This book examines some theoretical and empirical aspects about complexities of inclusion, disability and culture. It challenges the globalized technical and reductionist approach of inclusion and argues that concepts of disability and inclusion are culturally constructed. Disability and inclusion are concepts which do not define a global agenda, in the sense that one size fits all. Rather they should be seen as being completely context dependent and that they should be deconstructed with respect to specific cultural contexts, with respects to society, ethics, religion and history. The main argument of the book is that many cultural backgrounds, including Egyptians, have their own long-standing beliefs and practices which do not define or address disability in the same way as western culture. Such cultural differences in understanding disability may lead to different understandings, conceptualizations and practices of inclusion. The book articulates disability and inclusion within a socio-ethical-religious discourse based on the Islamic underpinnings of equality and differences. This discourse enhances and supports the calls for considering inclusion and disability within a cultural model that takes into account the common values about disability in any given context which consequently will affect the way educational provision is provided in that context. Finally, the book challenges the "psychological" concept of "attitude" that has been represented in the literature simply as a matter of acceptance or rejection.

_Inclusion, Disability and Culture_ shows that “attitude” is a complex and context-dependent issue that can’t be understood in isolation from the wider context within which such responses were created. Specifically, the role of the social views about disability, religious values, school cultures, educational system and structural and organizational constraints can’t be underestimated in understanding teachers’ attitudes towards a complex issue like inclusion.
Inclusion, Disability and Culture
STUDIES IN INCLUSIVE EDUCATION
Volume 28

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Scope
This series addresses the many different forms of exclusion that occur in schooling across a range of international contexts and considers strategies for increasing the inclusion and success of all students. In many school jurisdictions the most reliable predictors of educational failure include poverty, Aboriginality and disability. Traditionally schools have not been pressed to deal with exclusion and failure. Failing students were blamed for their lack of attainment and were either placed in segregated educational settings or encouraged to leave and enter the unskilled labour market. The crisis in the labor market and the call by parents for the inclusion of their children in their neighborhood school has made visible the failure of schools to include all children.

Drawing from a range of researchers and educators from around the world, Studies in Inclusive Education will demonstrate the ways in which schools contribute to the failure of different student identities on the basis of gender, race, language, sexuality, disability, socio-economic status and geographic isolation. This series differs from existing work in inclusive education by expanding the focus from a narrow consideration of what has been traditionally referred to as special educational needs to understand school failure and exclusion in all its forms. Moreover, the series will consider exclusion and inclusion across all sectors of education: early years, elementary and secondary schooling, and higher education.
Inclusion, Disability and Culture

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CHAPTER 1

RELIGION AND DISABILITY

Cultural Reflections

INTRODUCTION

The book examines some theoretical and empirical aspects about complexities of inclusion and culture as they apply to education and specifically to the area of disability or special educational needs (SEN). This book argues that concepts of disability and inclusion are culturally constructed. Disability and inclusion are not a global agenda in the sense that one size fits all, rather they are completely context dependent and they should be deconstructed according to the suitability of each context. The book also argues that ‘inclusion’ relates to a wider understanding of inclusion beyond disability (relating to wider cultural issues like religion and difference). Additionally, the book is based on the premise that Egyptian teachers’ understanding of and attitudes towards inclusion are set within a cultural context different from many other contexts especially the western ones. Through the journey of the book, the study attempts to problematize these issues so it may contribute in filling this gap. Moreover, it has been argued that the complexities of inclusion, SEN, and teachers’ beliefs and attitudes should be studied within a framework that recognises the influence of culture and context. Therefore, the theoretical claims proposed in this book are further supported by the results of a case study of the inclusion of children with special educational needs (SEN) in mainstream schools in the Egyptian context, with a particular focus on teachers’ understanding of and attitudes towards inclusive education according to the socio-cultural model.

Pagden’s argument regarding cultural complaints or concerns about the concept of human rights had inspired me in writing this book. In 1947, the Saudi Arabian delegation to the committee drafting the Universal Declaration of Human Rights protested that the committee had “for the most part taken into consideration only the standards recognized by Western civilization,” and that it was not its task “to proclaim the superiority of one civilization over all others or to establish uniform standards for all the countries of the world” (Pagden, 2003, p. 171). Taking this reservation or complaint into account, it could be argued that inclusion, within western cultures is seen as a universal approach to providing educational opportunities for children with ‘special educational needs’ in ordinary school settings. However, such approach may act differently in other cultural contexts. The main argument of the book is that many cultural backgrounds, including Egyptians, have their own long-standing beliefs and practices which do not define or address disability in the same way as western culture. The assumption here is
that such cultural differences in understanding disability may lead to different understandings, conceptualizations and practices of inclusion.

Additionally, present nature of the field of disability in general, has focused almost exclusively on Western Europe and the United States with less attention paid to other cultures views about disability. Malti-Douglas (2001) argued that Islamic societies embraced a different kind of hierarchy which does not contradict or even diminish what scholars have learned about disability in the West. Similarly Miles (2007) argued that the enormously varied historical and current practice and experience of Islam, by Muslims across the world, does meet and address many issues and realities of disability in everyday life. The encounter may be in folklore, in legal rulings, in charitable and spiritual practices, in medicine and the healing arts, in philosophical debate, in humour, and in many other ways, with some reference to texts in the Qur’an, the life and teaching of the prophet Muhammad peace be upon him (PBUH), the formulations of early schools of thought on Islamic law and welfare provisions, and modern expositions of these sources.

It is worth noting here that the great cultural variations among Muslims across the globe preclude generalizations about a single “Muslim culture,” although other groups certainly perpetuate stereotypes. Although Islam lays down certain beliefs and principles, their application is subject to interpretation among Muslims. The practice of Islam is shaped by the cultural influences of the diverse societies that Muslim populations inhabit. One element binds all Muslims, however: their common faith and its reliable features of belief and practice. With respect to disability we have to take into account that quarrels around the right term or definition for “what is disability?” or “who are people with disabilities?” are not only semantic in nature. Political, economic and cultural dimensions can also play crucial roles in this regard (Rispler-Chaim, 2007). What is and is not viewed as disability depends on cultural criteria.

In this chapter the Islamic view relevant to impairment, disability, and social and cultural responses to these phenomena will be discussed. Of course, it is true that the practice and behaviour of Muslims as adherents of any other religion or philosophy, at particular times and places, has often fallen short of the highest standards taught by each faith or belief; and both belief and practice are usually mixed up with some secular practices that are less than ideal (Miles, 2007). Such precautions could help in understanding the variation between Muslims in their conceptualization of disability across time. Firstly, I will summarize elements of the religion that are shared across cultures (despite variations among individuals) to show the main ontological assumptions about disability in Islam as understood from Qur’an and Hadith (the tradition of the Prophet Muhammad (PBUH)). Where relevant I will refer to the assumptions raised by Muslim philosophers as well. Additionally, some cultural elements related to the Egyptian context will be discussed. Finally, some reflections about the Egyptian educational system will be provided.
ISLAM AND DISABILITY

Religion in Egypt is a framework of many aspects of social life. Islam is not a religion in the same sense that Christianity or any other religion or philosophy. Islam, for Muslims, is much more than a moral philosophy of life, system of belief, or spiritual order; it is a “complete and comprehensive way of life” (Geertz, 1971).

The Qur’an addresses not only personal faith and theology but also religious and cultural regulations for the individual and the community. The main religious duties of a Muslim are embodied in the five pillars of Islam. These are the shahada, or declaration of faith that “There is no god but Allah and Muhammad is the Messenger of God”; the salat, or the five daily prayers; fasting during the month of Ramadan; zakat, the annual alms tax of 2.5% of one’s wealth; and hajj, or pilgrimage to Mecca once during the Muslim’s lifetime. Each of these pillars, and indeed any religious duty, depends on each person’s ability to perform it. For example, a person need not pay zakat if his wealth is below a certain level, and prayer may be modified if a person is physically unable to perform it, perhaps due to illness or disability.

In terms of disability, the word “disability” cannot be found within the Qur’an or Hadiths (religious texts of Islam), but the concept of Muslims having inabilities or special needs and how they interacted in society can be found throughout the history of Islam. The most common Arabic equivalents used now for disability are iāqa, awaq and tawīq. There are also various euphemisms used in the modern literature to refer to people with disabilities such as (special groups), (people with special needs), (the abnormal individuals), etc. However, these terms cannot be traced in early Islamic literature. Even if we come across one of the derivatives of such terms, the significance would not be the same as that of the modern term.

Possibly, the most generic term that could include all people who are deemed to have disabilities or who are disadvantaged nowadays is Al-Ḍaeīf (pl. al-ḍuaafā) literally means the weak. This term occurred in the Qur’ān (2:282) and was interpreted as referring to people with different sorts of mental and physical conditions such as lunacy, dumbness, speech disorders or missing one of the limbs or people who have social conditions like the orphans, the poor, the needy, the travellers etc. Also, it has been used by the prophet Muhammad (PBUH). There are some other generic terms that have been used in the early Arabic literature. The term asḥāb al-aāhāt (people with impairments or defects) was a common term in early Arabic literature under which people with different disabilities were enlisted. In juristic literature, aāha was defined as a legal term originally used for describing the defects striking plants and animals and later on also used to denote the chronic defects and infirmities that afflict humans (Ghaly, 2010).

Ahl al-balāa (people of affliction) was used, especially in sources on theological issues, to signify people with physical or mental disabilities. Aṣḥāb al-aadhār (people with excuses) was used, especially in sources on Islamic Jurisprudence; to refer to those people whose disabilities (conditions) have been recognised as excuses from specific religious obligations. Muṣāb literally means smitten. It was sometimes used independently to denote a person afflicted with sorts of mental
disability. Noteworthy is that Arabic terms denoting specific disabilities such as blindness, deafness, dumbness and so forth are similar to their English equivalents in this regard. However, these words in Arabic do not indicate that these persons are disabled. Interestingly, most of these words in Arabic are used figuratively to refer to those people who do not make the best use of their senses to believe in Allah or to grasp the Divine message. For example, the word blind was used to refer to the loss of spiritual insight and not the loss of vision or eyesight in the physiological sense (Ali, 1996; Asad, 1980). The Qur’an clearly states: “Have they, then, never journeyed about the earth, letting their hearts gain wisdom, and causing their ears to hear? Yet, verily, it is not their eyes that have become blind – but blind have become the hearts that are in their breasts!” (22:46). Cross-referencing many Ayat regarding the blind, the deaf, and the mute leaves us with the conclusion that these words in the Qur’an are intended to signify one who is spiritually, ethically, or morally bereft.

Most writings about disability in Islam are common in Islamic jurisprudence (Fiqh) rather than Islamic theology or philosophy. Islamic jurisprudence is concerned with the rulings with relevance to people with different conditions such as the blind, the lame, the deaf, etc. A common theme in Islamic jurisprudence writings is the discussion of the disabled rights. For example, Hamza (1993) summarized the rights of the disabled in Islam. The main rights were equality to others, integration in the community, education and rehabilitation, familial stability and the protection of their properties, the right of moral esteem or social honour, facilitating their daily activities, guiding and improving their capabilities and the social care in which zakāh (obligatory charity) is to play a substantial financial role. Human life is to be valued within Islam and every Muslim regardless of their abilities or disabilities should be regarded as valued members of the community. Islamic history highlights many examples of people whom, while having some form of a disability, excelled to very high positions and prominent status in society. The Islamic view towards all human beings could be drawn from this Ayah in Qur’an:

O [people!] Behold, We have created you all out of a male and a female, and have made you into nations and tribes, so that you might come to know one another. Verily, the noblest of you in the sight of God is the one who is most deeply conscious of Him. Behold, God is all-knowing, all-aware. (49:13)

All people belong to one human family; every person is created out of the same father and mother – implying that this equality of biological origin should be reflected in the equality of the human dignity common to all. This connects with the exhortation, in the preceding two Ayat (49:11-12) to respect and safeguard each other’s dignity. Human evolution into “nations and tribes” is meant to foster rather than to diminish their mutual desire to understand and appreciate the essential oneness underlying their outward differentiations (Asad, 1980).

Ye who believe Let not some men laugh at others. It may be that the latter are better than the former: Nor let some women laugh at others: It may be that
the latter are better than the former: Nor Defame nor be sarcastic to each other, Nor call each other by (offensive) nicknames: Ill-seeming is a name connoting wickedness, (to be used of one) after he has believed: and those who do not desist are indeed doing wrong. Ye who believe avoid suspicion as much (as possible): for suspicion in some cases is a sin: and spy not on each other, nor speak ill of each other behind their backs. Would any of you like to eat the flesh of his dead brother? Nay, you would abhor it … But fear Allah: For Allah is Oft-returning, most merciful) (49:11-12)

According to the Ayah, the noblest of human beings in the sight of God is the most deeply conscious of Him. God’s measure of a human being’s worth relies not on physical attributes or material achievements, but on spiritual maturity and ethical development. The Prophet most explicitly communicates this message when saying: “Verily, God does not look at your bodies or your appearances, but looks into your hearts” (Muslim, 1990, 2564).ii

Additionally, information available in Islamic sources indicates that using precise and non-offensive terminology was a point of consideration in Muslim milieus. It was reported, for instance, that some of the Companions of the Prophet called a person with mental disability “majnūn (insane)” in a context that could indicate contempt. Thereupon, the Prophet, in a bid to restate the term, is reported to have said, “This man is muṣāhīb, (sick, ill, or tested). Junūn (insanity) comes only as a result of constant disobedience of God – The Almighty.”

