

01_Historical Overview of the Emergence of Inclusive Education

Slide 1

This module traces the emergence and development of inclusion of students with disabilities in mainstream education.

Slide 2

In order to understand how the concept of inclusion of students with disabilities in education has evolved, an understanding of the historical perspectives informing the development of educational provision for students with disabilities and special needs is essential.

Slide 3

Throughout history, disabled people were largely treated as second-class citizens. Society excluded them and showed them little respect.

Slide 4

Disabled people tended to be regarded as inferior with few rights or privileges. Their disability has always been a serious impediment to their social and economic participation and integration.

Slide 5

Education for disabled students only emerged in the middle of the eighteenth century, prompted by the philosophy and principles of the European enlightenment informed by beliefs about the equality of all people and the human responsibility to care for others within society.

Slide 6

As a result, reform movements were established to address the inequalities experienced by marginalised groups within society, including disabled people and those deemed insane.

Slide 7

For much of the 20th century, it was common to segregate disabled people from the rest of society. Large numbers of disabled people were put away in institutions on the grounds that it was for their own good and the good of society.

Slide 8

However, the very existence of these institutions limited opportunities within wider society for disabled students. These institutions separated those who were disabled from their peers, who could continue with their schooling without any interference from disabled students.

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Innovative pedagogies were developed to support those who were deaf, blind, and intellectually disabled.

Slide 10

Pioneering educators devised a variety of strategies to address the educational needs of disabled students, including sign language for the deaf, a raised print method for the blind and an appropriate pedagogy for those who were intellectually disabled.

Slide 11

In the early twentieth century, general schooling became more organised. Compulsory attendance laws forced the state to make provision for disabled students, generally through institutions and emergent segregated classes.

Slide 12

Parallel systems of regular and special education became established with different locations, specialised training for teachers in special education settings and the development of specialist provision, including therapeutic disciplines. Segregated educational provision remained largely unchallenged until the 1960s.

Slide 13

In the 1960s the civil rights movement in the United States and the normalisation movement in Scandinavia challenged the societal attitudes and approaches to disenfranchised and marginalised groups.

Slide 14

Disability groups followed minority ethnic groups that challenged the barriers preventing their full participation in society.

This marked the beginning towards dismantling institutional segregated provision.

Slide 15

The second part of the 20th century, was marked by efforts to establish more integrated special educational provision.

Slide 16

According to normalisation principles, disabled people should be enabled to participate in mainstream society.

Slide 17

The practice of segregated educational provision was challenged as it appeared to violate these normalisation principles. Education needed to be reoriented towards an integration framework designed to ensure that disabled students could participate to the greatest extent possible in their communities.

Slide 18

The United States enacted legislation to respond to the serious issues raised by the civil rights movement and the critique of existing special educational provision.

Slide 19

In 1975, the Education for All Handicapped Children Act was passed to guarantee equal access to public education for children with disabilities.

Slide 20

This federal law introduced the concept of the 'least restrictive environment', where their educational needs could be appropriately met. It marked a breakthrough in the shift away from segregated provision towards more integrated settings where disabled children and young people could be enabled to learn alongside their peers.

Slide 21

In the United Kingdom, the Warnock Report of 1978 provided a national review of special educational provision.

Slide 22

The Warnock Report challenged the traditional practice of identifying the child according to a category of handicaps and assigning the child to a special disability-specific school.

It concluded that this approach to education for disabled children and young people was inappropriate.

Slide 23

Identifying children according to disability categories often stigmatised them and provided limited relevant information about their actual educational needs. In fact, children with the same disability label were treated as a homogeneous group with broadly similar educational needs, yet in practice, these needs often varied widely.

Slide 24

The Report challenged the practice of placing particular groups in society in special schools or classes for students learning difficulties instead of making the assessment of their special needs in education and provide them with adjustments in educational provision.

Slide 25

The Report decided to replace the existing multiple categories of disability with the generic term 'special educational need'. This term applied to any pupil who required additional educational support, focussed on specific aspects of learning or more generally across the majority of subjects.

Slide 26

The Warnock Report marked a significant shift away the traditional notions of educational difficulty as being primarily rooted and fixed within the individual student Its concept of special educational need was more concerned with the interaction between the student and the learning contexts which the student experiences.

Slide 27

It did not deny that within-student factors can have a significant impact on learning. Therefore, particular groups

are likely to need to attend a special school at least for a period.

Slide 28

Some of them may, after intensive help in a special school, be able to continue their education in an ordinary school. Others may need to attend a special school for the whole of their school career.

Slide 29

Enabling disabled students to participate fully in the educational system became a question of how committed governments were to developing more equitable systems of educational provision that valued diversity. More equitable provision should reduce the marginalisation and stigmatisation experienced by disabled students and their families.

Slide 30

Provision in the United Kingdom spanned a continuum from greater levels to lesser forms of integration.

Slide 31

Addressing the issue of equity for disabled students and their families would contribute to the development of more tolerant societies capable of responding appropriately to diversity.

Slide 32

The Warnock Committee identified three main types of integration: locational, social and functional.

Slide 33

Locational integration was characterised by the placement of disabled students within a mainstream setting, though often in a special unit or class with little interaction between disabled pupils and their same-age peers.

