

An Analysis of Social Model of Disability and How this Approach Supports Inclusive Education

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Abstract:

This research investigates the Social Model of Disability and how this approach supports inclusive education. Two hypotheses are raised regarding the social model of disability and inclusive education both in the UK and the People's Republic of China. Hypothesis 1: The Social Model of Disability prevails in the UK and full inclusion for disabled people will be achieved in the near future. Hypothesis 2: People in the UK will generally hold a more social model approach towards disability than Chinese students in the UK. After investigation using both qualitative and quantitative methods – participant observation, case study, interviews and surveys, the researcher discovers that the social model of disability is focused more on equal opportunities for disabled people rather than the valuing of difference. British people tend to hold a more positive attitude, but the inclusion movement does not influence the Chinese students in the UK. Inclusion programmes work well by means of links between special schools and mainstream schools. However, most of them regard full inclusion as not being realistic. The benefits and difficulties of inclusion are identified in this research and support for full inclusion will depend on an approach that involves all stakeholders.

Keywords:

Social Model of Disability, Inclusive Education, Hypothesis, Full Inclusion

1. Introduction

TALES OF INCLUSION

‘I can’t myself raise the winds that might
blow us into a better world. But I can at
least put up the sail, so that when the wind
comes I can catch it.’

E. F. Schumacher author of ‘Small is Beautiful’

Disabled world is different, but disabled people are holding beautiful dreams which will be realized – full inclusion. Will the dream only be a dream which will never come true? How far is dream from reality? The only way is that we have to continue to struggle, continue to move on no matter how many thorns are paved on the way to the dream. Strong belief is that that day will come.

However, people are still questioning inclusion and raise different questions. Does inclusion work? What makes effective inclusion? Will disabled children get a better education in inclusive schools rather than special schools?

‘Inclusive solutions’ says, “All children should be in mainstream schools and no more children should be placed in special schools.” However, there are also innumerable difficulties or barriers on the way to full inclusion and to make the dream of full inclusion come true. People’s attitude, more research on disabilities and more passion from all the society are all the factors which might block the way or make it a success.

There are over 9.8 million people with impairment in Britain and 1.3 billion in the whole world. However, on the one hand, it is an indisputable fact that disabled people are in the minority within society, albeit a significant minority, comprising approximately ten percent of the world’s population (Lang, 1999); on the other hand, it is only during the past twenty years that the social security system begins to recognise disability as a particular subject for consideration (Dalley, 2002).

Mittler (2000) thinks that the main barrier to inclusive education is attitude. As Whittaker & Kenworthy (1995) question that it took women 80 years of struggle to take their rightful place in universal life, and surely, we should not expect people to wait another 80 years to right a similar injustice. This is also why we are struggling for better inclusion for all the disabled people in the world.

The main theme of this article is first introduced, and literature review is about social model of disability and inclusive education mainly in the UK and partly in China. Methodology employed in this research and the results are presented. After the analyses, the conclusion is drawn.

All the names of special schools, mainstream schools, further education colleges and interviewees have been changed; the researcher leaves the names blank in the data of parent questionnaire feedback and students’ work.

2. Literature Review

Hernández-Torrano, Somerton & Helmer (2022) state that four general themes of Inclusive Education (Hereafter IE) have been addressed in the literature over the last 25 years: IE in higher education settings, pre-service teacher education and their attitudes towards IE, teaching for inclusion and in-service professional development on IE, and practices and principles of IE.

Schuelka & Engsig (2022) propose a new conceptual framework for assisting in the understanding of inclusion in complex educational systems: Complex Educational Systems Analysis (CESA), and its visual representation via the CESA Cube (CESA). At the very heart of CESA is the question of educational purpose.

2.1. Two models of disability studies

2.1.1. Medical model of disability

Definitions of disability

Finkelstein and French (1993) adopt the following definitions, which are based on the definitions proposed by the former British organization, the Union of the Physically Impaired Against Segregation, and the international disability association, Disabled Peoples' International:

Impairment is the lack of part of or all of a limb, or having a defective limb, organ or mechanism of the body.

