

Addressing ableism in inclusive education policies: a policy brief outlining Italy, Poland, the Netherlands and the United Kingdom

Citation for published version (APA):

Kusters, J., Millner, M. A., Omelyanovskaya, K., Tangerli, M. M., Laszewska, A., & Kessel, R. V. (2021). Addressing ableism in inclusive education policies: a policy brief outlining Italy, Poland, the Netherlands and the United Kingdom. *South Eastern European Journal of Public Health*, 3. <https://doi.org/10.11576/seejph-4681>

Document status and date:

Published: 01/08/2021

DOI:

[10.11576/seejph-4681](https://doi.org/10.11576/seejph-4681)

Document Version:

Publisher's PDF, also known as Version of record

Document license:

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POLICY BRIEF

Addressing ableism in inclusive education policies: a policy brief outlining Italy, Poland, the Netherlands and the United Kingdom

Joni Kusters¹, Mareike Annemarie Millner¹, Karina Omelyanovskaya¹, Mehmet Mikail Tangerli¹, Agata Laszewska², Robin van Kessel¹

¹Department of International Health, Faculty of Health, Medicine, and Life Sciences, Maastricht University, The Netherlands

²Department of Health Economics, Center for Public Health, Medical University of Vienna, Austria

Corresponding author:

Robin van Kessel, PhD

r.vankessel@maastrichtuniversity.nl



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Abstract

Context: Access to education is a fundamental right that should be realised to the degree that every child can develop their talents to the fullest potential. Therefore, children with special education needs and disabilities (SEND) have the right to claim resources and aid to function in schools and should not be excluded from any level of mainstream education. However, the process towards executing this fundamental right is slowed down by existing ableist structures.

Policy Options: This policy brief analyses inclusive education policies from the perspective of four different European Countries (Italy, the Netherlands, Poland, and the United Kingdom). The data was synthesised using four types of ableism that are addressed in this policy brief. The gaps within definitions and argumentation were identified and discussed to provide recommendations concerning education for people with SEND.

Recommendations: The evaluation provided three significant recommendations towards inclusive education systems by addressing ableist structures. Firstly, it is crucial to reduce the linguistic gaps between national educational policies and the underlying national laws. Secondly, it is necessary to include the target group and raise awareness for SEND to reinforce societal and scientific perspectives, and influence policy decision-making. Lastly, it is important to address the discrepancies between the inclusive education policies and the structural capacity. The synergy between these two key factors is crucial for an effective implementation of inclusive education.

Keywords: *SEND, SEN, Disabilities, Ableism, Policy, Autism, Inequality*

Acknowledgments: We thank Robin van Kessel, our senior advisor, and Dr Katarzyna Czabanowska for the opportunity to explore this topic as part of the Leadership track in the Master Governance and Leadership in European Public Health.

Authors' contributions: All authors contributed equally to this work.

Conflict of interest: None declared

Source of funding: None declared



Introduction

Autism is a neurodevelopmental condition that mainly manifests in language comprehension and behavioral differences (1). It is a part of the neurodiversity framework, which advocates that individuals with biological differences do not necessarily “need a correction” (1). Just as the perception of autism and other developmental conditions has changed over time from an impairment, a disorder, or a disability, national and international policies and laws targeting these conditions have changed accordingly. The latest international cornerstone of this change is found in the Convention on the Rights of Persons with Disabilities (2). It adopted a broad categorization of special educational needs and disabilities (SEND) and indicated that—irrespective of the type of SEND—every individuals’ human rights should be enforced and respected (2). Article 24 of the CRPD declares that access to education is a fundamental right that should be realized to the degree that every child can develop their talents to the fullest potential and effectively participate within society. It specifies that children with SEND have the right to claim resources and aid to function in schools, and that they may not be excluded from any level of mainstream education (2). However, discrepancies continue to exist for people with SEND in accessing education, such as lack of resources and lack of appropriate infrastructure (3). These discrepancies stem from various sources, one of which is a lack of uniformity in terminology regarding SEND, which is rooted in the everyday use of ableist language when drafting policies for people with SEND (4,5). Ableism is prejudice towards individuals with SEND. This prejudice can manifest itself through (6): affective emotions, behav-