Slide 34

Social integration focussed on enabling disabled students to interact socially with their same-age peers, though not necessarily in shared classrooms.

Slide 35

Functional integration was epitomised by the participation of disabled students in mainstream classrooms alongside their same-age peers.

Slide 36

The legislation in the United States and the Warnock Report marked significant turning points in the thinking around disability and special educational needs and the organisation and delivery of special educational provisions.

Slide 37

Disability was redefined. The Medical Model sees the disabled person as the problem. It looks at what is 'wrong' with the student and not what the student needs. Under the medical model, students with disabilities should adapt themselves to fit into the educational environment around them.

Slide 38

The social model of disability says that disability is caused by the way society is organised. The social model of disability focuses on how the needs of students with disabilities can be met by society including schools and how to remove both physical and attitudinal barriers to the full participation of students with disabilities.

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<https://www.coe.int/en/web/compass/disability-and-disablism>

Unfortunately, the medical model does still prevail in education in many countries today and the social model is not universally applied. The educational environment disables students with disabilities by prejudices and by its failure to meet their needs created by disability and by denying their personal experience of disability.

Instead, students with disabilities should be perceived as the **active agents** with full entitlements to their right to education who are capable of exercising autonomy over their educational *choices* and take control of

their own education. This requires educational systems to facilitate the active participation of students with disabilities in educational decision-making.

The Medical model asks:	The Social model asks:
What is wrong with a student with disabilities?	What is wrong with the educational environment? What social, economic, political and/or environmental conditions need to be changed to facilitate the full enjoyment of the right to inclusive education by all students with disabilities and special needs?
Are the difficulties of students with a hearing problem in understanding their peers and teachers mainly due to the hearing problem of the student with disabilities?	Are the difficulties of students with a hearing problem in understanding peers and teachers mainly a result of the inability of teachers to communicate with students with a hearing problem?
Did a student with disabilities move here because of his/her health problem?	What deficiencies in the school environment caused a student with disabilities to move here?
Does the disability or special need of a student prevent him/her from participating in educational activities and extracurricular activities as often or as far as he/she would like?	Are there any transport or financial problems preventing students with disabilities or special needs from participating in educational activities and extracurricular activities as often or as far as he/she would like?

Based on Oliver, Michael, *Understanding Disability: From theory to practice*, 1996, Macmillan: Basingstoke.

Slide 39

When barriers are removed, disabled students can be independent and equal in society, with choice and control over their own lives.

Slide 40

Developing integrated educational provision involved all participants and stakeholders in education. Increased funding was made available, legislation was enacted and parents became more active participants in the decision-making processes around the education of their children.

Slide 41

Policy options regarding integration vary across countries, and three broad policy options in integration practices can now be identified: separate educational provision, flexible and responsive systems of provision.

Slide 42

'Two-track' integration policies were evident in the Netherlands, Belgium and Germany, where the two parallel school systems existed and worked independently of each other.

Slide 43

Denmark, England and Wales and the United States, followed 'multi-track' policies where a flexible system of educational provision was devised, and a continuum of services was made available to disabled students.

Slide 44

In countries such as Italy and Sweden, a 'one-track' integration policy operated where disabled students were educated in mainstream schools alongside their same age peers to the greatest possible extent.

Slide 45

By the 1990s, progress towards inclusion appeared to be stalling. Integrated provision tended to be conceptualised in placement terms rather than considering the support infrastructure required to deliver effective inclusive educational provision for disabled students.

Slide 46

Whereas the belief that learning difficulties arose from individual student deficits resulted in an emphasis on separate educational provision, flexible and responsive systems of provision became associated with the belief that learning difficulties are caused by a combination of individual and environmental factors.

Slide 47

With the Convention on the Rights of Persons with Disabilities (CRPD), the focus shifted to the structural, social, political and cultural shortcomings in society being significant barriers to the inclusion and full participation and development of persons with disabilities. The Convention recognises the right to inclusive education for all persons with disabilities.

Slide 48

To conclude:
The concept of educational inclusion has now been firmly established within policy and legislation in many countries throughout the world.

Slide 49

However, it is equally evident that there are many contrasting and, in some cases, conflicting interpretations of how educational inclusion should be implemented in practice.

Slide 50

As noted by the Grand Chamber in the case of Roma students in the Czech Republic, we should not underestimate the enduring strength and influence of traditional conceptualisations of special education that continue to exert a hold over current procedures through the emphasis on defining educational needs according to traditional categories of disability and allocating resources on this basis.

Slide 51

In addition, the increasing marketisation of education with accompanying competition between schools for status and resources can produce a hostile environment quite unsympathetic to the inclusion agenda.

Slide 52

To realize inclusive education, support should be provided to teachers and school personnel in developing appropriate responses to any student experiencing difficulties in school ...

Slide 53

... and to challenge exclusionary procedures within schools and the education system. A human rights approach to educational inclusion demands that exclusionary practices at all levels within the education system are challenged.

Slide 54

Achieving educational inclusion is a process that challenges societies at a fundamental level to demonstrate who is really valued within society and how the human rights of all students can be realised within education systems.