The Qur’an and the Hadith take an extra step to stress the necessity of applying the above stated view towards people with disabilities. For example, the prophet Muhammad (PBUH) has been blamed by Allah because he turned away from the blind person who approached him asking about something in Islam. As recorded in many well-authenticated traditions, some of the most influential chiefs of pagan Mecca were sitting in the Prophet’s assembly. The Prophet was earnestly engaged in trying to persuade them, and through them the community in Mecca at large, to accept Islam. At that very point, the Prophet was approached by one of his followers, who was blind, to seek explanation on certain passages of the Qur’an. Annoyed by this interruption of what he considered a very important endeavour (i.e., spreading the message of Islam) the Prophet frowned and turned away from the blind man. Right then and there, the following ten Ayat of the Qur’an were revealed (Asad, 1980, p. 930):

He frowned and turned away because the blind man approached him! Yet for all thou didst know, [O, Muhammad,] he might perhaps have grown in purity, or have been reminded [of the truth], and helped by this reminder. Now as for him who believes himself to be self-sufficient – to him didst thou give thy whole attention, although thou art not accountable for his failure to attain to purity; but as for him who came unto thee full of eagerness and in awe [of God] – him didst thou disregard! (80:1-10)

These Ayat indicated that people with disabilities are to be treated with full regard and to have the same person-to-person relations that are granted to the non-
disabled. A deeper analysis, however, revealed even more. Considering the timing of this incident (at a very early stage of the Prophet’s mission) and Muhammad’s apparent keenness to gain followers among the wealthy and powerful members of society, the Ayat indicate that the value of a sincere seeker of God, even though weak and/or disabled, is more than that of one who is heedless of God, no matter how wealthy or powerful. The above stated examples comprise Islam’s position and attitude towards evaluating mankind: the real merit of people lies in the degree with which they seek the truth.

Another good implication for social inclusion can be found in the following Ayah. The Qur’an says:

No blame attaches to the blind, nor does blame attach to the lame, nor does blame attach to the sick, and neither to yourselves for eating [whatever is offered to you by others, whether it be food obtained] from your [children’s] houses, or your fathers’ houses, or your mothers’ houses, or your brothers’ houses, or your sisters’ houses, or your paternal uncles’ houses, or your maternal aunts’ houses, or [houses] the keys whereof are in your charge, or [the house] of any of your friends; nor will you incur any sin by eating in company or separately. But whenever you enter [any of these] houses, greet one another with a blessed, goodly greeting, as enjoined by God. In this way God makes clear unto you His message, so that you might [learn to] use your reason. (24:61)

This Ayah explicitly mentions the lame, alongside the blind and the sick, and removes any superstitious notions that people might attach to people with disabilities, often leading to their exclusion. By doing that, the Qur'an reverses many of the prevailing customs, even to this day, towards people with disabilities and urges their inclusion in the society.

The story of Julaybib, as reported by Bazna and Hatab (2005) shows the extent to which the Prophet, consistent with Islamic teachings, took active steps to make the Muslim society inclusive of the weak and disadvantaged. Julaybib was described as an ugly and dwarfed man. His lineage was not known, which in the tribal society of the time was a serious disadvantage since people relied on their tribal structure and family ties to succeed. Julaybib was a good Muslim but, because of his perceived serious physical and social disadvantage, He was shunned away from society. The Prophet went to the family of the most eligible unmarried woman in Medina and asked her parents if they would marry her to Julaybib. The act of marrying Julaybib to a desirable woman would ensure Julaybib total inclusion and immersion into society in the short as well as the long term. It was also a deliberate act to remove any stigma that society might have placed on Julaybib because of his disadvantage. Julaybib fought bravely alongside the Prophet and was killed in battle. The Prophet buried him himself and said: “He [Julaybib] is of me and I of him,” thus proclaiming this disadvantaged man as being like a member of his family.
To summarize, it could be concluded that disabilities do not injure, harm or diminish the dignity guaranteed in Islam for human beings in general. Islam has preceded all current regulations and declarations on the Rights of Disabled persons. Broadly speaking, early and modern scholars were unanimous on the fact that dignity has been a proven right conferred by God on every human being irrespective of colour, race or religion. For instance, al-Alūsī (cited in Ghaly, 2010) says that “everyone and all members of the human race, including the pious and the sinner are endowed with dignity, nobility and honour whose magnificence cannot be exclusively expounded and identified.”

ONTOGRAPHY OF DISABILITY: PHILOSOPHICAL ISSUES

No doubt that the western philosophical debate about the ontology of disability was a result of a long social movement in the western culture. Over a long time the person’s characteristics was the main factor in determining his position in society; this leads to some sorts of oppression and discrimination against different people in the west including the disabled. With the age of modernization such assumptions began to change gradually resulting in another view towards people that finally led to a philosophical approach that considers the realities (regarding disability) as social products. Reviewing the history, this was not the case in the Muslim world as the dignity of all human beings has been appreciated and guaranteed by the teachings of Islam and the practices of Muslim were consistent to some extent with this approach as I have highlighted above. So there was no need to raise such question. However, Muslim Philosophers raised another philosophical question that seems to me more compatible with the nature of Muslim societies and the nature of Muslim philosophers. This question was why do disabilities exist?

It is noteworthy to state that Muslim theologians or philosophers did not speak about disabilities as a distinct topic. Disabilities were usually included in discussions on broader terms like muṣība (affliction or calamity or suffering), sayyia (misfortune or evil), and the like. The relevant discussions available in sources of Islam fall within the human-rights approach. To a believing person afflicted with disabilities, answering the ontological and theological questions about the existence of disability in life and how to deal with it according to the norms of his religion is by no means less important or less urgent than answering his financial and medical needs (Ghaly, 2010).

One of the key-terms which permeated the philosophical discussions in Islamic sources on disability was taalīl whose most used English equivalent is “theodicy or causality.” Al-Ghazālī discussed this issue extensively in his books and his philosophy was known as occasionalism. The philosophical usage of taalīl was more concerned with God’s actions. In other words, taalīl in this sense indicated the quest for the divine wise purposes (ḥikam) for God’s actions. The purpose of taalīl was not restricted to evolving arguments to clarify or justify pain, suffering, evil and the like. Taalīl was a generic term indicating that God’s actions can be rationalized whether these actions were deemed good or bad from the human perspective. Ending up in Paradise or Hell in the Hereafter and the question
whether this was dependent on one’s good deeds or bad deeds in this life or on God’s foreordained judgment, all such issues were discussed within the broad spectrum of taalīl (Ghaly, 2010).

The existence of disabilities and other forms of suffering raised always perennial logistical questions such as “How to understand or justify the presence of nasty and painful things in the light of the fact that God the Compassionate, the Merciful is the Supreme Power and that He has control over this universe?” In the Islamic tradition this question was raised by philosophers and scholars at the very early stages of Islam. The main entry to God’s character in Islam is His names and attributes. The central point of agreement was the perfect and spotless character of God implying that no defect or deficiency can be attributed to Him, neither to His mercy, wisdom, justice nor omnipotence. Scholars of Islam argue that the existence of pains in life cannot be a valid reason for casting doubts on the perfect character of God. Theological and philosophical discussions reflected on this question “Why does disability exist since Allah is the Omnipotent, All-Just and All-Merciful?” This question represents a bid to explain the ontology of disabilities and sufferings.

Muslim philosophers tried to come up with solutions that do not harm the perfect character of God. This holds true to the extent that a group of Muslim scholars, especially among Sufis and philosophers, did not see a real problem. They believe that it was irrelevant to raise the question, “how to understand or justify the presence of nasty and painful things in the light of the fact that God the Compassionate, the Merciful is the Supreme Power and that He has control over this universe?” To them, the existence of disabilities and different forms of pains and sufferings do not cause theological or ontological problems. However, they argued that there are always reasons behind such conditions like; gaining reward, a faith-test, realizing god’s threats and promises in the hereafter, and a proof of god’s existence and oneness.

Al-Ghazālī’s starting point was that a proper knowledge of God and developing a spiritual relationship with Him, based mainly on mutual love, would eliminate any sense of being in trouble. The distinction between good and evil would be meaningless since everything coming from God was good even if we cannot understand that. From the side of God, an important sign of loving His servant was to make him an object of afflictions and difficulties (ibtilāt). The Prophet is reported to have said, “When God loves a servant, He will visit him with afflictions. From the side of the human being an important sign of being in love with God is to love what his Beloved (God) loves. The real disability which men should deem as a real problem, according to this approach, is the type of disability affecting one’s heart and soul rather than one’s body. The implication here is that this approach does not consider any bodily conditions as a problem so as long as the person is in good relation with Allah (Ghaly, 2010).

Given that disability is not considered as a real disability, I could argue that they adopt an idealistic view of disability. This means impairment is only considered as a disability based on our understanding or conceptions of the physical condition. But the physical condition itself does not represent disability. In religious terms if I do not see my physical condition as real problem this means that I have to develop
myself as much as I can according to the abilities which I have rather than focusing on my conditions.

PERFECTION FROM THE ISLAMIC PERSPECTIVE

The concept of perfection from the Islamic perspective could be related to the discussion on disability. Asad (1999) says: “As long as we have to do with human, biologically limited beings, we cannot possibly consider the idea of ‘absolute’ perfection, because everything absolute belongs to the realm of Divine attributes alone” (p. 10). Human perfection, in its true physical, psychological and moral sense, must necessarily have a relative and purely individual bearing. “It does not imply the possession of all imaginable good qualities, nor even the progressive acquisition of new qualities from outside, but solely the development of the already existing, positive qualities of the individual in such a way as to rouse his innate but otherwise dormant powers” (p. 10). Because of the natural variety of the life-phenomenon, the inborn qualities of human beings differ in each individual case. It would be unreasonable, argues Asad, to “suppose that all human beings should, or even could, strive towards one and the same ‘type’ of perfection” (p. 11).

He further explains: “If perfection were to be standardized in a certain ‘type’ men would have to give up, or change, or suppress, their individual differentiation” (p. 11). But this would violate the divine law of individual variety, which dominates all life on this earth. Humans’ “duty is to make the best of [themselves] so that they might honor the life-gift which [their] Creator has bestowed upon [them]; and to help [their] fellow-beings, by means of [their] own development, in their spiritual, social and material endeavors. But the form of [one’s] individual life is in no way fixed by a standard” (pp. 11-12). In Islam, humans’ original nature is essentially good. The Islamic teaching holds that people are born pure and, in the sense explained above, potentially perfect.

It is said in the Qur’an: “Verily, We create man in the best conformation” (95:4). But in the same breath the Ayah continues, “and thereafter We reduce him to the lowest of low – excepting only such as attain to faith and do good works” (95:5-6). Thus, according to Islam, “evil is never essential or even original …. The Islamic teaching definitely asserts, we – every one of us – can reach a full measure of perfection by developing the positive, already existing traits of which our individualities are composed” (Asad, 1999). The concepts of perfection and imperfection in the physical sense, therefore, have little application in the Islamic view of human life. By extension, so too do the concepts of normality and abnormality.

To conclude this section, the above mentioned philosophical debate is mainly correlated to the ontology of impairment and could be extended only to disability in the sense that disability is an umbrella term that usually includes impairment. This debate gives the implication that ontology of impairment could be a universal thing while the ontology of disability is a relativistic one which depends mainly on the social context.
The Egyptian context is quite a rich one with different and varied conceptualization of disability through the Islamic history. I will review and briefly discuss the Egyptian experiences with disability through reviewing two studies.

Exploring Images of Blindness and blind people in a medieval Islamic society (Egypt and Syria), Malti-Douglas (2001) highlights and challenges many assumptions about disability in the West. The author argued that Western ideas seem rigid compared to how a society ruled by former slave soldiers between 1250 and 1517 described blind people. Just as the Inuit have many words for snow, the Mamlûks had no fewer than five common terms for blindness. While this stemmed from the greater prevalence of eye conditions, Malti-Douglas explains, “the visually handicapped formed part of the background of social life” in Mamlûk Egypt and Syria, just as they did in Islamic societies more broadly. To be sure, they faced stigmatization and exclusion, as evidenced by al-Mawarî’s influential Ordinances of Government dating from the eleventh century, which listed “sound hearing, vision, and speech so that perception could serve as a basis for action” among its seven conditions of eligibility for supreme leadership. Still, stereotypes and expectations differed from Western ones. Their role in the Islamic life resulted in one massive chronicle of more than three hundred biographies of blind persons mostly of more elite rank by Mamlûk Official Khalîl ibn Aya’b Alsa’fâdî (d. 1362).