ioral actions and practice, and cognitive beliefs and stereotypes. The expression of ableist attitudes through these three attitude categories does not necessarily consist of blatantly negative attitudes towards people with SEND. Nario-Redmond describes that “*prejudice often occurs between individuals interacting at the interpersonal level*”, and “*represents beliefs and motivations that derive from belonging to particular groups – groups of ‘us’ and ‘them’ – groups often motivated to maintain their status difference*” (6). This ‘us’ versus ‘them’ mentality is one of the main barriers in equity-related issues concerning inclusion (6,7). People with SEND are not only affected by aggression targeted towards their SEND. They are also exposed to pity or paternalistic attitudes from the general population. These attitudes are based on the assumption that atypical people might require ‘help’ from abled people to function and flourish within society (6). However, this can lead to the infantilization of people with SEND or to various degrees of ostracism. This ostracism should be a public concern as ableism does not only affect a minority consistently but may impact the majority of the population intermittently/temporarily at some point during their lifetime (8). According to the theory of social constructivism, there is a discrepancy between SEND’s societal and individual perspective (9). Just as terminology and perception of racial minorities and gender change, so can the societal perspective on SEND. This continuous process requires ableism to be addressed and acknowledged to prevent an environment where outsiders are privileged, and insiders are disadvantaged (9). The four main types of ableism addressed within this policy brief are academic-, institutional-, cultural, and language ableism as presented in Appendix I.



All these types refer to insufficient recognition of SEND, the existence of pervasive and archaic policies that disadvantage individuals based on their abilities, and the application of non-inclusive language, furthering the dualistic thinking of normal and abnormal (10–12). A potential response to these types of ableism can be found in inclusive education - education in which children with SEND participate alongside typical students in education (13). Inclusive education impacts students both with and without SEND (13). Generally, inclusive education had a positive impact on academic efforts and social attitudes and beliefs in children without SEND (13). Five significant positive effects of attending class alongside children with SEND were:

1. Reduced fear of human differences, complemented by comfort and awareness
2. Increase of social cognition, such as increased tolerance and effective communication
3. Self-improvements in the form of increased self-esteem, perceived status, and sense of belonging
4. Advancement in morality and ethical principles
5. Caring friendships

Children with SEND benefited socially (e.g. forming and maintaining positive peer relationships and better social skill development) and academically (e.g. increasing years of completed education) from being included in mainstream education (13).

Context

The policy brief aimed to map ableism within four European countries (Italy, Poland, the Netherlands, and the United Kingdom) by exploring the use of language in their SEND and inclusive education policies. These four

countries have all signed the Salamanca Statement 1994 and therefore have a common ground in their goals regarding an inclusive education system for children with SEND (14). The brief focused specifically on the inclusion practices regarding people on the autism spectrum, as one policy brief would not be able to adequately address the full range of neurodiversity. The policy brief will serve as a call to action to the authorities within the medical, social and educational fields of European countries' contexts. It will give recommendations to further inclusion and decrease ableist structures.

Policy Options

Italy

The Italian government started integrating persons with SEND in mainstream education in the 1970s (15). An important example of Italian integration is the implementation of Law 517/77. It aimed to address institutional ableism by eradicating the idea that SEND should be seen as an ailment instead of a dimension of diversity (16). However, the assessment by D'Alessio shows that policies after 1977 seemed to digress from using inclusive language (17). Law No. 104/1992, which was supposed to remove barriers to include people with SEND within mainstream education, heavily relied on the medical perspective. The same pattern could be observed in the update of the national guidelines on autism (17). The heavy inclusion of the medical model re-linked SEND and defect (institutional ableism) and re-established the 'they versus us' mentality (cultural ableism) and language non-inclusion (18). Moreover, Ferri reports that the most apparent ableist structures could be observed in the gaps within the practical implementation of current inclusive values (19). The main complaints concerned alleged discrimination/exclusion in schools,

challenges against the level of support school's offer, and lack/incorrect implementation of inclusion strategies (15,19). In the European Court of Human Rights a case of a primary school pupil (G.L.) on the autism spectrum, Italy did not successfully provide tailored support or adequate, equal conditions to continue primary school education. The Italian government blamed the poor enforcement of inclusive rights on a lack of financial resources (20).

