Reflections on inclusion:
how far have we come since Warnock and Salamanca?

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ABSTRACT

In England, inclusion has once again become a much discussed topic following the publication of the 2015 Special Educational Needs and Disabilities (SEND) Code of Practice. There have been successes and improvements in inclusion since the Warnock Committee first published its findings on special educational needs in 1978, but many argue that these improvements are not enough. When the state of inclusion today is compared to the ideals advocated by both the Warnock Report and the Salamanca Statement it is clear that the education system has fallen short of the expectations outlined in these documents. There have been efforts to reduce the level of segregation between special schools and mainstream schools such as the establishment of resourced provisions, but these settings often have their own difficulties when considering inclusion.

INTRODUCTION

Inclusion in England has seen a revision in the most recent legislative guidance on special educational needs, the Special Educational Needs and Disabilities (SEND) Code of Practice (DfE/DoH 2015), and remains a highly debated educational concept. This paper aims to examine the concept of inclusion in England – how it is defined by a variety of perspectives, and how the reality of inclusion differs from the ideal. This will be achieved by looking at how inclusion has changed over the years and how changing definitions of inclusion have both impacted on and been impacted by the wider models of disability that society adopts, as well as exploring criticisms of the current SEND system and policies. I will also be examining the impact of two of the most important documents in the history of SEND, the 1978 Warnock Report and the 1994 Salamanca Statement. This will be compared to my own setting as a means of demonstrating my understanding of and critically discussing the recent change in governmental policy. In this paper I will use identity-first language (disabled people) and person-first language (people with disabilities) interchangeably to ensure my language is inclusive of those who prefer each of these terms.

MODELS OF DISABILITY

Definitions of inclusion are numerous, and rarely do two agree in their entirety. The concept of inclusion evolves as society's views do, and is both changed by and changes the wider model accepted by society (Liasidou 2012; Trussler & Robinson 2015). The Warnock Report (Warnock Committee 1978) and the Salamanca Statement (UNESCO 1994) were vital in moving society's wider views away from a basis in the medical model towards disability, and towards the social model.

The medical model views disability as an individual's deficit, which should be treated or cured, and it is the

responsibility of the individual to fit in with society (McKenzie 2013). The social model argues that disabilities only exist because those with impairments are oppressed by society; barriers and prejudices, not individual impairments, cause disabilities and these barriers should be removed by society (Shakespeare 2002). Historically in England, society has taken a medical model approach towards disability; during the mid-1800s there were institutions for practically every 'human ill'. Public opinion deemed that it was the civic responsibility of people to take care of those 'less fortunate' than themselves (Lees & Ralph 2004: 149). Whilst we no longer have such rigid segregation within the English education system, these institutions were the starting point for modern-day special schools. Gerber (1995) argued that special education was the beginning of inclusion since it aimed to ensure that school was worthwhile for all students, but others maintain that inclusion cannot be achieved whilst special schools exist – labelling their existence as 'compulsory segregation' (Wertheimer 1997: 5).

However, models of disability are not dichotomous since there can be overlaps between the medical and social models, and considering either on its own is an overly simplistic viewpoint (Terzi 2005). We are reliant upon features of the medical model to test, assess and diagnose the individuals for whom we are to make the accommodations, without which we would not even know a difficulty existed (Terzi 2005). Shakespeare (2006) also argues that the British 'strong' social model cannot be taken on its own, and focusing on disability solely as the result of social oppression does not take into consideration the role of the impairment itself. He also pointed out that creating a world void of all barriers for all disabilities would be impossible; for example, it would be impossible to accommodate all autistic people since meeting one person's sensory needs could cause distress or restrictions for another person (Elliman 2011). Additionally, there are areas such as the controversy surrounding hearing

aids and cochlear implants within the deaf community. Some might consider these aids as a part of the social model, as they have been made to assist those with hearing impairments in day-to-day life. However, some members of the deaf community claim that these aids are an attempt to normalise them, and consider them a part of the medical model (Munoz-Baell & Ruiz 2000). They argue that a social model for deaf people would be for teachers and students to learn sign language, or for translators to be available within lessons (Storbeck & Martin 2013), something that is considered a reasonable accommodation and is specifically mentioned in Article 24 of the Convention on the Rights of Persons with Disabilities (United Nations 2006).

Either model alone is too simplistic, because to choose one would be to potentially ignore important contributions from the opposing model. Whether something falls into the medical or social model is less important than what the individual wants and needs, so it may be necessary to use an interactive model, where aspects of both models are combined (WHO 2011). In my setting, I work with an autistic student who has moderate hearing loss. We make adjustments for both his autism and hearing loss, including using signing and visuals consistently throughout the day, which falls under the social model. However, only his hearing aids allow him to do what he really wants and that is to be able to listen to music better, and some argue that they are part of the medical model.