In this sophisticated medieval society, blind men belonged to a category of people we would now consider disabled – it included “the lame,” “idiots,” the paralyzed, and sometimes the deaf. But the group also encompassed many who were simply physically different, such as people with bad breath, blue eyes, wall-eyes, flat noses, and large mouths. Sometimes blind men seemed to be socially marginalized but not necessarily regarded as “disabled.” Furthermore, the culturally laden associations between blindness and darkness central to Western thinking (which have little to do with the reality of no vision) did not exist in Islamic tradition, where it was described simply in terms of “a covering.” Understood in this way, blindness meant a physical reality (loss of sight) rather than a devalued form of mental or spiritual difference. These contrasts suggest the contingent, contextual nature of disability, and call the relatively recent dominance of apparent “givens” like the medical model into question. That Islamic societies embraced a different kind of hierarchy does not contradict or even diminish what scholars have learned about disability in the West. Rather, this peek into one pre-modern, non-Western culture should inspire a more critical evaluation of how all societies approach physical difference.

Malti-Douglas ends her article by analyzing two seemingly different jokes about blind people. Explaining that “verbal cleverness is one of the leitmotifs of medieval Arabic adab literature,” she frames the anecdotes within a broader appreciation for oral culture. But, more important, she says, we need to think about them from the point of view of blindness. In one joke, a sighted man asks a blind one: “God has
never removed the two eyes of a believer without substituting some good for them. So with what did He compensate you?” The blind man replies: “With not having to see disagreeable people like you.” More involved, the second joke turns on a similar confrontation in which a sighted man provokes his blind companion, only to be stunned into silence by the blind man’s reply.

Malti-Douglas uses popular culture to explore the borders between marginality and normality, ultimately demonstrating how Mamlûk society probed hierarchies by questioning sighted people’s assumed superiority. Not only has Malti-Douglas shown how a role reversal occurred but—much along the lines of “inclusion” that many seek today—she also explains how the jokes “argue for an integrative attitude toward the visually handicapped.” More important still, she points out that the lesson comes “not in the mouth of some benevolent sighted authority but in that of the blind individual himself.” May be throughout history, everyone knows that disabled people ultimately have the last laugh as they taunt the social order. And surely at some level, they also realize that disability is not just another “Other”: it reveals and constructs notions of citizenship, human difference, social values, sexuality, and the complex relationship between the biological and social worlds.

Ammar (1954) has carefully drawn pictures of childhood in an Egyptian village. He reflects on “Indigenous learning and teaching” and describes daily activities in Islamic village schools of Silwa – where three of the six teachers were blind men. The village teacher, “especially if he is blind, relies a great deal on one or two monitors (‘areef).” Parents often withdrew able-bodied boys to help with agricultural work; however, “Blind boys find in the Kuttab a place where they can absorb themselves in learning the Qur’an, and it is mostly these blind boys who remain in the Kuttab until they finish memorizing the whole of it” (pp. 212-213). In Appendix XII of Ammar’s study, on ability testing of village children, a few “mentally deficient” individuals are noted, whom the villagers regard as holy fools. The implication of this study is that at that time children with disabilities were included in schools not as learners but as teachers as well. However, the villagers have a negative view towards mentally deficient. The implication of Ammar’s study is a sense of inclusion which was common at that time. Blind persons were not just learners in an inclusive setting but they were teachers as well. Fortunately, this tradition is still running in Al-Azhar which accepts blind students since 10th century until nowadays.

Furthermore, the results of the case study presented in Chapters 5 and 6 of this book showed that Egyptian teachers hold mixed socio-cultural beliefs about disability. Those beliefs are in conflict with each other. These beliefs could be classified into two domains; religious beliefs and social views about different social contexts.

Regarding the religious beliefs, there are some common contradicted religious beliefs about disability. The first common belief views disability as a test from God “Allah” to test peoples’ level of religiosity, patience and confidence in Allah. Those who succeed in this test will get a very great reward in the hereafter. This belief supports inclusion in a way that those people who hold such belief will feel
proud of themselves or of their kids to show patience and submission to God’s will. And they will try to do their best to achieve success in their life.

On the contrary, disability is conceived by some people as a sort of punishment. Some parents believe that if they have got a disabled child that Allah is punishing them for something wrong which they have done in their life. For this reason they feel ashamed and stigmatized and this feeling is transferred unconsciously to their kids. Consequently those parents hide their children and they do not get the chance for learning. But to make it clear this view was mainly related to intellectual disabilities. Also, some teachers highlighted that there are some people who still get scared from disabled people and deal with them cautiously. Such belief undermines education generally and inclusion particularly. Those people who hold this belief will feel ashamed and they will try to keep themselves away from people. However, teachers highlighted that they do their best to help those children from a humanitarian religious approach as they are expecting good reward from Allah. They also highlighted that the Egyptian community still sympathize with those people based on a religious base.

Such responses while still consistent in a sense with Islamic teachings but they do not completely coincide with the ideal Islamic view of disability. I believe, like many other Muslims, that the practices of the current day Muslims have been tainted by their local cultures and influenced by outside factors (e.g. Colonisation, western philosophies in education which are not compatible with their religious beliefs, secularism which is against religion), and their understanding of Islam has been calcified by the accretions of centuries of decay and the stagnation of the scholarship and industry that mark the early period of Islam (Asad, 1999; Rauf, 2003).

Also, European colonial expansion into the Muslim world, beginning in the early 19th century, initiated a cultural crisis in the unity and identity of the universal Islamic community (umma) and has since generated a vigorous internal debate as to the situation of the umma in the modern world. In his book Humum al-Ta’lim al-Masri [Concerns of Egyptian Education], Ali (1989), points out the risks of establishing a system of education based on something other than the national religious ethos. When Muhammad Ali (considered the father of modern Egypt) introduced modern European education in the 19th century, he asserts, Egyptian society began to “divide into two distinct halves” (Ali, 1989, p. 97). One half retained the traditional system imbued with Islamic teachings, while the other half modeled itself after Europe.

He argues that the division was not simply an ideological difference between traditional religious schools and those of ‘modern civilization,’ but that it extended far deeper into the Egyptian awareness. “Both sides,” he writes, “implanted and produced personalities carrying two different cultural styles” (Ali, 1989, p. 97). The Egyptian, he argues, is like a carriage with two horses, “one on the right and one on the left and he is in between with no control over his own destiny” (Ali, 1989, p. 99). I could argue that such diversity in educational backgrounds which creates subcultures in one context could explain to some extent the dissonant view of disability which is common in Egypt nowadays.
This asserts the importance of considering the historical context. At certain times people who are deemed to be disabled enjoyed a very high position and played very important roles in their life, in some other times they have been marginalized. Taking this historical dimension into account I could argue that at the times when Muslims sincerely follow the teachings of their religion they became advanced and every one in society was appreciated, while at times when they do not adhere to the teachings of their religion and try to blindly imitate the others they become back warded.

EDUCATIONAL SYSTEM IN EGYPT

The Egyptian constitution provides for free education at all levels of study. All Egyptians are entitled to free education at all levels regardless of gender, geographic or socio-economic status (Abu Gazaleh, Bulbul, Hewala, & Najim, 2004). The educational system is extremely centralized and hierarchical with the Ministry of Education (MOE) at the top. The MOE is responsible for drawing up policies and overall plans, while regional governorates are held responsible for the implementation and supervision of these plans.

According to Gahin (2001), the defining characteristics of the Egyptian educational system include: a linear unifying fashion, mechanistic learning and teaching methods, examination-driven instruction, politicization, red tape that hinders the achievement of the essential targets behind schooling, limited resources, and centralization. Egyptian education has been also characterized as teacher-centred, authoritarian and highly competitive. Moreover, the current formal educational system with its organization, rules and order, curriculum, and strict selection process is not designed to meet the psychological and social needs of the children with SEN (Idris, 2004).

Historically, Al-Azhar Religious System was the main educational system in Egypt until 1800. Al-Azhar schools were known as kattatib where children were taught the basics of reading, writing and math, though the main task of many of these schools was to enable children to memorize the Qur’an (Razik & Zaher, 1992). Muhammad Ali, out of his aim to establish a European-style military, established the system of modern secular education in the early nineteenth century to provide technically-trained cadres for his civil administration and military. Thus, a dual system of education was established (Cook, 2000). The duality of the educational system remains to this day, however the systems have a very similar structure and both are under the supervision of the government.

In terms of the current structure, the education system is divided into two systems; the secular system and the Al-Azhar Religious System. Additionally, there are private schools at all grade levels, although they do not constitute a separate system. They teach the state-approved curricula but are permitted to use additional textbooks. They differ considerably from one another in their goals and quality, as well as in the fees they charge.
CHAPTER 1

The Secular System

This system comprises two pre-university phases; the compulsory phase of basic education and the secondary phase. Basic education is further divided into two stages; primary and preparatory. Primary education covers ages from six to twelve. It used to be six years, but was arbitrarily reduced to five years in 1988, and changed to six years again in 1999. The preparatory phase is three years, for ages twelve to fifteen. The Secondary phase is divided into two departments; general and vocational (commercial, industrial, agricultural). This phase is three grades in the general department and varies from three to five in the vocational departments as shown in Figure 1.

Boys and girls are educated in mixed classes at the primary level, but they are separated at the preparatory and the secondary stage. However, some schools remain mixed especially in rural areas, where enrolments may not always be sufficient to justify the creation of separate schools for boys and girls. All aspects of the curriculum are the same for boys and girls save one: girls study home economics and boys take agricultural/industrial studies. The curriculum for each grade is consistent from school to school nationally and rigidly enforced (Lloyd, Eltawila, Clark, & Mensch, 2001). Students have the right to join university after this stage or to stop at this point and take the secondary school certificate.

<table>
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<tr>
<th>University and higher and intermediate institutes</th>
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<td>Secondary stage</td>
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<td>Basic education</td>
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Al-Azhar System

Al-Azhar education system is supervised by the Supreme Council of the Al-Azhar Institution and is independent from the Ministry of Education. But the Al-Azhar Institution itself is placed under government supervision, and its educational system is actually supervised by the Egyptian Prime Minister. The Al-Azhar
schools are named “Institutes” and include primary, preparatory, and secondary phases. All the students are Muslim, and males and females are separated in all phases after the primary stage. This system maintains the same three phases of the secular system schools but there are no vocational schools in this system. Al-Azhar students study mostly the same curriculum as their peers in the secular system, in addition to the religious curricula. The graduates of the Al-Azhar secondary schools are eligible to continue their studies at Al-Azhar University only.

HISTORICAL INSIGHTS INTO SEN/DISABILITY IN EGYPT

In their review of the history of disability in Egypt, Shukrallah, Mostafa, Magdi and Abaza (1997) stated that the history of disability in Egypt has gone through two major stages. The first goes back as far as the early dawn of civilization during the Pharaonic era, around 5000 BC, into the Coptic era, then to the Islamic era. The final decline is estimated to be around the 16th century within the Ottoman regime. The second stage of development is the modern era which starts with the beginning of the 19th century.

The first stage is characterized by the development of numerous indigenous schools in the different areas of human services. The most prosperous time was that of the Islamic era. People with disabilities were highly honoured and respected and their needs were met based on the fundamental principle of equality in Islam (Ghaly, 2010). During that time, particularly from the 8th to 15th centuries, Egypt was an important scholastic centre through which civilizations were transported to the European shores in the Mediterranean basin. In the field of disability, there are many signs of interest. For example, Omar Bin Abd El-Aziz conducted a survey in the 8th century AD to identify disabled people and he provided a companion to each blind person and a helper to each crippled person who could not move around. Additionally, Al-Azhar mosque and Al-Azhar schools (kattatib) played a significant role in teaching many blind people (Othman, 1988). According to Ammar (1954), “blind boys find in the Kuttab (singular of kattatib) a place where they can absorb themselves in learning the Qur’an, and it is mostly these blind boys who remain in the Kuttab until they finish memorizing the whole of it” (pp. 212-213). However, the time from the 16th century to the beginning of the 19th seems to have witnessed the dwindling of all the old institutions.

The second stage is characterized by importing the western schooling systems and models. These models became superimposed on existing infrastructures. In many instances, they were born divorced from the social and cultural indigenous structures of the society, as well as from peoples’ needs (Shukrallah et al., 1997).

Most historians agree that the beginning of the modern era of Egyptian history starts in the 19th century with the Reign of Muhammad Ali. During his era, an attempt to modernize Egypt and its institutions went through nearly all spheres of life (Ali, 1989).

During Muhammad Ali’s and his sons’ era, many hospitals and schools were built and special attention was paid to education in general. Service delivery structures, since that time until the present day, have three basic roots: The first,
and probably the most important, has been the state. This is probably due to the highly centralized nature of the Egyptian state, which since the Pharaohs’ time has characterized Egypt. The second is the charity organizations. To these, particularly at the turn of the 19th century, belonged the foreign and missionary organizations as well as the local ones belonging to rich families. The third is the private sector. Given the educational nature of the current study, an overview of the educational services provided to people with SEN will be presented in the next section.

