent to which the staff intentionally adapt the environment, activities and support in ways that allow for access, active participation and learning and development of all children (Soukakou, 2016). Adapted materials, specialised instruction, inclusive interventions, assistive technology (e.g., augmentative and alternative modes of communication) and specific supports might differ from child to child.

The profile may be used in a number of ways, including for (a) research purposes to measure and compare quality across inclusive ECEC settings; (b) classroom evaluations; (c) quality improvement; (d) designing programmes for professional development; and (e) identifying professional development needs (Soukakou, 2016). The profile distinguishes the following 12 quality indicators:

1. *Adaptations of Space and Materials/Equipment*
Children are able to reach/access materials.
The environmental setup promotes ease of use.
Children are supported to use materials creatively and purposefully.
2. *Adult Involvement in Peer Interactions*
Adults notice and support peer interactions.
Adults help children initiate and sustain relationships.
3. *Adults' Guidance of Children's Activities and Play*
Children are given choices within their play.

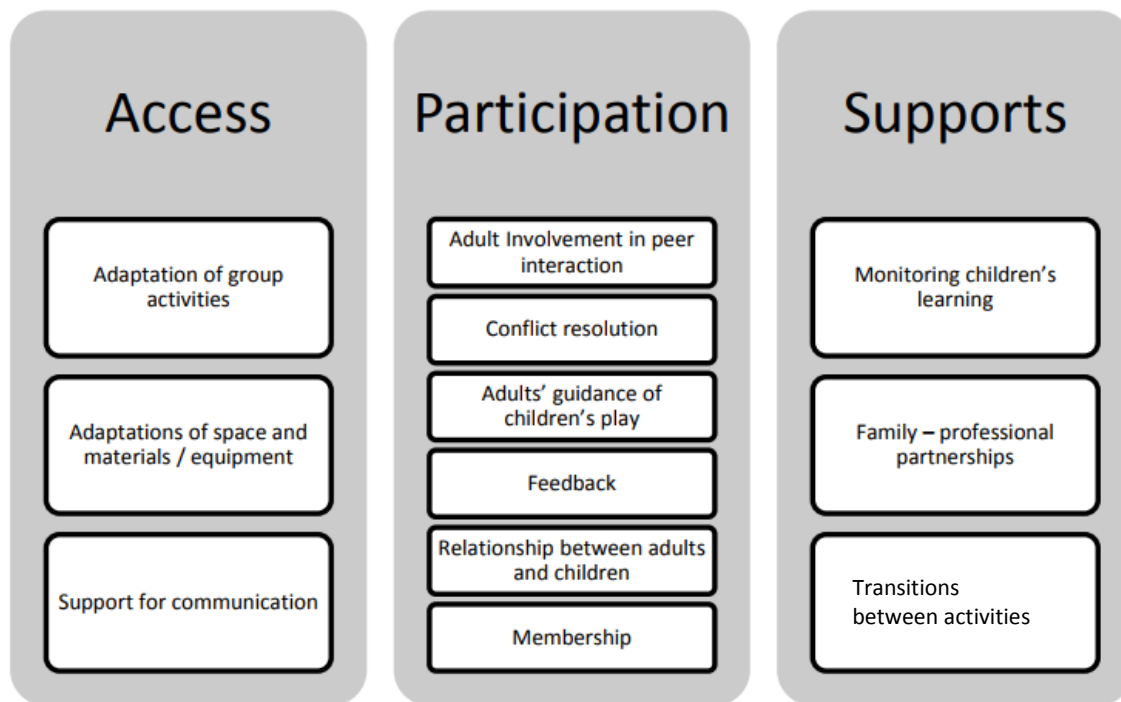
- Adults encourage and scaffold individual play and social activities.
4. *Conflict Resolution*
Adults respond to conflict between and among children.
 5. *Membership*
Adults develop a social climate that nurtures individual differences.
Adults provide children with disabilities with opportunities for demonstrating social responsibilities and choices.
 6. *Relationships Between Adults and Children*
Adults focus intentionally on the nature and frequency of their interactions with children with disabilities.
 7. *Support for Communication*
Adults support the communication of a child with a disability.
Adults use strategies and assistive devices, including sign language, to facilitate the development by children with disabilities of language skills and communication with others.
 8. *Adaptation of Group Activities*
Adults design group activities that allow participation of children with disabilities.
Adults encourage children with disabilities to engage in group activities.
 9. *Transitions Between Activities*
Children with disabilities are supported to make smooth transitions between activities.
 10. *Feedback*
Adults provide positive behaviour support to children with disabilities.
Adults acknowledge the efforts and accomplishments of children with disabilities.
Adults provide formative feedback to promote the learning of specific skills.
 11. *Family-Professional Partnerships*
Adults in inclusive ECEC settings develop policies and practices for engaging and communicating with parents and families of children with disabilities.
 12. *Monitoring Children's Learning*
Adults use relevant and appropriate procedures and tools for monitoring the progress of children with disabilities. (Soukakou, 2016)