The European Courts of the Human Rights' case revealed that ableist structures remain in place, hindering inclusive education within the Italian system (9,20). D'Alessio contests that financial resources are the main problem. The author believes that the poor implementation of inclusion strategies within schools is a consequence of substantial decentralization and power imbalances between the state and educational facilities. In educational institutions, ministerial documents tend to be treated as recommendations and guidelines instead of legislation (18). The lack of consistency in implementing inclusion strategies and the resulting access barriers for people with SEND showed recognizable patterns of academic ableism (10).

Poland

Pogodzińska defined four education options for children with SEN: (1) regular schools without any programs for pupils with SEND, (2) regular schools, with a focus on providing inclusive education, (3) integration schools for pupils with SEND, and (4) special schools and special residential schools (21). Polish education is based on the rule that all individuals with SEND will be provided with sufficient aid to participate within society (22). Compared to the 1990s, the inclusion of children with SEND in mainstream education has significantly improved. According to Plichta

the number of children with SEND who attended special schools has decreased fourfold due to the implementation of integration classes in the last 25 years: in 1990-1991, the number of children with SEND was 84.317, whereas it was only 24.303 in 2015-2016 (23). However, research of the European Parliament demonstrated that there is still a lack of understanding of how to implement inclusive education policies in practice (20, 22) Moreover, the Supreme Audit Office observed that only half of the audited institutions had met the criteria for implementing inclusive education. In seven out of ten audited schools, no educational strategies for the pupils with SEND were implemented (24). The lack of inclusive education policies was ascribed to a wrong interpretation of SEND (21). Students with SEND were often still perceived as disabled and advised to follow education in special schools. Pogodzińska argued that SEND should not equate to a necessity of sending individuals to special schools but that pupils with SEND should have the choice to receive guidance within the same educational environment as students that do not have SEND (21).

The Netherlands

The inclusion of people with SEND in the Netherlands is grounded in the law of 'Equal Treatment on the Grounds of Disability and Chronic Illness', and intends further equal social participation and offer protection against discrimination based on 'disabilities or chronic illnesses' (25,26). In this legal document, the meaning of 'disabilities or chronic illnesses' was not specified and used as an overarching term. From secondary sources, it became evident that the terms 'disabilities and chronic illnesses were defined as long-term physical, mental, and psychological disorders (26,27). The use of overarching terms



and the lack of specificity are examples of institutional ableism. Additionally, a report on the CRPD implementation from the Netherlands Institute of Human Rights stated that the law ‘Equal Treatment on the Grounds of Disability and Chronic Illnesses’ and the Appropriate Education Act, the legal basis of the “Education that fits “- a policy which aimed to find the best fitting educational context per individual, were not designed to achieve inclusive education (3,28). Mainstream schools were, more often than not, not properly equipped to accommodate SEND children. Therefore, these children ultimately had to attend separate special schools (3). The available legislation gave the impression of inclusion in different contexts, including education, but in practice, barriers remained. Despite the existence of the law, many people still experience discrimination in educational institutions. For instance, autism-related discrimination posed difficulties which can be seen in the denied access to higher education institutions of 55 students on the autism spectrum (29).

The United Kingdom

The Equality Act 2010 in the United Kingdom (UK) stated that that a person has a disability if (a) they have a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities (30). However, the UK Department for Education defined SEN as “*a child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her*” (31). Besides, a child of compulsory school age or a young person has a SEN if they (a) have significantly greater difficulty in learning than the majority of others of the same age, or (b) have a disability which

prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions (31). This stands in stark contrast to the definition by Equality Act 2010, as stated above. The differences in the definitions were linked to a pupil’s biological diversity (e.g., physical or mental impairment) versus their ability to learn (e.g., relative learning difficulties).

Additionally, the Department Education stated that SEN knows four dimensions; health, behavioral, social, and emotional needs (32).