THE DEVELOPMENT OF EDUCATIONAL PROVISION FOR CHILDREN WITH SEN IN EGYPT

The MOE is the biggest provider of educational services for several groups of children with SEN. Until the 1952 revolution the ministry provisions were limited to the blind and to a lesser extent, the deaf. According to the history of education in Egypt, the first special school was established for the blind and the deaf in 1874 in the era of Elkhedewy Ismail, Muhammad Ali’s son, in which 8 students (6 boys and 2 girls) were enrolled. In 1888 a new school for the blind was established in Alexandria by an English lady. In 1901 another school was built in Al-Zeiton in Cairo. In 1926 the MOE established an institute for preparing teachers of the blind. In 1927 the primary education administration began to dedicate classes for the blind and the deaf in the primary schools (MOE, 2005).

The first formal school for the deaf was established in 1950 and the first formal school for the blind was built in 1953 whereas the first formal school for intellectual disabilities was established in 1956. All these classes and schools were under the authority of the “Section for the Abnormal” within the ministry, which followed the department of primary education. In 1964 this section became an independent department and was renamed the “the General Directorate of Special Education” (MOE, 2005). In 1969 the Ministerial Resolution number 156 re-organized the state of education for disabled children, creating three departments, each caring for a type of disability, namely; the visual impairment department, the hearing impairment department, and the intellectual disability department. Nonetheless, the three are under the auspices of the General Directorate of Special Education.

In 1990, the code of practice for the education of children with SEN was issued based on the Ministerial Resolution number 37 and is still valid today (MOE, 1990). The Ministry is responsible for special education schools and classrooms and the promotion of special education. In addition to the role of the MOE, Al-Azhar played an important role in providing inclusive education to the blind. Since Al-Azhar’s establishment in the 9th century, all blind children are accepted in Al-Azhar institutes and they study the same curricula as their sighted peers. Many of the grand Imams and high intellectuals who were blind have studied in Al-Azhar.
CURRENT POLICY AND STRUCTURE OF SPECIAL EDUCATION IN EGYPT

Special education aims at educating, training, and rehabilitating children with different special educational needs. It also aims at training children on different skills that suit their potentials and abilities, according to well-prepared plans and special programmes, in order to help them achieve the most of their potentials and prepare them for life and inclusion in society (MOE, 2006). In this section, I will reflect on the Ministry’s definition and classification of children with SEN and the different types of special schools.

**Definition and Classification of Special Education Needs**

The MOE defines the child with SEN as “the child whose development or education requires special care, which exceeds the resources and capabilities of the mainstream school, for a long or short time.” Such a child can be classified into one or more of the following groups:

- Talented or high intellectual abilities
- Visual impairment
- Hearing, speech and linguistic impairment
- Intellectual disabilities
- Physical disabilities and medical conditions
- Slow learning and low academic achievement
- Academic and developmental specific learning disabilities
- Emotional and behavioural difficulties
- Social and cultural difficulties
- Autism

This is the terminology used in the Egyptian policy context. The term “intellectual disabilities” is equivalent to the English term learning disabilities and to the American term mental retardation.

**Structure of the Special Education System**

Special Education Schools is the dominant model of education provision for children with special needs in Egypt, though the number served is still very limited: 36,808 children covering 1.8% of children at school-age with special needs. Special Education Services in Egypt include only visually-impaired, hearing-impaired and intellectually-disabled.

Currently, many children with disabilities such as severe intellectual disability and the multi-handicapped mostly fall through the net of existing services, i.e. no services cater for their needs. As mentioned above, the educational provision for children with SEN includes three types of schools. An overview of these schools will be presented.
CHAPTER 1

Schools for the Visually Impaired

Training is provided in these special schools for two categories; namely, the blind, and the partially sighted. These schools have a parallel system and parallel curricula to that of the mainstream education. These schools include three stages, primary (6 years), preparatory (3 years) and secondary (3 years). The blind has both day care as well as residential facilities and the partially sighted has only day care schools. After secondary stage, students can join university. Statistically, there are 88 special schools serving 2,544 students (MOE, 2006).

Schools for the Hearing Impaired

These schools oversee the education and training of two categories of the hearing impaired namely, the deaf and the partially deaf. The deaf have both day care as well as residential facilities. It includes four stages of education: pre-school (2 years), primary (8 years), vocational preparatory (3 years), and technical secondary schools for (3 years). In primary school, the deaf children follow the regular curricula of the mainstream school but in the preparatory and secondary stage they have special curricula. The partially deaf follows the regular curricula of the mainstream school with additional support and special facilities. There are 232 schools serving 14,689 students (MOE, 2006).

Schools for the Intellectually Disabled

These schools care for the educable intellectually-disabled children with IQ in the range 50-70. It receives children with mild intellectual disabilities who have no other psychological or physical disabilities. Education is conducted in two stages; primary for 8 years (including 2 years reception or nursery) and a vocational stage for 3 years. On the curriculum level, special schools present excerpts of the curriculum of the first three years of primary mainstream education. In the vocational stage, children are provided with vocational training for 3 years. There is no testing in the regular sense and the evaluation for progress is within-child who at the end of the school years receives a certificate that he/she has fulfilled the school requirements. Currently, there are 468 schools serving 19,340 children (MOE, 2006).

Additionally, this department caters for the education and training of children with physical disabilities and chronic health conditions. This group includes the motor disabilities as well as the visceral such as rheumatic heart children. The education of those children takes place either in hospitals or sanatoria. There is only one special school for physically disabled children and five (3 primary and 2 preparatory) special hospital-schools for children with chronic health conditions (MOE, 2006).
Currently there is no official inclusive educational policy in Egypt. As shown above, children with SEN are educated in segregated settings and inclusion is being practiced only on an experimental basis. The MOE started in the late 1990s to integrate some children in mainstream schools to sort out the problem of the limited capacity of special education schools. This process has taken different forms as follows:

- Full inclusion of a limited number of children, not exceeding a few hundred, who are benefiting from various successful pilot projects and who are included in full-time mainstream general education schools. Evidence provided from these projects shows that teaching methods were modified to cater and respond to the diverse abilities of children, and this was also positively reflected in the quality of education provided to all children in these pilot schools.

- Partial inclusion or integration of children with disabilities in some classes. For example, there are 495 students with hearing impairment in Cairo and Daqahliyah who were integrated in 27 mainstream general education schools. Also, there are special units located in mainstream general education schools (45 model classes physically integrated in 17 schools serving 229 students with mild disabilities in Cairo, Alexandria, Menoufiya, Sharqiya, Damietta, South Sinai, and Matrouh). Additionally, there are 108 special education classes attached to mainstream schools serving 831 students with mild intellectual disabilities.

Additionally, there are some pilot experiments sponsored by Non-Governmental Organizations or by private schools in Egypt in collaboration with the MOE. Despite all these efforts to implement inclusive education programmes in Egypt, there is no inclusive education policy in Egypt up till now. Additionally, all these programmes are fragmented. In this, the placement of disabled children in mainstream schools was taking place uncritically and irregularly, thereby leading to what Liasidou (2007) called “abortive integrative attempts.” Such a system will not create an inclusive education environment in Egyptian schools. There is no clear national vision for developing inclusion. Therefore, there is a need to rethink inclusion within the whole policy of education in Egypt.

In November 2007, the Egyptian MOE launched the National Strategy for Education Reform, with a special emphasis on the education of children with special needs (MOE, 2007). Although this plan does not adopt a complete inclusive educational policy, it represents a step on the right path which needs to be supported, revised, refined, and reorganized to be inclusive by the end. In the following section, I will review the MOE plan to reform SE in Egypt.

*The National Strategic Plan for Special Education Reform in Egypt*

In view of the large number of children with special needs who do not have access to quality education, the MOE adopted a gradual plan of action towards the inclusion of 10% (or 152,800) of children with special needs into mainstream general education schools. A limited number of schools (5,040) will be targeted in
the first year, while parallel preparatory plans for scale up will take place in the same year. Children with mild disabilities, such as physical disabilities, intellectual disabilities, slow learners or border line, visual impairments, and hard of hearing will be the main targets for inclusion. Gradually, more children with mild and moderate intellectual disabilities, as well as visual and hearing impairments, will be included. This move will be supported by legislations, policies, and regulations that will be modified or issued during the first year of the plan implementation.

This inclusion process will be regularly monitored and evaluated for guidance and development. The targeted schools will receive support (5,040 resource rooms, 29,280 trained teachers and 1,526 assistant teachers) in order to ensure the development of a single education system that will cater for the needs of all learners within an inclusive environment. Within this context, special education schools will gradually confine their services to serve the needs of children with severe, profound, and multiple types of disabilities who were not included during the implementation period of this plan.

The Egyptian trials to reform the special education sector are influenced by a flood of international documents and policy imperatives that proclaimed the rights of the individual and, by implication, the rights of disabled children to be educated with their peers in mainstream settings. One of the main pitfalls of this plan is the absence of learners’ and teachers’ voices. After reviewing the plan, I found that it is, as usual, top-down plan. Teachers’ voices are not heard, especially mainstream teachers who are the backbone of the inclusive education process. The current study into teachers’ attitudes towards inclusion could provide useful implications for the policymakers to support and guide the implementation of this plan, or at least to avoid the pitfalls of the current plan, in the future planning and implementation.

ORGANIZATION OF THE BOOK

This book is organized into eight chapters including the current one. Chapter 1 presents the rationale of the book and presents some reflections about disability and Islam and the Egyptian educational system.

Chapter 2 provides a review of the theoretical models of understanding disability and SEN. The chapter also provides a historical review of the concept of inclusive education, its assumptions, rational and implementation in a global context. And finally, the barriers to the process of inclusion and the changes required to achieve this process are presented in this chapter.

Chapter 3 provides a comprehensive review of the relevant literature that discusses the overall theoretical framework in studying teachers’ attitudes, with particular reference to the one-component model and the three-component model of attitudes. The chapter goes on to provide a detailed overview of the different factors associated with teachers’ attitudes towards inclusion.

Chapter 4 presents an overview of the different research paradigms, followed by a rationale for adopting the interpretive-constructivist research paradigm in the study. The chapter then presents the methodology used in the study and gives the
rational for using different methods for data collection. In addition, it discusses issues of validity, reliability, trustworthiness, and the ethical considerations.

Chapters 5 and 6 present the findings of the study. They present the findings of the quantitative analysis of the questionnaire and the qualitative analysis of the interviews. Focus is placed on how teachers responded to the attitudes scale and how they see the barriers facing inclusion. The findings of this chapter are matched against those obtained from the analysis of the interviews.

Chapter 7 consolidates the findings of the study through a discussion of the results with reference to previous literature. Finally, Chapter 7 presents the theoretical implications of the findings, which represent the contribution of the book, and proposes recommendations for teacher education, curriculum development and educational research in the Egyptian context and elsewhere. This is followed by some suggestions for further research.

NOTES

i All translations of Qur’anic Ayat are taken from Asad (1980). The numbers between parentheses indicate the location of the Ayah in the Qur’an. The first number is that of the Surah, and the second number refers to the location of the Ayah within the Surah.

ii Sahih Muslim is a collection of hadith compiled by Imam Muslim ibn al-Hajjaj al-Naysaburi. His collection is considered to be one of the most authentic collections of the Sunnah (teachings and practices) of the Prophet Muhammad (PBUH). The first number refers to the publication date and the second refers to the number of hadith in the book.
CHAPTER 2

PERSPECTIVES ON DISABILITY AND INCLUSION

INTRODUCTION

This chapter will explore some of the main issues in the field of inclusive education. I will start with a review of the theoretical models of understanding disability and SEN based on the assumption that these theoretical models have different ontological positions, and consequently give way to different approaches to inclusion. Then, a historical review of the concept of inclusive education and its implementation in a global context and the different assumptions about this concept and differences between terms will be discussed. Finally, the barriers to the process of inclusion and the required change to achieve this process will be explored.

SPECIAL EDUCATIONAL NEEDS AND DISABILITY

Definitional Issues

According to Frederickson and Cline (2002), definitions of SEN are generally based on “individual deviation from normal expectation on significant difficulties in learning compared to the majority of children of a given age” (p. 39). Additionally, SEN is legally defined in Britain, as in many other countries, and this legal definition is used to decide whether particular children are eligible for special educational services.

The last two decades have seen parallel shifts in the UK and the USA in the concept of SEN and the legal framework surrounding its assessment (Frederickson & Cline, 2002). In the UK, SEN first coined by Warnock in 1978 was introduced as a legally defined term by the Education Act 1981 (Department of Education and Science, 1981). Before 1981 the focus was very much on identifying and making provision for individuals described as “handicapped.” There were twelve recognized categories of disability; blind, partially sighted, deaf, partially deaf, physically handicapped, delicate, educationally subnormal (moderate), educationally subnormal (severe), epileptic, maladjusted, speech defects, and autistic (Frederickson & Cline, 2002).