The above indicators measure:

- Whether a given practice was implemented by all adults in the classroom or outdoor setting.
- How well the practice was implemented for children with disabilities.
- Frequency: How often was the practice implemented?
- Context: Where was the practice embedded?
- Intensity: What was the level of scaffolding?
- Individualisation: Was each child supported as needed?
- Consistency: Was the practice implemented consistently throughout the day by all adults?
(Soukakou, 2016)

Danner (2015) combined Soukakou's (2016) 12 indicators with the defining features of an inclusive ECEC setting; namely, access, participation and supports (Division for Early Childhood & the National Association for the Education of Young Children, 2009). The resulting framework (see Figure 2) may help researchers, professionals and stakeholders to understand as well as use the ICP for monitoring, evaluating and improving an inclusive ECEC service.

Figure 2, A framework for evaluating inclusive ECEC services.



(Adapted from Danner, 2015).

Note. One indicator had been changed. Philosophy of inclusion in the original figure has been replaced by Transitions between activities, which was the original concept used by Soukakou (2012).

For more information about the rating scales and the use and application of the ICP, see Soukakou (2016).

The Inclusive Early Childhood Education Environment Self-Reflection Tool

This user-friendly instrument was developed by the European Agency for Special Needs and Inclusive Education (2017) as part of the Inclusive Early Childhood Education (IECE) project aimed at identifying, analysing and promoting the main characteristics of inclusive ECEC. A self-reflection tool, it offers professionals and stakeholders the opportunity to reflect on their ECEC setting's inclusiveness, focusing on the physical, social and learning environment.

Engagement and participation are the key concepts used to design the tool. *Participation* means that a child with a disability is able to fully access the inclusive setting and meets up, interacts and plays with friends and peers. *Engagement* implies active involvement of a child in the everyday activities of an inclusive ECEC setting (European Agency, 2017).

The tool is based on the Ecosystem Model of Inclusive Early Childhood Education (see Figure 1). It consists of eight indicators:

1. Overall welcoming atmosphere
2. Inclusive social environment
3. Child-centred approach
4. Child-friendly physical environment
5. Materials appropriate for all children

6. Opportunities for communication for all
7. Inclusive teaching and learning environment
8. Family-friendly environment.

Professionals and stakeholders can use the instrument to gain a picture of the inclusiveness of their ECEC setting. It is flexible and may be adapted to the needs of its users, the setting or the organisation. For example, users can cover all eight indicators or use a step-by-step approach. In addition, they can add own questions, thus tailoring the tool to their specific context and needs. The tool may serve several purposes such as:

- providing a picture of the setting's state of inclusiveness;
- serving as a basis for discussions about inclusion between all stakeholders; and
- describing, formulating and prioritising areas for change or improvement of their inclusive ECEC practice (European Agency, 2017).

Competencies for Interprofessional Collaboration in Inclusive ECEC Settings

The concept of inclusive ECEC settings implies that children with disabilities are in the same classrooms as their peers without disabilities. Key to inclusion are the following access; participation and engagement; and supports.

Many children with disabilities need support that is often provided by professionals from different disciplines (e.g., speech therapists, physiotherapists, occupational therapists, doctors, nurses, teachers, teaching assistants, social workers). These professionals need to work together in the best interest of the children and their parents and families (World Health Organisation, 2010). Their work may be described as *multidisciplinary collaboration*, defined as

utilising the skills and experience of individuals from different disciplines, with each discipline approaching the patient from their own perspective. Most often, this approach involves separate individual consultations. ... It is common for multidisciplinary teams to meet regularly, in the absence of the patient, to "case conference" findings and discuss future directions for the patient's care. (Jessup, 2007, p. 330)

Precisely because of these characteristics – professionals working parallel to each other with the patient/client on discipline-specific goals and the patient/client often not being involved in team meetings – the World Health Organisation (2010) advocates instead for the concept of *interprofessional collaboration*. Other authors (e.g., Bronstein, 2003) prefer the term *interdisciplinary collaboration*, but both terms seem to share the same meaning. Following the World Health Organisation (2010), we use the term *interprofessional collaboration* in this document.