These different dimensions had little to no description and were not mentioned in the Equality Act 2010 (30). As the Equality Act 2010 focuses on pupils with disabilities, it assumes that children with SEN can be considered disabled in practice. The statement of the Department for Education on comparability and feasibility of provisions for children with SEND confirmed this finding: “*Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision, they will also be covered by the SEN definition*” (31).

This discrepancy between the definitions provided by the statutory guidance by the Department for Education and the Equality Act (2010) was an example of issues related to language ableism (10). This could eventually result in a continuation of how children with SEN are medicalized and perceived as disabled (10).

Recommendations

This policy brief aimed to address ableism and the discrimination against people with



SEND, hindering the implementation of inclusive education. In order to create an overview of the extensiveness of ableism, we distinguished four specific types of ableism: academic, institutional, cultural, and language ableism. To illustrate the possible ways ableism could manifest, we explored the educational policy environments of four European countries (Italy, the Netherlands, the United Kingdom, and Poland) due to the close association that education policy has had with SEND-related measures. All these countries have ratified the CRPD and signed the Salamanca statement, stating that they would improve the inclusion of people with SEND within their educational systems.

Significant improvements towards inclusive educational systems included integrating special education and mainstream education, and additional provisions for children and individuals with SEND. However, more improvements need to be made. We have identified three critical improvements based on our findings.

Firstly, the analysis on policy documents showed that there are discrepancies concerning definitions within the policy documents and the underlying laws. Whereas the policy documents addressed SEND as an overarching theme within educational policies, the underlying laws leaned towards defining SEND as disabilities, thus reinforcing the ableist thinking. During the implementation of inclusive education policies, we would recommend to rely on a consistent manner of defining and addressing SEND. When addressing SEND in educational policies, public health professionals need to be aware of the differences in the medical and social perspectives of SEND to improve inclusive education. This would require a certain degree of representation of SEND population groups, as will be discussed in recommendation two. Secondly, to prevent further discrimination and

stigmatisation of individuals with SEN, it is crucial to develop awareness to address societal and cultural perceptions of ableism. If the limited knowledge about SEND is not increased, stigmatisation of individuals will be maintained. Therefore, individuals with SEND and SEN-oriented professionals should more often be at the forefront of the inclusive education discussion. Institutions or educational facilities could integrate individuals on a volunteer basis to improve the modern perception of ableism.

In order to raise awareness about inclusive education, we would suggest familiarising inclusive education professionals with their target group and involving SEND individuals in political decision-making to prevent further stigmatisation of these specific population groups. This could be achieved by engaging with stakeholders and interested parties advocating SEND inclusion in decision-making processes to reinforce the actual target group's perspectives in policies concerning them.

Lastly, we want to emphasise the need for inclusive infrastructures, such as equipped playgrounds, study halls, libraries, food areas, and elevators to increase mainstream school access for students with SEND. Our analysis of the European Countries concluded that a synergy needs to be in place between inclusive education policies and the infrastructural capacity in practice. Having inclusive education policies in place would not directly result in the effective implementation of inclusive education, as structural barriers could inhibit the effectiveness of these specific policies. Including infrastructural capacity within national contexts would be a critical factor in ensuring that children with SEND have the freedom to choose between different types of schools without fear of being discriminated against and excluded by their peers. In general, children in schools



should more often be introduced to the idea of having a diverse circle of peers as it will contribute to both their personal development, as the dismantling of societal ableism.

Conclusions

The equal access to education for people with SEND has progressed positively since the CRPD. Perspectives have changed concerning the inclusion of people with SEND within educational policies, aiming for a less segregated approach and opting for more inclusive policies towards these population groups. This process is valuable, but it is important that inclusive education is a continuous process subject to societal perspectives and norms which are to this day influenced by medical perspectives, and the infrastructure to include people with SEND in what we still call ‘mainstream education’.

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Appendices

Appendix 1 - The four main types of ableism

Academic ableism: educational institutions fail to recognize the specific needs of people with SEND and assume they will thrive in mainstream education without specific having these needs met (10). Individuals with SEND are regarded as study and research objects rather than students, teachers and even policymakers—as a result, marginalized groups are even more stigmatized (10). Structural ableism creates barriers for people with SEND, such as lack of access to resources as well as participation in society. It thus contributes to further institutionalization of ableism (10).