DEFINING INCLUSION

Definitions of inclusion have been influenced by the aforementioned models of disability. Some define inclusion as having children with disabilities or SEND being educated in their local school alongside their peers (Kearney 2011), but others have argued that simply being in a mainstream school is integration, not inclusion, and to be inclusive requires more than relocating students and

expecting them to fit the school (Lewis & Norwich 2004; Warnock 2005). Some definitions argue that full inclusion is the only way we will be able to achieve the ideal of inclusive societies worldwide (Save the Children 2012). Other definitions fall in line with what has been outlined by the 2015 Code of Practice, that inclusion does not need to occur in a mainstream school – inclusion is a mindset as opposed to a physical placement, and location is less important than quality education (DfES 2004). Certainly one of the criticisms that arises when discussing inclusion is that it focuses too much on the process of special education rather than the outcomes (Hornby 1999).

We also have to consider what an inclusive education should mean. We could view it as being an appropriately differentiated approach to the same educational curriculum as taught to the student's peers (Orkwis & McLane 1998), but we also have to consider whether this approach is useful for a child who has not learnt functional communication or life skills. Some argue that it is more valuable to the student to develop skills which will allow them to learn to do what will be important for them (Katz 2000). Mainstream schools do not have specific classes to teach communication or life skills, so to teach them might require diverting from the subject-based curriculum. If we take a definition of inclusion that allows for teaching these skills, then we are left with the dilemma of where to teach them. Many mainstream teachers do not know how to use alternative and augmentative communication (Kent-Walsh & Light, 2003), so it would make more sense for these skills to be taught in environments with specialist teachers, which tend to be special schools (Odem et al. 2011).

There is a divide between the ideal of inclusion and the reality of what is achievable. Schools in England are restricted by what some claim is a government attempt to achieve inclusion 'on the cheap' by not providing the finances, training and resources needed

for successful inclusion (MacBeath et al. 2006: 24). In an ideal world, inclusion would occur naturally and people with SEND would never find themselves excluded because of their needs (Terzi 2005). With the restrictions of finances, resources and training, it is possible we will never achieve full inclusion, but regardless of barriers it is still important to strive for a fully inclusive society (Hansen 2012) where people receive all the accommodations and adjustments they need.

THE WARNOCK REPORT AND THE SALAMANCA STATEMENT

The 1978 Warnock Report was the published findings of the Warnock Committee's investigation into the needs of students with SEND in English schools. Prior to this report, the medical model held prevalence within English society's views of SEND. As a result there was no demand for children to be educated in mainstream schools because many were deemed to be incapable of learning within a mainstream setting, indicated by the categories children were placed in at the time (Hodkinson 2016). Warnock advocated the removal of these labels, but inadvertently provided a new, overarching label which is regularly criticised for creating situations where children are collectively labelled as 'special needs' and so lose their individuality (Lauchlan & Boyle 2007). Even labels such as learning difficulties or autism have limited pedagogical value due to huge differences between individuals with the same condition. Researchers are beginning to argue that, in education at least, we should move away from the use of any labels and focus instead on individual needs (Norwich 2010).

There is debate over whether labels are always negative. The 2020 campaign objects to special schools and labels, claiming they are little more than indicators of difference (Cigman 2007), but there are some who embrace labels,

such as some autistic people and deaf people (Sinclair 1998; Cigman 2007), or parents of children with SEND who seek out the labels to push schools to make accommodations (Moore 2008; Broomhead 2013). This again highlights the gap between the ideal and the reality; focusing on individual needs without labels could benefit many children (Norwich 2010) but, in reality, funding is not supplied without reason. In order to secure the resources needed for full inclusion, it is necessary to pursue both medical and pedagogical labels. Before attempts to change this can be made, there will need to be a political and social overhaul because change at a school level alone will be ineffective (White 2010).

Despite extensive criticism of the Warnock Report (Warnock 2005; Lamb Enquiry 2009; Warnock et al. 2010), it was still an important step for the English education system and a significant move towards a social model of disability within education. Children with SEND were brought into mainstream schools, with Warnock arguing that only 2% of children with SEND should be educated in special schools, and while SEND has become a contested label, it was at the time a stark improvement on the previous categories (Hodkinson 2016).

The Salamanca Statement, a report issued by the United Nations calling for greater inclusion for students with SEND on an international basis, went a step further than Warnock and argued that all children with SEND should be able to access mainstream schooling and that it was the responsibility of schools to adjust to meet their needs. Whereas Warnock maintained that 2% of students might need to be educated in special schools, the Salamanca Statement claimed that a fully inclusive education system was the only way to achieve a fully inclusive society and combat discrimination. However, there was no legislative power behind it — it was simply a statement of intention — and as such there are no consequences for not doing as it advises. Nearly 40 years

after the Warnock Report and 20 years after the Salamanca Statement, 44% of students in England who were identified as needing additional resources and help through statements of SEND were in special schools (DfE 2014).

