

Inclusion: A research and practice conundrum

In this article, Coral Kemp provides a practitioner’s and a researcher’s perspective on the complexity of making evidence-based decisions about inclusive education.

Inclusion in regular education settings! What a difficult topic for discussion in today’s world, when inclusion is positioned as a human right – in this case the right for all children to be educated in the same settings as their age peers, regardless of type and level of disability. Do I support this human right? Of course I do, and any examination of my career as a practitioner and a researcher would clearly evidence this support.

Although I definitely agree that in an ideal world all children should be able to be educated in mainstream classrooms, we definitely do not live in an ideal world, nor is this likely to change in the near future. Important, but sometimes not mentioned, in this whole debate is another right – **the right to a quality education**, that is one that prepares individuals to live their best life following the completion of formal school education.

An important consideration is the evidence base for including children with the full range of disability type and severity in inclusive educational settings. In other words, what evidence is there that students receive a better education in inclusive or segregated settings? The answer is that while there is research that supports the inclusion of students with a disability, there is also research that does not support this position. When I hear people state that ‘research supports inclusion’ I want to ask: which research? which populations? how was

inclusion defined? which outcomes were measured? and which assessments were used?

Moving beyond the argument of human rights is the argument positioning full inclusion as evidence-based practice. It is important in this context to consider the meaning of evidence-based practice. In the first instance, it must be acknowledged that evidence-based practice is not just about published scientific research. Although this is an essential component, just as important are consumer values and available resources (Snow, 2019). I am in the privileged position of being able to view inclusion from both a practitioner and a researcher perspective and it is the combination of these perspectives that informs my view on inclusion.

A Practitioner Perspective

Yes, I support the human right for inclusion, but I also recognise the need for access to evidence-based interventions in inclusive classrooms. In order for students with disabilities to receive a quality education in an inclusive setting, mainstream teachers must have the skills to support the full range of students in their classes. This includes knowledge of the evidence-based content and instructional strategies required to address the educational needs of all students. Unfortunately, recent Australian research has identified problems with the implementation of evidence-based interventions, specifically in early literacy and behaviour support, in initial primary teacher education programs (Meeks & Kemp, 2017; O’Neil & Stephenson, 2011). Having access to the support of special educators with additional qualifications in instructional science might mitigate this lack of expertise. However, relatively recent reviews have identified that there is a shortage of qualified special education teachers in this country (NSW government, 2016, 2017, Victorian government, 2016), which means that general education teachers may not

have access to support in the selection of evidence-based interventions for the students with disabilities in their classrooms. As a result of the shortage of special



educators, many of those working in special education roles do not have qualifications in special education or skills in evidence-based intervention. Needless to say, if the alternative to inclusion is a special education class with a teacher who does not have a qualification in special education and/or who doesn’t implement evidence-based practice in his or her classroom, then inclusion with age peers must be the better placement.

Unfortunately, a misunderstanding of the nature of truly inclusive education (i.e., a program that meets the educational needs of every student in the class) is evident in ~~educational sector policy and the influence of teachers in special education roles who do not have the necessary qualifications or understanding of evidence-based practice~~. I recently received a communication from a consultant who was concerned because of a school’s refusal to put in place appropriate adjustments for a client of hers who was about to enter Year 7. I had a similar problem when a boy, with whom I had worked, transitioned from a mainstream primary school, which was supporting his remedial program in class, to a mainstream secondary school. The boy, who had a very significant learning difficulty as evidenced by the fact that he did not have letter-sound correspondence or basic phonemic awareness skills (i.e., phoneme blending and segmentation) in Year 3 when first assessed, still had a reading age of only 7 years 5 months at the end of Year 6. Although the special education staff at the secondary school agreed to provide the technology needed to

the special education policy of some schools.

allow this student to access the regular curriculum, they refused to include a remedial program to allow him to continue to develop his skills in reading and writing. Their response was that the focus for the school was inclusion, and they did not provide remediation. While I absolutely supported the use of technology to allow this student to access the curriculum, I could not understand why he was denied access to a remedial literacy program. Is this a case of inclusion being more important than education?

A Researcher Perspective

Although scientific research is an important component of the evidence, it has to be acknowledged that published research is of varying quality and to acknowledge, also, that what works in carefully controlled research may not work in practice. More than twenty years ago researchers in the field of early childhood intervention acknowledged that the question “Does early intervention work?” was no longer relevant. It was unethical to allocate young children to a treatment or control group in which no intervention was provided. Early intervention was valued by both families and professionals and the question then changed from a question about the efficacy of early intervention to the question of which intervention worked for which children delivered in which way? The same must apply to inclusion.