Institutional ableism: the existence of systematic, pervasive and habitual policies that disadvantage individuals based on their abilities (11). The reality of unconscious ableism plays a significant role on different societal levels, and it is a social construct which many people are unaware of (11). The dominant perspective of modern society sees SEND statutes as a defect, rather than a dimension of difference (11,33,34). Therefore, in a societal context, health and wellbeing are strongly associated with the absence of conditions. Being unhealthy or unwell, in turn, is determined by the presence of developmental needs, which are generally described as disabilities, impairments, and disorders (16). This results in a belief that people with developmental conditions need to be fixed to be a full member of society (16,33). In a health care context, this results in the urge towards medicalizing behavior of people with SEND (16). Cultural ableism: the persistent way of binary social organization which is closely related to the western traditions of dualistic thinking (34). This results in the classification of people in everyday life as being either abnormal or normal (34). This day-to-day classification which we enact, both consciously and subconsciously, is referred to as everyday ableism (16). Language ableism: application of non-inclusive language which furthers the dualistic thinking of normal and abnormal (12). The correct use of language is essential, as language is a crucial factor in how the perception of others can be influenced. The main reason for SEND-related, inappropriate terminology is often the lack of awareness (12).

Appendix II. Methods and Search Strategy

The data was collected based on four identified key forms of ableism (academic, institutional, cultural, or language ableism) and consequently analyzed within the policy mapping procedure. The data synthesis process for the four selected countries consisted of four consecutive steps:

(1) *Identifying, screening and assessing educational policies on their inclusion towards people with SEND.* Relevant educational policies concerning children with SEND were extracted from national sources.

(2) *Identifying, screening and assessing relevant academic articles on their inclusion towards people with SEND.* These articles were used in addition to national policies when language-related barriers occurred. The search strategy Appendix II was executed using PubMed and Scopus. The content of the articles was screened for inclusion of student populations with SEND and the implementation of national SEND-related policies.

(3) *Coding of documents based on the four ableism types.* Content from national policy documents was evaluated on the presence of ableist reasoning, definitions, and discrepancies. The content of the policy documents was reviewed for argumentation gaps and definitions that rely on the medical perspective rather than the social dimension of SEND. Definitions concerning SEND



were extracted from these policies. Underlying laws were analyzed to attain complete definitions of SEND and to analyse discrepancies between the documents. In addition, academic articles were analysed using the framework, e.g., arguments on national policies concerning SEND definitions and practical implementations.

(4) *Synthesising and reporting the data.* The results of the evaluations of the policies and additional papers were discussed for each respective country, highlighting discrepancies in definitions, theory, and practice.

Search domain	Definition	Key words
Population group	Children with SEND	(Children OR students or pupils) AND (SEND OR SEN OR disabilit* OR ableis* OR impairment* OR “special education need**”)
Policy domain	Educational policies	(Education* OR school* OR policy OR polcies)
National context	Italy, the Netherlands, Poland, and the United Kingdom	(Ital* OR Netherlands OR Dutch OR Polish OR Poland OR “United Kingdom” OR UK)

Countries	Search Queries
Italy	(Children OR students or pupils) AND (SEND OR SEN OR disabilit* OR ableis* OR impairment* OR “special education need**”) AND (Education* OR school* OR policy OR polcies) AND (Ital*)
The Netherlands	(Children OR students or pupils) AND (SEND OR SEN OR disabilit* OR ableis* OR impairment* OR “special education need**”) AND (Education* OR school* OR policy OR polcies) AND (Netherlands OR Dutch)
Poland	(Children OR students or pupils) AND (SEND OR SEN OR disabilit* OR ableis* OR impairment* OR “special education need**”) AND (Education* OR school* OR policy OR polcies) AND (Polish OR Poland)
TheUnited Kingdom	(Children OR students or pupils) AND (SEND OR SEN OR disabilit* OR ableis* OR impairment* OR “special education need**”) AND (Education* OR school* OR policy OR polcies) AND (“United Kingdom” OR UK)