The Warnock Report (DES, 1978) recommended abolishing these statutory categories of disabled children and instead children who required special educational provision should be identified on the basis of a detailed profile of their needs following assessment. However, Norwich (2007) argued that this report has just replaced a set of disability-specific categories with a more general category. But he also asserted that this approach has enabled a focus on the individual needs
of children in curriculum and teaching terms rather than membership of a category group. Additionally, according to the report, SEN were conceived as lying on a continuum with ordinary needs. It was proposed that provision too should be on a continuum. This “continuum of provision” can be described in organisational terms (see Figure 2).

<table>
<thead>
<tr>
<th></th>
<th>Full-time education in an ordinary class with any necessary help and support</th>
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<tr>
<td>2</td>
<td>Education in an ordinary class with periods of withdrawal to a special class or unit or other supporting base</td>
</tr>
<tr>
<td>3</td>
<td>Education in a special class or unit with periods of attendance at an ordinary class and full involvement in the general community life and extracurricular activities of the ordinary school</td>
</tr>
<tr>
<td>4</td>
<td>Full-time education in a special class or unit with social contact with the main school</td>
</tr>
<tr>
<td>5</td>
<td>Education in a special school, day or residential, with some shared lessons with a neighbouring ordinary school</td>
</tr>
<tr>
<td>6</td>
<td>Full-time education in a day special school with social contact with an ordinary school</td>
</tr>
<tr>
<td>7</td>
<td>Full-time education in residential special school with social contact with an ordinary school</td>
</tr>
<tr>
<td>8</td>
<td>Short-term education in hospitals or other establishments</td>
</tr>
<tr>
<td>9</td>
<td>Long-term education in hospitals or other establishments</td>
</tr>
<tr>
<td>10</td>
<td>Home tuition</td>
</tr>
</tbody>
</table>

Figure 2. Continuum of Provision: Department of Education and Science (1978, para. 6.11)

The implementation of the 1981 Education Act in the UK shifted the purpose of assessment from the diagnosis of disability to the identification of SEN. This is clear from the definition of SEN introduced in the 1981 Education Act and maintained in subsequent legislation. For example, SEN is still defined in recent legislative documents as “a child has special educational needs if he or she has a learning difficulty which calls for special educational provision to be made for him or her. A child has a learning difficulty if he or she (a) has a significantly greater difficulty in learning than the majority of children of the same age, (b) has a disability which either prevents or hinders the child from making use of educational facilities of a kind provided for children of the same age in schools within the area of the local education authority, (c) is under five and falls within the definition at (a) or (b) above or would do if special educational provision was
not made for the child” (Department of Education and Skills, 2001, 1.3). This definition reflects that the need of the child is the result of a complex interaction between the child’s characteristics, the level of support available and the appropriateness of the education being provided.

Similarly, legislation on SEN in the USA emphasized meeting the individual needs of children and focused on the provision of a match between these needs and the education offered. For example, the “Individuals with Disabilities Education Act” defines a student as having a disability if he or she requires “special education,” defined as “specially designed instruction” (Bailey, McWilliam, Buysse, & Wesley, 1998; Peters, 2004).

Generally, The SEN approach has been welcomed as a development on the “categories of handicap” approach which it replaced and this approach has affected legislations in different countries (Frederickson & Cline, 2002). However, this approach has been criticized in relation to different educational acts in the UK (Goacher, Evans, Welton, & Wedell 1988; Leadbetter & Leadbetter, 1993; Pearson, 2005), and in the US (Baker & Zigmond, 1995) as well. For example, Goacher et al. (1988) stated that there is a notable degree of circularity in the legal definition of SEN in the British 1981 education act. They argued that the interrelationship between needs and provision embodied in this definition is circular where one is defined with reference to the other. More radically, Tomlinson (1982) claimed that this approach has served the needs of dominant power interests in society, rather than those of children who experience difficulties in the school.

Theoretical Conceptualizations of Special Educational Needs

The way SEN is understood affects the provision provided to SEN students. Inclusive education is based on a conceptualization of SEN different from that one which special provision is based on. Generally speaking, there is an ongoing debate about the principles which present the correct understanding of SEN. There are two conceptualizations of the nature of these difficulties which are often compared and contrasted. The first view is often referred to as the medical model, the psycho-medical model or the individual model. This model argues that the difficulty or the disability or the need is located within the child. The alternative approach, the social model, argues that SEN arises when inappropriate environmental demands are placed on individuals which exceed their current capabilities for meeting those demands.

These two models are well researched and documented in the literature (see for example, Barnes, Oliver, & Barton, 2002; Burchardt, 2004; Devlieger, 2005; Dewsbury, Clarke, Randall, Rouncefield, & Sommerville, 2004; Finkelstein, 2001; Landsman, 2005; Llewellyn & Hogan, 2000; Oliver, 1996; Shakespeare, 2006; Shakespeare & Watson, 2001; Siminski, 2003; Thomas, 2004). These two approaches will be illustrated in the following section. It is worth mentioning here that although the disability models are usually presented as having succeeded each other, it would be more correct to consider that they co-exist or become dominant in particular places and times (Devlieger, 2005). Devlieger also argued that
“thinking that one mode of thought has totally replaced another mode of thought is illusory. It is always a matter of dominance, of situational context, and in particular of time, i.e. of not yet having achieved a particular mode of thinking and the fact that older dominant modes of thinking never leave us” (p. 10).

The Medical Model

This model conceptualizes special needs as arising from deficits in the neurological or psychological make-up of the child, analogous to an illness or medical condition. Generally, the focus of causation is within the child (Fougeyrollas & Beauregard, 2001; Shakespeare, 2006; Skidmore, 1996; Thomas, 2004). In this model, the power to define and treat disabled people is located within the medical profession, and it is the role of the disabled people or their caretakers to seek out such experts (Boxall, Carson, & Docherty, 2004; Burchardt, 2004; Landsman, 2005; Llewellyn & Hogan, 2000).

This conceptualisation assumes that children deemed to have difficulties in learning should be segregated from others and subjected to an alternative form of educational provision. Those children who appear unable to learn “normally” are first grouped into different categories according to their problems and then prescribed special treatment or special pedagogical programmes from specialist practitioners in order to make good the deficit. Pedagogical solutions aim at helping people with disabilities to better cope with society. The children must be changed if they are to benefit from education or they have to be changed to fit into the system (Hausstätter, 2004; Lynas, 2002). This has been called the assimilation approach in understanding SEN.

This model has been criticized for the way in which “it views disabled people as somehow lacking, unable to play a full role in society” (Dewsbury et al., 2004, p. 147). In addition, factors external to the individual (e.g. quality of teaching, school system) are not considered. Also, this model has been criticized generally for its lack of acknowledgment of human beings as social animals (Fougeyrollas & Beauregard, 2001); as it is based on logic of intervention, treatment, repair or correction of pathology, or deviation from the physiological, anatomical, behavioural or functional norm.

Additionally, Solity (1993) argued that this model is based on certain assumptions without strong evidence to support such assumptions. For example, it is often assumed that children have had appropriate learning opportunities; that their learning experiences have been appropriately matched to their needs; that the teaching available has been effective with their peers but not them; and that the discrepancy cannot be attributed to starting school with lower attainments than peers or to widely differing preschool experiences. The appropriate evidence is rarely available to support these assumptions and yet they are rarely challenged.

Also, it has been criticized for ignoring the important role of social and educational contexts. Where the educational context contributes to the problem, focusing on the individual will not make a broader contribution to improving the context. Dyson (1990) argues that the education system is not equally favourable to
every child who participates in it and urges that instead of asking how education can change the individual, we should be asking how the education system itself can be changed to accommodate the characteristics of all children, regardless of the degree to which they are atypical. This reflects in a way the belief that inclusion is about the individual child and his or her response to the world and also the response of others to the particular child (Bayliss, 1998).

The Social Model

On the contrary to the medical model, the main hypothesis of the social model is that difficulties that children face are inherent in the environment not in the child (Devlieger, 2005; Oliver, 1996). This approach has been particularly well-represented in the work from the UK and its influence remains significant. According to Skidmore (1996), the social conceptualization of SEN marks a sharp break with the hypothesis of special needs as arising from neurological deficits inherent in the student which typifies research in the psycho-medical paradigm. A shift away from this conceptualization was already to be found in the UK in the language of the Warnock Report (DES, 1978) and the succeeding Education Act 1981, which abolished the existing statutory categories of handicap and introduced in their place the concept of special educational needs.

This model, which inclusive education is premised on, locates the source of difficulties within the educational environment rather than within the child. Disabilities are created by the society in order to exclude and marginalize groups of people who in one way or another do not fit in with the current situation (Oliver, 1996). Special education in this perspective reproduces social inequalities. The social model prescribes change. Not on changing the child to help her/him fit into the “normal” classroom, but on rethinking and changing the whole school’s teaching and learning environment so that it can genuinely welcome all children and accommodate pupil diversity (Ainscow, 1999).

Proponents of this approach assume that the SEN children’s current attainments reflect the nature and quality of previous learning experiences and that those children will learn when taught appropriately. At one extreme then the social model holds that there are no children with learning difficulties, only adults with teaching difficulties (Frederickson & Cline, 2002). While a range of influences are acknowledged, it is typically argued that the most pervasive cause of learning difficulties is that for some children “the curriculum moves too fast and demands too much in relation to their existing skills. They get further and further behind and are entrenched in a failure cycle” (Gickling & Havertape, 1981, cited in Frederickson & Cline, 2002). The majority of school-related problems are therefore regarded as being curriculum induced.

Similarly, Barnes (1996) argued that the focus on environmental demands leads to an analysis of disabling environments and hostile social attitudes, rather than individuals and their different functioning and abilities, which may be played down or even denied. The major achievement of this approach is its contribution in developing inclusive education. Based on the critique of this approach to the
philosophy of special education, it is no longer possible to assume a priori consensus around the idea that children deemed to have difficulties in learning should be segregated from others and subjected to an alternative form of educational provision. In addition, it plays an important role in “sensitizing practitioners to the potentially damaging effects of attaching negative diagnostic labels to pupils” (Skidmore, 1996, p. 37).

Although this approach has been particularly well-represented in the literature and its influence remains significant, there are some issues raised by different researchers. Critics of this approach say that it did not offer practical advice to teachers in classrooms as it was more related to an analysis of schools and society (Clough & Corbett, 2000). Skidmore (1996) adds that this approach is tended towards abstract, hypothetical argument. It is also based on an ill-defined set of terminology (Altman, 2001). Moreover, the focus of this model on environmental factors attends only to features of the situation and ignores children’s characteristics that may be useful in explaining why they can or cannot perform (Frederickson & Cline, 2002).

Analysis of the two models has brought to light certain limitations inherent in each. It seems that the medical model ignores or at least marginalizes the role of the environmental factors in constituting difficulty or SEN and the social model denies the role of the within-child factors. In my view, neither the medical conceptualization of SEN nor the social one is adequate on their own. None of them reflects the whole picture; rather each reflects just a part of it which might be misleading. The medical model arrives at an assimilation approach to special education. The process of intervention is focused on changing the child. The social model views the process as accommodation, i.e., changing the environment, especially the social environment, to meet the child’s existing characteristics. In practice, according to Bayliss (1998), intervention should be based on both assimilation and accommodation.

Tomlinson (1982, p. 22) argues that “neither fatalistic psychological views of individual causality nor simple sociological views of environmental determinism should go unchallenged.” Similarly, Gutierrez and Stone (1997), in discussing a cultural-historical view of learning and learning disabilities, argued that attention must be given to environmental in addition to individual variables, not instead of them. Such criticism raised a lot of calls for a different conceptualization of SEN. Many researchers now call for an interactional or integrative approach in understanding SEN. Such an approach should combine within child factors and environmental factors to give a more appropriate and holistic view of the phenomenon.

**Interactional Approach of SEN and Disability**

The interactional approach, which is based on a critique of both medical and social models of conceptualizing disability and SEN, views the level of need as the result of a complex interaction between the child’s strengths and weaknesses, the level of support available and the appropriateness of the education being provided. This
conceptualization is premised on reported importance of the dynamics of the interaction between teacher and student in facilitating or impeding learning (Skidmore, 1996; Frederickson & Cline, 2002). It is also based on the perspectives of interactionism and interactivity theory (Coles, 1989; Quicke & Winter, 1994) which draw on constructivist theories of learning (Vygotsky, 1986) and original empirical work to investigate the influence of the instructional relationship and the learning environment on the process of learning. In addition, this conceptualization is related to the ecosystem approach. From an ecosystem viewpoint, Cooper and Upton (1990) suggest that “human behaviour is the product of ongoing interaction between environmental influences and internal motivations which derive from prior (mainly social) experience” (p. 302).