Interprofessional collaboration in inclusive ECEC may be defined as a child- and family-centred, team-based approach designed to promote the health, social care, participation and learning of children with disabilities. The teamwork required by this approach is characterised by the commitment of all participants to acknowledge, value and respect the contribution each one of them is able to make. That is, the professionals involved are confident in their own core skills and expertise, but also fully aware of and confident in the skills and expertise of fellow health, care and teaching professionals. They work in a nonhierarchical and collegiate way, and welcome parents, family members and the child as members of the team (Creating an Interprofessional Workforce, 2007).

Jessup (2007) argues that a more prominent role of the patient/client in the interprofessional team demands the integration of:

separate discipline approaches in a single consultation. That is, the patient-history taking, assessment, diagnosis, intervention and short- and long-term management goals are conducted by the team, together with the patient, at the one time. The patient is intimately involved in any discussions regarding their condition or prognosis and the plans about their care. A common understanding and holistic view of all aspects of the patient's care ensues, with the patient empowered to form part of the decision-making process, including the setting of long and short-term goals. Individuals from different disciplines, as well as the patient themselves, are encouraged to question each other and explore alternate avenues, stepping out of discipline silos to work toward the best outcome for the patient. (p. 330)

However, she also acknowledges that traditional hierarchies or dominant personality types, for example, may have a negative impact on this process of working together.

To make interprofessional collaboration work, several agencies have come up with lists of competencies professionals need in order to successfully work together in an interprofessional manner. The Canadian Interprofessional Health Collaborative (2010), for example, suggests that professionals working in an interprofessional practice need competence in six domains:

1. *Interprofessional Communication* (practitioners from different professions communicate with each other in a collaborative, responsive and responsible manner);
2. *Patient/Client/Family/Community-Centred Care* (practitioners seek out, integrate and value, as partner, the input and the engagement of the patient/client/family/community in designing and implementing care/services);
3. *Role Clarification* (practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and achieve patient/client/family and community goals);
4. *Team Functioning* (practitioners understand the principles of team work dynamics and group/team processes to enable effective interprofessional collaboration);
5. *Collaborative Leadership* (practitioners understand and can apply leadership principles that support a collaborative practice model); and
6. *Interprofessional Conflict Resolution* (practitioners actively engage self and others, including the client/patient/family, in positively and constructively addressing disagreements as they arise. (pp. 12-17)

Similar competency frameworks have been proposed in the USA and in the UK. For example, the Interprofessional Education Collaborative Expert Panel (2011) developed a framework for professionals working in the USA. They refer to D'Amour and Oandasan (2005) in terms of defining *interprofessionalism* and as a basis for developing the framework. This framework is used in this report because it describes succinctly what this concept means for professionals who are committed to working in an interprofessional practice and how it relates to the four competency domains the Expert Panel (2011) considers to be foundational to a framework of interprofessional competencies. They define interprofessionalism as

the process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the client/family/population ... [I]t involves continuous interaction and knowledge sharing between professionals, organized to solve or explore a variety of education and care issues all while seeking to optimize the patient's participation ... Interprofessionalism requires a paradigm shift, since interprofessional practice has unique characteristics in terms of values, codes of conduct, and ways of working. These characteristics must be elucidated. (D'Amour & Oandasan, 2005, p. 9; cited in The Interprofessional Education Collaborative Expert Panel, 2011, p. 8)

The four domains distinguished by the expert panel are as follows:

1. Values/Ethics for Interprofessional Practice (10 competencies);

2. Roles/Responsibilities (9 competencies);
3. Interprofessional Communication (8 competencies); and
4. Teams and Teamwork (11 competencies). (pp. 16-25)

In the UK, the Children's Workforce Development Council (2010) developed a competency framework for all professionals involved in working with children and their families. They distinguish six competency domains, as follows:

1. Effective Communication and Engagement with Children, Young People and Families (39 competencies);
2. Child and Young Person Development (34 competencies);
3. Safeguarding and Promoting the Welfare of the Child or Young Person (29 competencies);
4. Supporting Transitions (20 competencies);
5. Multi-Agency and Integrated Working (28 competencies); and
6. Information Sharing (25 competencies).

The above frameworks differ from each other in a number of ways. Nevertheless, they share some common characteristics, such as working together with other people, including collaboration with the patient/client and their social network; an emphasis on positive outcomes for the patient/client; the importance of respectful communication; team development; roles and responsibilities; and sharing of information. Differences between the frameworks, in turn, are related to the emphasis placed on values and ethics, a more or less specific focus on transitions and how to deal with conflicts.