INCLUSION IN PRACTICE

With these figures in mind, it is clear we are far from educating 98% of students with SEND within the mainstream, and even further from a fully inclusive education system. The most recent Code of Practice seems to have taken this to be the inevitable state of inclusion, stating that children with SEND 'have different needs and can be educated effectively in a range of mainstream or special settings' (DfE/DoH 2015: 17). When almost half of all students with statements of SEND are being educated in special schools, the Code of Practice is arguably absolving mainstream schools of their responsibility of inclusion, something which the presence of special schools has been accused of previously (Ravet 2011). If there is no legislation that states that students with SEND must always be educated and accommodated for within the mainstream, and schools can prove that they cannot meet the needs of a student, then they can advocate for their removal to a special school. However, whilst full inclusion is the ideal, should we be forcing students to remain in environments that are failing to meet their needs? Autistic students in mainstream settings, for example, are bullied at higher rates than their neurotypical peers (Attwood 2004), and experience higher levels of anxiety, self-harm and suicidal ideations (Marshall & Goodall 2015) as a result of insufficient accommodations, acceptance and inclusion. It is argued that it is the right of all students to attend a mainstream school (Wertheimer 1997), but children also have the right to be kept safe (DfE 2015) and that should not be compromised whilst schools struggle to reach the ideal of inclusion.

The ideal of inclusion might be a long way off, but what is becoming increasingly

obvious is the need to establish links between mainstream and special schools. The current Code of Practice emphasised the importance of the voice of the student, and local authorities must involve not just parents but students themselves in the decision of their placement and support (DfE/DoH 2015: 21). Whilst some argue the importance of the right of students to attend mainstream school, if the student themselves wants to attend a special school then a conflict of interest arises (Shah 2007). It would not be appropriate or morally right to force a student to attend a mainstream school, for the sake of inclusion, and in doing so ignore their voice (Maloney & Topping 2004). In order to both meet the needs of students that were better met in special schools and still work towards inclusion, resourced provisions (RPs) were established (White 2010) which is my own professional setting.

RESOURCED PROVISIONS

Resourced provisions are bases or units attached to mainstream schools which were meant to provide the specialism towards SEND that was often lacking in mainstream schools and improve the quality of education for students with SEND (Ofsted 2006; White 2010), but data suggests that fewer than 6% of students with statements are in RPs, a number which has decreased in the last six years (DfE 2014). Parents report greater confidence in schools with RPs meeting their children's needs (Hornby 1999), but in reality these provisions suffer many of the same barriers as mainstream schools and have fewer resources than special schools (White 2010; Glazzard 2013). There are few studies into RPs, but existing research suggests that RPs do not assist with inclusion since students are often sent from mainstream classes back to the RP (Holdsworth & Kay 1996). Mainstream schools without RPs can avoid the responsibility of inclusion by advocating for students to go to schools with RPs (Cook et al. 2001), often resulting in students having to travel greater

distances to attend school and in doing so becoming less included within their local communities (White 2010), their involvement in which was advocated by the Every child matters report (DfE 2003).

Mainstream teachers do not always take responsibility for students from the RP and are over-reliant on RP staff (Farrell 2004; White 2010). Warnock (2005) agreed with this view, claiming the educating of students with SEND was carried out primarily by support staff, and the recent Code of Practice has specifically re-emphasised that all students are the responsibility of the class teacher. In addition, RPs have created more labelling and segregation, between RP students with SEND and those in the mainstream with SEND (White 2010). Since students with places in RPs receive more funding than their mainstream peers, children may be 'cherry-picked' to receive places in RPs (Cooket al. 2001). This results in students who are similar in their needs experiencing vastly different levels of intervention due to funding (Clarke et al. 2001).

Since it would appear this approach to bridging the divide of special and mainstream has failed, there remains a dilemma of how best to proceed. Some advocate for the complete abolition of RPs and special schools, and an absorption of their expertise into mainstream settings (Norwich 2008). Some districts have seen success in implementing dual placements for students with SEND (The National Autistic Society 2012), a system which allows greater sharing of knowledge, resources and experience. What is clear is that the current system of inclusion is far from effective, and needs to be overhauled.

CONCLUSION

The SEND system in England has come a long way, and will continue to undergo changes as the debate concerning inclusion persists. Whilst the Warnock Report and the Salamanca Statement pushed for a social model for the education

of students with SEND, the inclusion that the reports were advocating for has failed to develop. When 44% of students with SEND are being taught within special schools, the education system is clearly struggling to achieve inclusion. Individual schools alone cannot be blamed for this failure when the funding, resources and training opportunities are lacking. The vision that both Warnock and the Salamanca Statement presented held up ideals that are difficult to achieve and maintain in reality. Whether the new Code of Practice is interpreted as a step back towards the medical model or as a realisation of the reality of the educational system, inclusion remains an ongoing process, and progress towards a fully inclusive education system and society should still be attempted, even if the ideal cannot realistically be achieved. ∎

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