There is currently widespread support for this approach. In this regard, Geertzen (2008) argues that the Classification of Functioning, Disability and Health (ICF) (World Health Organization [WHO] 2001) can be considered as a shift towards recognizing the complexity of the relationship between personal conditions and environmental circumstances. This classification replaced the International Classification of Impairment, Disability and Handicap (ICIDH) (WHO, 1980) after systematic field trials and international consultation over years. According to Geertzen (2008), the ICIDH was a result of the traditional medical model of thought. The new classification represents a transition from the biomedical model to a bio-psycho-social model.

In addition, this approach had been supported by a lot of researchers all over the world. For example, in discussing the challenge of SEN in a rural community setting in India, Kaul 1992 (cited in Frederickson & Cline, 2002) argues that “to understand the special educational needs of children with disabilities we need to look at them as children with personal identities in a particular social milieu.” We therefore need to examine not only the child, but his or her particular social environment in order to understand his special educational needs. Booth (1996) suggests that the difficulties children experience in learning in schools arise in the context of a relationship between teachers, pupils and curricula. From a socio-cultural perspective, Keogh, Gallimore and Weisner (1997) argue that it is impossible to separate the learning competencies of individual children from the contexts in which they live and function. Although the interactional view is widely espoused and advocated, it cannot be assumed that this model is widely implemented in practice (Frederickson & Cline, 2002).

INCLUSIVE EDUCATION: MOVES FROM SEGREGATION TO INTEGRATION/INCLUSION

The inclusion of students with SEN/disabilities in regular classrooms is a major challenge facing countries throughout the world. It is a distinct departure from the special education model, which calls for integration into regular classes for only some students with disabilities and retains the possibility of segregation if progress is seen as insufficient (Bunch & Valeo, 2004).
CHAPTER 2

Historically, special education has focused on the education of children and youth with disabilities and their families. Children with disabilities or SEN were educated in special units or schools based on the belief that they have similar problems that can be met in these units or schools. The early provision of SEN services began with residential schools for blind and deaf students which were first established in the eighteenth century in Europe. Later on, these schools grew rapidly during the 19th century. Special schools for children with mobility impairments came later around the turn of the 20th century. At the same time, children with mental impairments were largely institutionalized as uneducable in both Europe and North America (Frederickson & Cline, 2002; Peters, 2004).

Grouping children who are thought to have similar needs results in them being segregated from other pupils of their age. This can be stigmatizing; it can also restrict access to important educational opportunities. During the 1970s there was a great debate about the effectiveness of placing children with disabilities in special schools in solving their educational problems (Fox, 2003). Therefore, many authors (e.g. Ainscow, 1999; Skrtic, 1991; Slee, 1993, 2006) questioned the purpose, practice and location of special education. This led to calls in different countries for integrating children with SEN in mainstream schools. Thus, inclusive education emerged from the general dissatisfaction with the traditional conceptualization of special education, how research and teaching was conducted, and how results tended to pathologize and further marginalize people with disabilities and SEN (Florian, 2005; Landorf & Nevin, 2007).

Also, it has been noticed that inclusive education was established in the midst of the Civil Rights movement of the 1960s. The goal of this movement was to gain equal opportunities and equal rights for all regardless of race, gender, ethnicity, or handicapping condition (Landorf & Nevin, 2007). Therefore, there was a change in the conceptualization of disability as the result of this broader civil rights movement in society towards “normalization” and appreciating social justice and human rights (Bunch & Valeo, 2004; Gaad, 2004).

In this view, people with disabilities should have the right to the same opportunities and options as other members of society based on the belief that inclusion will result in stronger social and academic achievement, advance citizenship and the development of a stronger community. It was also argued that integrating children with SEN into mainstream schools would facilitate their access to and participation in society, both as children and adults, and that continued segregation could no longer be justified, from either a “research” or a “rights” perspective.

Also, integrating children with SEN wherever possible was preserved in the Warnock Report (1978) and the 1981 Education Act in the UK. Due to the Warnock Report (1978) there was a commitment to a continuum of special educational provision to all children with SEN in Britain. This report identified integration as “the central contemporary issue in special education.” Similarly, in the USA, PL94-142: Education of All Handicapped Act of 1975 established the principle of “zero-reject” or entitlement for all in public education. Normalization
focused on commonalities between children with disabilities and other children, rather than differences (Peters, 2004).

In addition, this movement has been acknowledged internationally in different parts of the world. Internationally, the conceptualisation of children with significant disabilities as being “special” and requiring “special education” has been challenged and there has been a strong movement away from placement in segregated settings for children with SEN towards greater integration in mainstream schools.

After the Salamanca statement Action Plan (1994), it has been argued that all students with disabilities should be taught completely within mainstream classrooms through full inclusion (Lipsky & Gartner, 1996; Booth, Ainscow, & Dyson, 1998). Proponents of inclusion drew attention to the stigma attached to withdrawal programmes and the fragmentation of the learning experiences offered to children receiving withdrawal programmes; especially where communication and cooperation between mainstream and special needs teachers was limited.

These changes in terminology, from exclusion, segregation, integration, inclusion to full inclusion, not only reflect special educators’ concerns that children with special educational needs are not being appropriately educated, but they are also used to shift the public’s perception of inclusion. Moreover, inclusion is not a state that can be reached but it is a process that should be developed and enhanced to the most extent possible. Also, inclusive education is not an end in itself, but a means to an end, that is the realization of an inclusive society (Barton, 1999; Thomas, 1997).

We should keep in mind that the move towards more inclusion is not a calm journey to an unequivocally better place. Effective inclusion needs to take account of the needs and differences of all children (Reid, 2005). In spite of these developments, inclusion remains a complex and controversial issue which tends to generate heated debates (Ainscow, 2007; Brantlinger 1997; Farrell, 2004). For example, there is a great deal of uncertainty about the definition of inclusion as it means different things to different people in different places and to this point I will turn.

The Meaning of Inclusion

In the 1980s the terms “integration” or “mainstreaming” were used to refer to the placement of children with SEN in mainstream schools. The term inclusion began appearing in the early 1990s (Stainback & Stainback, 1992), in part as a reaction to the way in which mainstreaming was being poorly implemented in some public school settings for elementary school-aged children. But initially, ideas about inclusion began to emerge somewhat early from North America in the mid to late 1980s (Tilstone, Florian, & Rose, 1998) when provinces and local educational authorities in Canada and the USA began to develop programmes which focused on including all children with SEN in the least restrictive environment (i.e. the mainstream classroom setting).
The term was introduced in the UK around the early 1990s with the launch of annual inclusion conferences aimed at extending and refining ideas about integration (Tilstone et al., 1998). By the mid-1990s, the term “inclusion,” as opposed to “integration,” was being used to refer to a philosophy of education that promotes the education of all children in mainstream schools. More recently, the term “full” inclusion has been introduced (Fox, 2003). The main aim of inclusive education is eliminating social exclusion that is a consequence of responses to diversity in race, social class, ethnicity, religion, gender and ability (Vitello & Mithaug, 1998).

Regarding the definition, a commonly agreed upon definition of inclusion does not exist, and in fact the terminology associated with inclusion has changed over the years. Many definitions have been proposed with different standpoints but with similar key issues and elements. For example, Clark, Dyson and Millward (1995) defined inclusion as “a move towards extending the scope of ordinary schools so they can include a greater diversity of children” (p. v).

Some definitions focused on valuing children and celebrating differences regardless of their abilities or disabilities. For example, Uditsky (1993) defined inclusion as “set of principles which ensures that the child with a disability is viewed as a valued and needed member of the community in every respect” (p. 88). Similarly, Farrell (2004) defined inclusion as “the extent to which a school or community welcomes pupils as full members of the group and values them for the contribution they make. This implies that for inclusion to be seen to be “effective” all pupils must actively belong to, be welcomed by and participate in a mainstream school and community – that is they should be fully included” (p. 7).

Some other researchers (e.g. Dyson & Millward, 2000; Rouse & Florian, 1996; Smith, Polloway, Patton, & Dowdy, 2004) adopt an institutional or organizational perspective and focus on organisational arrangements and school improvement. For example, Smith et al. (2004) conceptualized inclusion as a process that refers to students with disabilities becoming part of the general education classroom, receiving a meaningful curriculum with necessary support, and being taught with effective strategies.

Corbett and Slee (1999) broadened the definition and initiated a definition that goes beyond inclusion as a special education initiative. They argued that inclusive education “proceeds from larger political, as opposed to technical questions about the nature of society and the status afforded to people in varying forms and structures of social organization. As a political movement in the first instance, inclusion is about establishing access for all people. It is not conditional, nor does it speak about partial inclusion” (Corbett & Slee 1999, p. 134).

Although it is problematic to find a standard definition, some researchers provided more illuminative and illustrative definitions of inclusion. For example, Ballard (1997) provided a comprehensive definition of inclusion that, in my view, reflects most of the key issues in the mentioned definitions above:

Inclusive education means education that is non-discriminatory in terms of disability, culture, gender, or other aspects of students or staff that are
assigned significance by a society. It involves all students in a community, with no exceptions and irrespective of their intellectual, physical, sensory, or other differences, having equal rights to access the culturally valued curriculum of their society as full time valued members of age-appropriate mainstream classrooms. Inclusion emphasises diversity over assimilation, striving to avoid the colonization of minority experiences by dominant modes of thought and action. (pp. 244-245)

Whilst any definition of inclusion is inevitably arbitrary, the key elements are nevertheless non-negotiable. Interestingly, different conceptualizations of inclusion have been suggested; such conceptualizations ranged from securing active participation in mainstream schools to active participation in all aspects of life in the society, from a set of principles that organize work in schools to social, political and ideological commitment. Such conceptualizations reflect a broader understanding of inclusion rather than providing technical definition of the process.

In this regard, it has been suggested that inclusion is the process of increasing participation in and decreasing exclusion from mainstream social settings (Armstrong, Armstrong, & Barton, 2000; Booth, 1996; Booth et al., 1998). This view of inclusion which associates inclusion with participation has been adopted by the Qualifications and Curriculum Authority in UK (Wade, 1999, p. 81) which sees inclusion as “securing appropriate opportunities for learning, assessment and qualifications to enable the full and effective participation of all pupils in the process of learning.”

Based on such conceptualizations, definitions of inclusion have been broadened to refer not only to the education of children with SEN, but also to the active participation of all citizens in all the activities that typify everyday society. In this regard, Booth and Ainscow (1998) expressed the view that policies on inclusion should not be restricted to the education of pupils thought to have special needs. Inclusion, they argue, is a process in which schools, communities, local authorities and governments strive to reduce barriers to the participation and learning for all citizens.

Barton (1998) developed this point, offering a definition of inclusive education that moves the debate well beyond concerns regarding children with SEN: inclusive education is about the participation of all children and young people and the removal of all forms of exclusionary practice. Inclusive education is thus about responding to diversity, it is about listening to unfamiliar voices, being open and empowering all members. It is about learning to live with one another (pp. 84-85).

Another perspective related to this point is that inclusion is about a school culture which welcomes and celebrates differences and recognizes individual needs (Corbett, 2001). The point here is that inclusion is about all children. Inclusion is about all learners who have complex, multiple identities (Hall, Collins, Benjamin, Nind, & Sheehy, 2004). Booth et al. (1998) suggest that inclusion requires the removal of barriers to learning for all children. In this sense, it is not relevant to ask whether a child with a disability can join mainstream education settings, but how
the circumstances in these settings can be arranged in a way that makes the educational development of each child possible.

Additionally, it has been argued that inclusion is not about placement in the mainstreaming school only but it is mainly about the experience of learning and quality of life in the school. As O’Brien (2001) put it “inclusive schools must offer more than inclusive placement (being there) and focus upon the provision of inclusive learning “learning there” (p. 48). He argued that this is because inclusive learning recognises and connects with the individuality of the learners. In other words, inclusion is about the quality of mainstream education and is not about special education per se. “What we refer to as inclusion is, and should be, derived from mainstream approaches to instruction and school organization, creating an alternative to special education knowledge and practices” (Ballard, 1999, p. 1).

Moreover, this view of inclusion is consistent with the view that an inclusive school should represent the ethos of community involvement (Bayliss, 1995c; Friend & Bursuck, 1996; McConkey, 2002; Reid, 2005). It is by embracing community involvement and participation that every individual can appreciate the diversity and individual qualities of others.

Visser, Cole and Daniels (2003) added, if schools are to be more effective in meeting the needs of children with SEN, schools need to be open, positive and diverse communities, not selective, exclusive or rejecting. They need to ensure they are barrier free for pupils with SEN.

Researchers such as (Ballard, 1995; Barton, 1995; Corbett, 2001; Lipsky & Gartner, 1999) regard inclusion as an ideological commitment and a political struggle against exclusive attitudes, values and beliefs, approaches and structures of the overall education system. In this sense, inclusion is seen as a radical, dynamic process of change rather than an end-product (Ainscow, 1999; Booth, 1996; Daniels & Garner, 1999; Levin, 1997; O’Brien, 2001). In this sense, inclusion must be viewed as intrinsic to the mission, philosophy, values, practices and activities of the school.