Each framework may help in designing a curriculum to prepare the next generation of professionals for an interprofessional practice in education, healthcare and/or social work, which is one of the objectives of the Turkish partners in this project. However, it is uncertain whether they are suitable for helping practitioners in inclusive ECEC settings to evaluate their collaboration in everyday practice with colleagues, professionals and stakeholders from other agencies, parents and families. Indeed, the sheer number of competencies may withhold professionals from using them in their everyday practice.

As an alternative, at Heliomare (see author profile at the end of this report) we have successfully used an instrument developed by Vyt (2012) at the Artevelde University of Applied Sciences in Gent, Belgium, to better understand and evaluate collaboration on teams. The framework consists of five domains, each with six competencies. It is a user-friendly instrument that stimulates professional dialogue about what professionals consider important when working with colleagues, parents and children. It may be used (a) for self-evaluation purposes or to rank one's own competencies (e.g., on a scale from 1 to 10) and to think about what a person would like to change or improve and how to do that; (b) to peer-evaluate colleagues and have a discussion with them; and (c) to evaluate the overall collaboration within a team and to make plans, when deemed necessary, for how to improve the collaboration. The competencies may be easily adapted for use with parents and/or families and other stakeholders. The domains and associated competences are as follows:

Domain 1: Consulting Colleagues and Planning Together

1. Being able to formulate sensible, justified and concrete goals from one's own discipline that are understood by colleagues and parents.
2. Being able to assess what contribution a colleague from another discipline can provide.
3. Being able to collaborate with colleagues in a constructive way.
4. Being able to select relevant information about the child and present it in an accessible format to colleagues.
5. Being able to use existing information effectively.

6. Being able to express one's own point of view clearly and balanced when consulting with other colleagues.

Domain 2: Involving and Stimulating Colleagues

7. Being able to inform colleagues adequately and clearly.
8. Being able to make a spontaneous appeal to the appropriate colleague from another discipline.
9. Being able to stimulate and increase the efficiency of consultations with colleagues.
10. Being able to value, stimulate and support the contribution of colleagues.
11. Being able to articulate one's own views and to ask colleagues for clarification when something is not clear.
12. Being able to give feedback to others in a respectful and helpful way.

Domain 3: Communicating With and Informing Colleagues

13. Being able to produce and present relevant information about the child and his or her background to colleagues in a correct and structured oral, written or electronic way.
14. Being able to assess and select relevant information for colleagues and others.
15. Being able to translate jargon into understandable and accessible language for colleagues.
16. Being able to use the Dutch language properly, both verbally and in writing.
17. Being able to communicate flexibly and adequately, taking into account the characteristics of the conversation partner.
18. Being able to reflect on one's own communication and to adjust when necessary.

Domain 4: Learning and Reflection

19. Being able to identify and use opportunities for learning, aiming at strengthening one's competencies for collaboration.
20. Being able to actively pursue missing knowledge or information.
21. Being able to ask for specific feedback from others regarding one's communication and collaboration.
22. Being able to deal adequately with feedback provided by others on one's behaviour and results.
23. Having the courage to be under discussion and to put one's own views into perspective.
24. Being able to criticize and evaluate opinions and assertions.

Domain 5: Acting Purposefully and Tactfully

25. Being able to show respect for other team members and the specific features and characteristics of other disciplines.
26. Being able to be tactful and prudent when engaging with others and when drawing/formulating conclusions and recommendations.
27. Being able to speak openly and positively with parents and students about (colleagues from) other disciplines.
28. Being proactive when dealing with difficulties and/or challenges.
29. Being able to keep an appointment.
30. Being able to carry out one's duties in a timely manner and according to generally accepted standards.

As mentioned, these competencies may be used in various ways, including self- or team evaluation. Another option for introducing the competencies in an inclusive ECEC setting would be to ask professionals to rank them individually, based on what is important to them personally when working with colleagues in the ECEC setting and subsequently discuss the outcomes with colleagues. The setup of such an activity might be as follows:

1. Please rank the 30 competencies, classified into five domains, individually.

Start with Domain 1 and classify the six competencies according to their importance for you when working with colleagues. The most important competency gets a 6, the second most important competency, a 5, and so on. After finishing Domain 1, continue with Domain 2 using the same format, and so on.

Time:15 minutes

2. Please divide into small groups of three persons each.

Exchange your rankings: explain, argue, challenge and maybe even change your ranking.