The early reviews and meta-analyses did not include children with severe intellectual disabilities. The Carberg and Kavale meta-analysis (1980), which is widely quoted by those supporting inclusion, included 50 studies of 27,000 students in special and regular settings. The mean age of the students was 11 years and the mean IQ was 74. While the mean difference in academic and social skills in favour of regular class placement was statistically significant for students with mild intellectual disabilities, the effect size was small and did not reach clinical significance. Of interest, for students with emotional/behavioural challenges or those with learning disabilities, statistically superior results were found for segregated settings. Again, the difference was not clinically significant.

A later but much smaller meta-analysis by Wang and Baker (1985-1986), which included additional measures such as attitudes, processes and interactions, found a significant effect size in favour of inclusive settings.

Like Carberg and Kavale, these authors noted that certain instructional design features contributed to successful mainstream programs.

In a more recent meta-analysis by Oh-Young and Filler (2015), the authors found that more integrated settings produced better results than more segregated settings. It is important to point out that of the 24 studies included in this analysis, seven involved a preschool population, four of the remaining 17 studies included children with intellectual disabilities, and one study included students with hearing disabilities. Further, the majority of settings did not represent full-time placement in a mainstream classroom. It is with this information in mind that one needs to interpret the findings of research such as this.

A recent study by Ballis and Heath (2021) investigated the impact of the withdrawal of a range of special education supports for students with additional needs in Texas in the United States. They found that the best effects of this reduction in special education support was found for ‘students on the margin’, that is students with learning disabilities and emotional and behavioural challenges. The rates of high school completion and college enrolment for these populations were significantly reduced as a result of the reduction in special education support.

Much of my own research has focused on inclusion. The Macquarie University Special Education Centre was established at Macquarie University in 1992 as a preschool program for children with a range of abilities including children with severe intellectual disability and children identified as being potentially intellectually gifted. The majority of the children did not have a diagnosed disability, but a large percentage did. The children were included in the same playroom and outdoor areas but programs were adopted and adapted to meet the needs of all the children enrolled in the program. A very structured transition program was in place for the children with a disability and, for 33 children transitioning to a general education class (almost 90% of the children graduating from the program at that time), their transition over five years from 1994-1998 was investigated. The subsequent inclusion in general education classrooms was followed up in 1999 for the 26 children still fully included in general education classrooms (years 1-5). Those who transitioned into mainstream classrooms

had levels of intellectual disability from mild to severe with the majority having a diagnosed moderate level of disability. The social and academic achievements of those students, which have been published in peer reviewed journals, were generally positive. The objectives for this research included an investigation of the preschool program provided at Macquarie University and the transition support by the highly qualified program staff. These children had the benefit of a good preparation program, support for their transition, including teacher support, and committed parents.

Another study, led by a colleague (Kishida & Kemp, 2009), investigated the engagement and adult and peer interaction of preschool children with Autism Spectrum Disorder (ASD) in inclusive and segregated preschool settings. Each of the 12 children attended one of two segregated programs for children with ASD in addition to either a regular preschool or childcare centre. The peer interaction for the children with ASD was twice as frequent in the inclusive compared to the segregated settings. However, the fact that the children interacted for an average of just 3.3% of the time in the segregated settings but still only an average of 6.8% of the time in the inclusive settings probably reflects the difficulties with social interaction experienced by many individuals with ASD. The children were marginally more engaged in the segregated settings than the inclusive settings, which might possibly reflect the skills in promoting engagement of the highly qualified staff in the segregated programs. The range in percentage engagement and interaction across children was large, reflecting individual differences in engagement and peer interaction across the young children with ASD.

Although small studies are not uncommon in the inclusion research literature, it is important to emphasise that the numbers for my studies were small and this needs to be kept in mind when considering the results. The important point to make is that the evidence supporting full inclusion is not conclusive. I have touched on just a few studies. There will be many more that can be used to support both sides of the inclusion debate. Of course it is easy to pick out those studies that support the side being argued. Waiting for randomised controlled trials is not an option as such research would not be approved by any ethics committee.

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Macquarie University Special Education Centre

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Scientific research is an important component of evidence-based practice. However, the practice being promoted has to be valued by the consumers and this includes the children, their families and the teachers involved. Surely the children are more important than the philosophy. Let's make sure that inclusion occurs when students benefit and teachers are properly supported. This means that we, as professionals, must provide families with accurate information and must keep in mind that we do not have to live with the choices made. Students and families do.

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