To conclude, the above argument shows that inclusion remains a generalized and disputable concept that is open to interpretation. Educators and researchers continue to engage in conversations about it “irrespective of the fact that they may be talking across deep epistemological ravines” (Slee, 2001, p. 169) and the term appears to mean different things to different people who have various investments, or vested interest, in how it is constructed and interpreted.

Despite the lack of definitional consensus, most definitions and conceptualizations discussed above reflect common themes and elements. Some definitions focused on practical issues in the school level, while some others concentrated on the philosophical and ideological premises of inclusion. We should keep in mind that inclusion embodies a range of assumptions about the meaning and purpose of schools which are quite different from those which have informed the integration movement. In this sense, clarifying differences between integration and inclusion may be useful and to this point I will turn.
The Differences between Integration and Inclusion

The difference between the concepts of integration and inclusion is very important when we are considering educational change. Reviewing the literature, I found that these terms are often used interchangeably in relation to students with special educational needs. However, some authors tried to explore differences between them. According to Barton (1987), integration follows a ‘deficit’ medical and/or psychological explanation of disability, where “deficit” diagnosis, categorization and individual treatments are stressed and usually disguised under the traditional special educational provisions. As such, integration literally means putting students diagnosed with special educational needs together with regular students in the classrooms. Very often, integration became a simile for assimilation. On the contrary, inclusion generally employs a social model of disability to describe and analyze the conditions of oppression for students described as having special educational needs (Slee, 1997).

Additionally, it has been suggested that integration is about making a limited number of additional arrangements for individual students with SEN in schools which themselves change little overall (Ainscow, 1997, 2005; Lindsay, 1997). On the contrary, inclusion implies the introduction of much more radical changes through which schools restructure themselves to be able to embrace all children. Inclusion starts from the assumption that all children have a right to attend their neighbourhood school. So the school work has to be developed in response to pupil diversity. This has to include a consideration of overall organisation, curriculum, and classroom practice, support for learning and staff development.

According to Ainscow (2005), inclusion is about the presence, participation and achievement of all students. Additionally, it is a school culture which values diversities and celebrates differences, and a process of a never-ending search for learning to live with and learn from difference. In this sense, inclusion has a wider context than the term integration (Pijl, Meijer, & Hegarty, 1998).

The argument that regular schools should accommodate all students irrespectively of type or severity of need and ensure that all learners belong to a community locates the debate in a social-ethical discourse which is strongly focused on values and, in this sense; it differs qualitatively from a concept of integration where children are placed in existing provision without the necessity of restructuring that environment to ensure membership. The intentions, attitudes, beliefs and values are part of a vision of an inclusive society of which education is a part. Integration is about “going to school” whereas inclusion is about “participating in school.”

In spite of this conceptual distinction between integration and inclusion, the terms are often used as synonyms (Thomas, Walker, & Webb, 1998). Additionally, Pijl and Dyson (1998) argued that although the term inclusion is more widely accepted in the USA and the UK, the term integration is more preferred internationally.
Inclusion Process: Inclusion within a Continuum of Provision

In spite of the different assumptions underlying both inclusive education and special education, there is a commitment to a continuum of special education provision. The framework of provision can be seen as a continuum which ranges from complete segregation (tuition at home or special school placement) to full inclusion (regular class placement with no support). Historically, the provision for SEN students had moved through this process from segregation to inclusion (Peters, 2004).

Firstly, there was segregation in special schools; secondly, integration which means that the school accepts the child but he/she has to fit in with the school; and finally inclusion where the school accepts the child and all those in the school, adults, pupils, and the institution as a whole will adapt as best as they can in order to meet the child’s needs. This may mean adapting attitudes and thinking, the curriculum, classroom organization, and the physical environment.

In the UK, the Warnock Committee (DES, 1978) described the continuum from non-segregation to segregation and also distinguished between locational, social and functional integration. These are defined as follows:

- Locational integration refers to physical location and exists where special classes are located in mainstream schools or a special school is located on the site of a mainstream school. In reality, many children who are locationally integrated experience little or no curriculum integration. In addition, being locationally integrated does not mean that the children in the special unit interact on a social basis with the rest of the school.
- Social integration means social interchange between children with and without special needs and includes eating, playing and engaging in out-of-classroom activities together.
- Functional integration refers to joint participation in educational programmes which have been carefully planned to ensure that all the children benefit. It also means full integration as a member of the school community with as much time as is deemed possible in an ordinary classroom.

The Warnock Committee shifted the focus from separate or alternative provision to provision that was additional or supplementary to that normally available in mainstream schools. Additionally, Bayliss (1997) argues that the process of supporting integration and inclusion can be seen in two different ways:

- Phased integrational process which starts from locational integration and leads to social-functional-curriculum-psychological and which ought to lead to inclusion: interdependence, mutuality and reciprocity. Or:
- Inclusion which starts from the premise of supporting mutual and reciprocal relationships through interdependence and which subsumes psychological, curricular, functional, social and locational integration.

Furthermore, inclusion may be implemented at different levels. For example, Kobi (cited in Meijer, Pijl, & Hegarty 1994, pp. 5-6) developed a model for integration that describes the organizational variation in school in terms of actual student integration. The level of integration is divided into six levels:
1. Physical integration. The architectural arrangements facilitate contact between handicapped and non-handicapped.
2. Terminological integration. Labelling and discriminatory expressions for the Handicapped are not used.
3. Administrative integration. Handicapped students are encompassed within the same legislative framework as other students (there can of course be large differences between regulations on, for instance, support arrangements, transport and achievement levels).
4. Social integration. Social contacts between handicapped and non-handicapped students are frequent and intensive.
5. Curricular integration. The same curriculum framework and long-term goals apply for handicapped and non-handicapped students.
6. Psychological integration: All students are instructed together: that is in one room, at the same time and using the same programme.

To sum up, inclusion should be seen as a process not a state (Ainscow, 1997; Booth 1996; Cornwall, 2001; Daniels & Garner, 1999; Levin, 1997; O’Brien, 2001). It is not simply a question of placement in the same groups and institutions as others, but it is a process which involves whole school re-organization in order to develop inclusive schools. Implicit in this process, however, is the eventual goal of full inclusion.

Rationale for Inclusion

Social-ethical, legal, and educational rationales for inclusion are noted by Bricker (1978), Bayliss (1995b) and Bailey et al. (1998). In practice, these rationales appear to be implemented in ways that differentially affect the nature of inclusive education.

The Social-Ethical Rational

The social-ethical rational of inclusion is premised by the disability rights and educational reform movements which used some of arguments and tactics of the civil rights movement of the 1960s in America for crystallizing awareness of problems inherent in the segregation of persons with disabilities (Bailey et al., 1998; Kauffman & Hallahan, 1995). The social-ethical rationale asserts that all children have the right to a life that is as normal as possible.

The social-ethical rationale emphasizes that children with SEN should experience the same quality classroom program as typically developing children; become members of the classroom community through participation in class activities; and develop positive social relationships with class members and teachers (Odom & Diamond, 1998). Many proponents argue that full inclusion applies to all children under all circumstances. Also, this rational is driven by the belief that systematic segregation of any group of children or families is intolerable. Thus, the social-ethical rational is not founded on legal or empirical grounds, but rather on the assumption that inclusion is the right thing to do and
thus must not be compromised (Bailey et al., 1998; Bricker, 1978; Stainback & Stainback, 1992).

In addition to giving SEN students the equal opportunities for participation like typically developing children, inclusion also offers the chance to alter the societal attitudes towards disabled persons, thus encouraging them to accommodate and welcome people with special needs into their community. Lipsky and Gartner (1999) stated that inclusion provides opportunities to combat discriminating attitudes and helps to establish acceptance by communities in an effort to build an inclusive society. By changing societal attitudes the so-called “disabled people” can become accepted as equal members in a homogeneous and cohesive society.

However, this does not mean that inclusion will automatically change attitudes; as Bayliss (1995b) points out; it is questionable whether such a process of integration would support real attitudinal change in the dominant group to allow full participation by the minority. Finally, the social-ethical view of inclusion talks of “opportunities” within a “rights” discourse which “may” change attitudes. As Roaf and Bines (1989) have suggested the way forward lies through an approach in which the three concepts of needs, rights and opportunities can be inter-related.

The Legal-Legislative Rationale

It goes without saying that if inclusion is to take place then a legal framework needs to be in place which guarantees the right to free public education within the regular school for all children. By having laws means that disabled persons have the same rights and access to being an “Active Citizen” (Bayliss, 1995b, p. 6). In the American context, US Public Law (94-142, 1975) introduced the concept of the Least Restrictive Environment (LRE) and required schools to provide a broad, balanced, relevant education for all children, which meets their educational, social and personal needs. The LRE principle was reiterated in later amendments to the legislation broadening the provision to preschool-aged children and in subsequent achievement of what is now known as the Individuals with Disabilities Education Act (Bailey et al., 1998). These laws provided drive for the placement of children with SEN in settings with their typically developing peers (Odom & Diamond, 1998).

In the UK, the 1981 Education Act, premised on Warnock Report (1978), established the right of children with SEN to mainstream educational provisions. This Act recognised (1) the constitutional right of children with SEN to receive free public education, and (2) the ability of their parents through specific review procedures to request the allocation of appropriate resources for their child. In 1994 the “Code of Practice for the Identification and Assessment of Children with Special Educational Needs” (DfE, 1994) states that all children should have access to a broad and balanced education including the National Curriculum.

Additionally, most European countries have legislations that support the process of inclusion. For example, according to Zambelli and Bonni (2004), Italy presents what may be considered as an advanced model of inclusion; numerous legislative measures, since 1971, have sought to achieve full integration of disabled children.
into normal classes in schools of every type and at each level. However, we should keep in mind that legislation on its own will not transform any educational system into a fully inclusive one (Corbett & Norwich, 1997; Visser & Stokes, 2003). Setting a legislative framework for inclusion is only a step towards the final goal, as the Disability Rights Task Force (1999) stated: “…Whilst legislation in itself cannot force a change in attitudes, it can provide certain rights and lay down a framework that will encourage and hasten a change in culture” (p. 2, Para. 1).

The Psychological-Educational Rationale

The psychological-educational rationale of inclusion is concerned with the learning of children with SEN and providing them with a better learning environment. Following this rationale, children with SEN are placed in inclusive settings because professionals and family members believe that the developmental benefits in inclusive settings are superior to non-inclusive settings (Odom & Diamond, 1998). The argument for inclusion here is that a child’s needs are better met in inclusive schools. For example, Bricker (1978) argued that integration should benefit children with disabilities by providing: (a) a more challenging learning environment; (b) opportunities to observe and learn from more competent peers; (c) real-life contexts for learning skills; and (d) a more socially responsive and facilitative environment.

Additionally, it has been argued that inclusion should benefit typically developing children by: (a) helping them learn about differences in the way people grow and develop; (b) nurturing the development of more accepting attitudes toward persons with disabilities; and (c) helping children become more accepting of their own strengths and weaknesses (Bailey et al., 1998).

There are two types of psychological support that inclusion could provide for children with SEN (Bayliss, 1995b): (1) peer support; this is essential not only in the learning process, but also for their social and emotional development within the school culture; and (2) support in the form of a differentiated-curriculum, that is, an individualised curriculum in mainstream classes. Differential curricula allow children with SEN to progress through the school curriculum at their own pace, and ability, which should help to dispel feelings of inferiority.

The psychological-educational rationale of inclusion is supported by research evidence. Diverse findings have been reported in the literature, with some supporting full inclusion and others supporting the need for inclusion in the context of a continuum of specialized services (e.g., Lipsky & Gartner, 1997; Marston, 1996). Moreover, many researchers have found that children with SEN who were placed in segregated special classes did not seem to achieve any better than those who remain in mainstream classes despite the vast amount of resources being made available to these special classes (e.g. Myklebust, 2006; Thomas & Webb, 1997). Thus, the empirical foundation for inclusion is quite strong; even more compelling is the fact that little scientific evidence exists to suggest that segregated settings result in superior outcomes for SEN children. However, Lindsay (2007) argued that
there is no clear support for the positive academic or social effects of either inclusion or separate schooling.

Collectively the ethical, legal, and educational arguments provide a critical support of inclusive practices. However, many children with SEN are not in inclusive settings in different countries. Definitely difficulties in changing traditional service systems play an important role (Bailey et al., 1998). Also, there are many political, structural and personal barriers to the process of inclusion.

Moreover, it is clear that inclusion is a contested issue and opinions about it vary widely (e.g., Ainscow, 2007; Fuchs & Fuchs, 1994; Kufman & Halhan, 1995; Norwich, 2008a, 2008b; Slee, 2001). For proponents, the arguments in support of inclusion are so strong as to conclude that segregated services are not acceptable under any circumstances. For opponents, inclusion is considered highly desirable for most children, but may not be the best choice in some situations. In addition to the contested nature of inclusion, there are many political, structural and personal barriers to the process of inclusion. Recognizing and addressing these barriers is essential for developing inclusive practices.