Time: 30 minutes

3. Please engage in a whole-group discussion, addressing questions such as the following:
What have you learned from ranking the competencies and discussing it with colleagues?
Was this useful to you and, if so, in what ways?
Do you think the framework could be useful for you when working with colleagues/parents?
If so, in what ways?
Do you think using the framework could stimulate dialogue and support colleagues in becoming more informed about what it takes to work together with other professionals?

Time: 30 minutes

Regardless of the framework or instrument used, in the end, all competencies in inclusive ECEC services seem to come down to the values and beliefs that teachers, support staff, paramedical and other professionals, as well as parents and families, bring to the setting. Recchia and Lee (2013) translated these into six value-driven competencies (you may also call them "soft" competencies):

1. Ways of Thinking and Ways of Being That Embrace Difference and Capitalize on Opportunities to Bring Children Together
2. The Capacity to Nurture and Embrace Each Child as a Unique Individual Who Brings a Special Contribution to the Group
3. Openness to Reconsidering, Rethinking and Redoing Teaching and Learning Activities With Children in Response to Their Input
4. The Ability to Attend to the Child's Perspective When Making Decisions That Impact Daily Practice
5. The Expectation That All Children Can Meet Appropriate Educational and Developmental Goals and a Willingness to Support Their Efforts; a Belief That Children Can and Will Be Successful
6. An Understanding That *Equity* Does Not Always Mean *Equality* in an Inclusive Environment; Because Different People Need Different Things to Have *Equal* Access, Treating Children Differently Is Acceptable. (pp. 67-78)

As outlined in the following, universal design for learning may help teachers to translate these values and beliefs into their everyday inclusive ECEC practices, thus giving every child fair treatment.

Universal Design for Learning

When we talk about universal design for learning (UDL) in inclusive ECEC services, we are talking about the development of an inclusive preschool curriculum. Horn et al. (2016) argue that "[t]oo often, children with disabilities are less likely to be provided with the same high quality curriculum as children without disabilities" (p. 3). They point to the same defining features of inclusion that are presented in this report: access, participation and supports. Preschool children are characterised as "active, self-motivated learners who learn best from personalized, hands-on, real-world activities with opportunities to acquire knowledge and practice skills in a meaningful context" (p. 5). To support the learning of all children, Horn et al. (2016) apply three levels of instructional support:

1. UDL Principles for All Children;
2. Differentiation to Maximize Individual Children's Active Participation and Learning; and

3. Individualization for Addressing Unique Child Goals and Learning Targets. (p. 18)

UDL is based on the more general concept of universal design – that all products, buildings and spaces be usable by all people to the greatest extent possible without the need for adaptation (Mace, Hardie, & Place, 1996). UDL applies three principles:

1. Multiple Means of Representation That Give Learners a Variety of Ways to Gain Access to Information and Content (e.g., ensuring that questions, expectations and learning opportunities are provided in various formats and at different levels of complexity, allowing for using one particular sense or a combination of senses and providing various levels of scaffolding to address multiple levels of complexity);
2. Multiple Means of Engagement to Gain and Maintain Learners' Interest (e.g., using a variety of materials and strategies for involving children in the learning process of each activity, arousing curiosity and motivation, providing opportunities for child choice and connecting to prior experience and knowledge); and
3. Multiple Means of Expression to Provide Learners With a Variety of Ways to Demonstrate What They Know (e.g., using resources, toys, and materials, and expressing ideas, feelings and preferences in a number of ways, verbally and nonverbally) (Horn et al., 2016).

Cunconan-Lahr and Stifel (2007) developed a Checklist for Inclusive ECEC Environments based on the principles of UDL. A user-friendly tool, the checklist is designed to help professionals to critically evaluate the inclusiveness of their ECEC services and to get ideas for how to move forward and improve access, participation and support for all children.

Horn et al. (2016) note that relying solely on UDL principles in designing barrier-free, rich and accessible learning activities may not benefit children who need additional supports to enhance their active participation with and learning of the planned curricular content. Instead, these children need teachers and support staff who are able to differentiate and individualise. *Differentiated instruction* acknowledges that children are different and applies widespread modifications to allow children to have access to and work within the general curriculum. *Individualisation*, in turn, moves away from the general curriculum and addresses the unique learning needs of a given child, whatever these may be (Horn et al., 2016).

Horn et al. (2016) developed a comprehensive and useful overview of the components of differentiation in inclusive ECEC settings that may help professionals tailor their teaching and supports to the needs and strengths of children who need additional supports to access the general curriculum.

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