Challenges to Inclusive Education: Moving towards Successful Inclusion

It has been argued that there is a need to identify challenges and barriers to inclusion as a way for changing policy and developing practice (Buysse, Wesley, & Keyes, 1998; Hassanein, 2008). Obviously, the process of change is complicated and very rooted in the nature of the educational system and the cultural context in which change is required. Allan (2003) noted that the achievement of an inclusive educational system is a major challenge facing countries throughout the world. The process of developing such educational system requires substantial personal, organisational and cultural changes. Dyson (1990) argued that special needs education must change in response to wider changes in society in general and the education system in particular. In the following two sections, I will discuss barriers to inclusion and the possibility of change.

BARRIERS TO INCLUSION

Based on the above argument, a number of studies have attempted to document the barriers that hinder adopting change related to inclusive education and some barriers have been identified. These barriers can be categorized broadly into three groups; barriers related to teachers, institutional barriers and social barriers.

Barriers Related to Teachers

One of the most often cited barriers to inclusion is teachers’ negative attitudes. Several studies (e.g. Forlin, 1998; Hodge, Ammah, Casebolt, Lamasterd, & O’Sullivan, 2004; Vaughn, Schumm, Jallad, Slusher, & Saumell, 1996) argued that teachers’ negative attitudes could undermine the development of inclusion. Without teachers’ readiness to accept children with SEN in their classrooms,
inclusion will not be successful. Additionally, these studies found that teachers’ attitudes were least favourable toward serving children with significant disabilities. Some researchers concluded that teachers’ beliefs about inclusion were linked to children’s individual characteristics and the special needs they exhibited rather than educational placement philosophy.

In addition, research has stressed that lack of training, and opportunities for professional development are disincentives to inclusion (Corbett, 2001; Kristensen, Omagor-Loican, & Onen, 2003; Reid, 2005; Scruggs & Mastropieri, 1996; Winter, 2006). If teachers do not have the necessary skills to teach children with SEN they might feel frustrated and they cannot accommodate those children in their classes. Moreover, these studies have shown that training, professional development and pedagogy are critical to the success of inclusion programmes. In their review of the literature on inclusion, Avramidis and Norwich (2002) contend that “without a coherent plan for teacher training in the educational needs of children with SEN, attempts to include these children in the mainstream would be difficult” (p. 139). It is especially important, therefore, that we prepare teachers who have both the confidence and the skills to teach in inclusive settings, and who are equipped to provide appropriate instruction for all pupils.

Another issue related to teachers is workload. The previous research indicated that most teachers feel they cannot tolerate the overwork load in case of inclusion (Bunch & Finnegan, 2000; Vaughn et al., 1996). This may be because of the different barriers like: large class sizes, or lack of teachers’ desire to teach those children, type of taught subject or activity or even due to insufficient time for teachers to cater for those children (Kristensen et al., 2003; Morley, Bailey, Tan, & Cooke, 2005; Rose, 2001; Vaughn et al., 1996) or may be due to difficulties teachers face in managing children’s behaviour (Forlin, 1998; Hodge et al., 2004).

**Institutional Barriers**

Several barriers related to the education authorities context, school and the classroom contexts have been reported. For example, in an English project designed to promote the reintegration of pupils with emotional and behavioral difficulties, Macleod (2001) identified some barriers to effective reintegration. Most of these barriers reflect less supportive ethos of inclusion within the local education authority (LEA) and the school. He argued that lack of conviction within special schools about the suitability of inclusion, LEA’s lack of commitment towards inclusive practices in spite of its commitment to policy terms, the lack of an ethos prompting the removal of statements, lack of collaboration, the reluctance of some schools to accept students with SEN represent challenges to inclusive education. Avramidis and Norwich (2002) noted a number of studies providing evidence that “the school’s ethos and the teachers’ beliefs have a considerable impact on teachers’ attitudes towards inclusion which, in turn, are translated into practice” (p. 140).

Many other issues related to the school environment have also been criticized. For example, physical structure of schools, Lack of support and resources, big
classroom sizes, lack of physical and educational facilities, lack of funding play a role (Forlin, 1998; Hodge et al., 2004; Macleod, 2001; Morley et al., 2005; Singal, 2005). Additionally, concerns about the curriculum, teaching methodologies and examinations have been raised by some researchers (Kristensen et al., 2003; Singal, 2005). Moreover, these studies have shown that successful inclusion can be achieved if appropriate practices and teaching methods are in place in order to achieve curricular inclusion.

**Social Barriers**

Social barriers refer to the barriers rooted in the broader social context. These always refer to the community commitment towards inclusion, social attitudes towards disabilities and parental involvement. Lack of community commitment towards inclusion through showing less interest towards this policy or through showing negative attitudes towards individuals with disabilities is a major challenge facing inclusive education movements. In a recent study, Singal (2005), in her review of the Indian literature related to barriers perceived in the development of inclusive education, concluded that some Indian researchers focused on issues such as social attitudes towards disability, lack of awareness, with a continued lack of community awareness and limited parental motivation. He argued that such issues could create an anti-inclusion environment.

Additionally, parents’ negative attitudes towards inclusion and lack of parent involvement have been identified as major inhibitors to successful inclusion (Forlin, 1998; Macleod, 2001; Singal, 2005; Vaughn et al., 1996). These studies argue that lack of parents’ involvement and lack of communication between parents and schools are fundamental challenges to inclusive education. They argue for more positive communication between parents and schools in order to support inclusion.

The above studies showed that the commonalities in perceived barriers or challenges to inclusion are more than the differences. The most identified barriers in the mentioned studies are negative attitudes, lack of teacher preparation, lack of equipment and appropriate educational materials, lack of collaboration and support, insufficient funding, severity of disability, physical accessibility in schools, time issues and class size. However, we should take into account that most of these barriers are inter-related and affect both policy and practice.

Additionally, we should note that although barriers to inclusion are similar in different contexts, the complexity of each single barrier is differently rated based on the degree of development in the context under investigation. Also, barriers are not only related to the school system but also they go beyond this. For example, Allan (2003) argued that barriers to inclusion extend beyond school system and include ways of knowing (special education); ways of learning (to be a teacher); and ways of working (within accountability regimes). These are difficult obstacles and even if these cannot be removed completely, at least acknowledging their destructive potential could be helpful.
Based on the barriers to inclusive education discussed above, the emphasis in research has shifted to identifying the characteristics and components of effective inclusion. In other words, research has concentrated on identifying factors and key issues that could support inclusion and lead to a successful inclusion. Recently, Frederickson and Cline (2002) noted that a range of different studies, conducted in different countries and using different methodologies, have reported conclusions which show substantial overlap in this respective. Most of these studies concluded that for inclusion to be responsible and successful there should be a lot of change in all aspects of school life. For example, Vaughn and Schumm (1995) concluded that for inclusion to be effective and therefore responsible rather than irresponsible and possibly damaging, inclusive practices need to include nine components. These are:

- considering academic and social progress in ordinary classes as the major criteria for considering alternative interventions
- Considering teachers’ choice whether or not to teach inclusive classes.
- Adequate human and physical resources.
- Developing inclusive practices tailored to the needs of the students, parents and communities and to take into account the expertise of their own staff.
- Maintaining a continuum of services including withdrawal for small group teaching and placement in special education classrooms.
- Continually monitoring and evaluating the organisation of provision
- Ensuring ongoing professional development is available to all staff.
- Encouraging the development of alternative teaching strategies and means of adapting the curriculum
- Developing an agreed philosophy and policy on inclusion which provides guidance to teachers, parents and others.

Ainscow (1995, 1999, 2007) was concerned with the development of effective strategies for making policies and practices inclusive. Much of his work has been set in the context of a school improvement initiative known as Improving the Quality of Education for All (IQEA). According to Ainscow (2007, p. 148), the IQEA approach to school improvement emphasizes the following features:

- Developments in teaching and learning, through the creation of conditions within schools for managing change successfully;
- School improvement led from within schools, focusing on areas that are seen to be matters of priority;
- Collecting and engaging with evidence in order to move thinking and practice forward, and to evaluate progress; and
- Collaboration amongst colleagues in partner schools, and with IQEA consultants, so that a wider range of expertise and resources is available to support improvements in all of the participating schools.

Similarly, Kilgore, Griffin, Sindelar and Webb (2002) identified several factors that are instrumental in the transformation of the school culture and the implementation of inclusive education. These factors are: a system of democratic
CHAPTER 2

governance, a culture of collaboration, commitment to and capacity for professional growth, strong supportive leadership, and concern about equity and the success and well-being of individual students.

Additionally, Ferguson (2008) proposed some suggestions for achieving inclusive education. These suggestions represent five areas which Ferguson frames as “shifts” from a tradition of practice that is grounded in long-standing assumptions to a new practice grounded in new assumptions that challenge and replace the old ones. These shifts are: moving from teaching to learning; from offering services to providing supports; from individual to group practice; from parent involvement to family-school linkages and from school reform to ongoing school improvement and renewal (pp. 114-117).

Similar results regarding the key issues in change either in policy or practice have been reported by different researchers (e.g. Fox, Farrell, & Davis, 2004; Lipsky & Gartner, 1996; Ring & Travers, 2005; Kilgore et al., 2002).

However, some other researchers (e.g. Allan, 2005; Skrtic, 1991; Liasidou, 2007; Slee, 1998, 2006, 2007a; Slee & Allan, 2001; Ware, 2003) are arguing for change in perspective. They argue for moving beyond the technical questions of inclusion and they call for the deconstruction of traditional forms of knowledge about SEN and inclusion.

For example, Slee (2007a) calls for changing our epistemological views about children with SEN. He argues that there is a need to move our gaze from describing individual defective pathologies to understanding the more pervasive and complex pathology of schools. He also calls for putting the public into the public policy. In this regard, education should take the disabled researchers’ voice into account. He further argues,

> inclusive education invites the application of a new imagination to consider the impact of different forms of schooling and its constituent elements of curriculum, pedagogy, assessment, and organization upon different groups of students…Inclusive education asks us to jettison linearity in our thinking, to invite new coalitions to the table to establish the parameters of the issues we are dealing with and directions for educational reconstructions. (p. 168)

Although this approach, which calls for changing the perspective, may have limited impact upon policy and practice in the field as noted early by Ainscow (1991), it has the potential of challenging our thoughts about SEN and inclusion which could provide new paths and could help us to abandon linearity in our thinking about social and educational phenomena.

What the literature showed as Fox et al. (2004) noticed is that there is no one recipe for guaranteeing effective inclusion. Rather, it is the interaction of certain key factors that determines the extent to which the child is included in the classroom and in the wider life of the school. If inclusion is to be enabled at all, attention needs to be paid to the current process of change and to the conditions that exist that will facilitate or hinder it (Cornwall, 2001).

This process of change can be used in two specific senses (Dyson & Millward, 2000). First, the move to inclusion is seen as involving a process of structural
change. Second, the change process as a continuing dynamic process in which practices had to be continually reoriented in a more inclusive direction. This resembles what Vlachou (1997) calls struggle for inclusion. It is worth noting here the complexity and context-dependability nature of the process of change. Changes required to develop an inclusive educational system might be similar in names but will be different in nature and complexity from context to another.

It is worth mentioning here that despite all the efforts done in many countries regarding developing the inclusive education system, Dyson’s note is still of relevance at least to the educational systems in developing countries. He noted that much of the work in the field of special education has been based on the individual change model which views education system as a fixed and unchanging structure to which the individual must accommodate himself/herself (Dyson, 1990).

This model has come under attack and has been criticised from the standpoint of the system-level change model, which sees it as the duty of the educational system to change so as to accommodate the individual differences of its pupils. This model defines special needs as the failure of the system to achieve this change, and looks forward to the eventual elimination of these needs. Dyson (1990) argues that for this model to be a reality, the role of the special needs facilities has to be radically re-defined, and those responsible for administering these facilities have to adopt a more politically-aware stance.

One of the useful frameworks proposed for change in complex systems that can be used in understanding inclusion is that of Knoster (1991) (cited in LeRoy & Simpson, 1996). According to this model, the basic requirements for changing educational systems (e.g. with regard to inclusion) are vision, skills, incentives, resources and action plans. This model views change as additive process. A combination of vision, skills, incentives, resources and action plans are required for change to occur in a systematic and positive manner. If any of the five factors of change is missing the restructuring process would lead to confusion, anxiety, frustration or relegation to a treadmill.

In conclusion, the literature suggests that successful inclusion involves addressing and implementing a multitude of legal and instructional criteria. Mainly, inclusion depends on creating a collaborative environment with highly prepared and trained staff holding positive attitudes towards inclusive education equipped with all the necessary support; financial, administrative, political etc. Finally, change is a comprehensive and on-going process. I strongly do believe that

Change is not just about the creation of new policies and procedures to implement external mandates. It is also about the development of personal strategies by individuals to respond to, and seek to influence the impact of, structural and cultural change: personal as much as organizational change. (Bennett, Crawford, & Riches, 1992, p. 1)