Disability is the loss or limitation of opportunities that prevents people who have impairments from taking part in the normal life of the community on an equal level with others due to physical and social barriers.

Mike Oliver's (1988) paper 'The Social and Political Context of Educational Policy: the case of special needs', in which Oliver applied a Marxist analysis to his discussions on social and economic developments, is regarded as one of the earliest and most influential expositions of the disability studies critique in the UK. Oliver believes that, given that disability is a socio-political construction, disabled people's social position can be best analysed within the explanatory framework that links disability both with the dominant mode of production and the dominant ideological hegemony (Lang, 1999), and Barton (2002) also links socio-political perspectives to disability politics, to sociological and political science traditions.

Rieser and O'Mahony (2002) think there are two ways of viewing disablement: 'Medical Model' or 'Social Model': the 'medical model' sees the disabled person as the problem and predominates in schools where special educational needs are thought of as resulting from the individual who is seen as different, faulty and needing to be assessed and made as normal as possible; the social model regards that the position of disabled people and the discrimination against the disabled are socially created and has little to do with their impairment. Clearly, social construct theory of disabilities is the essence of disability movement. However, Oliver (1993) points out that re-defining disability is a challenge to research.

As to how to understand disability studies, the social and medical models are the two frameworks which can be regarded to highlight ways of understanding Disability. The Medical Model regards Disability as the problem of the Disabled person, whilst the Social Model regards it as a social construct and believes that educating all children in one system will change attitudes.

The Disabled People's Movement represents the view that the 'cure' to the problem of disability lies in the restructuring of society. Unlike medically based 'cures', which focus on the individual and their impairment, this is an achievable goal and to the benefit of everyone. As Rieser (2000a) points out, this approach, referred to as the 'social model', suggests that disabled people's individual and collective disadvantage is due to a complex form of institutional discrimination as fundamental to our society as social-class exploitation, sexism, racism or heterosexism.

Medical model of disability

According to the Healthy Living Network Ltd, the Medical Model always says to disabled people:

You are the problem.

Your disability needs curing.

You can't make decisions about your life.

You need professionals to look after you.

You can never be as equal as a non-disabled person

Many disabled people internalize negative views of themselves which create feelings of low self-esteem and achievement, further reinforcing non-disabled people's assessment of their worth. As Rieser (2000a) points out, the 'medical model' view of disabled people creates a cycle of dependency and exclusion which is difficult to break.

Fulcher (1989) pointed out that the medical model has dominated perceptions of and policy on disability and its professionalism informs the perceptions of a wide range of people since society is steeped in the medical model.

Tomlinson (1982) informs us that the medical profession struggling for professional recognition in 19th century Britain developed an interest in mental defect, which is also mentioned in segregation period before and the profession of medicine was considerably enhanced by medical claims to care for and control the mentally defective. The Medical Model is the model which historically has been used by government, by local authority and healthcare professionals, by big charities, and by commerce when dealing with disabled people; the Social Model is the model that, over the past 20 years or so, has been developed and promoted by the Disability Movement as the appropriate one.

Rieser and O'Mahony (2002) think the impairment is the problem and disabled people as passive receivers of services aimed at cure or management; the structures within society are the problem and disabled people as active fighters for equal it working in partnership with allies. In medical model thinking in colleges and universities, the disabled person is Faulty and Devalued.

Therefore, both traditionally and historically speaking, the medical model is an individual-focused model or a disease model, which is never broadened to social context.

2.1.2. Social model of disability

As to the definition of social model, according to the Healthy Living Network Ltd (2002), the Social Model always says:

"Disability" is not an individual problem.

We can't compete on equal terms because there are too many barriers.

We need to recognise that "society" (through government and its agencies) has a duty to remove these barriers.

Disabled people have the same RIGHT to full equality as all other citizens do. In the early 1970s, disabled people used their personal experience of disability and institutional life to show that it wasn't their impairments which caused the 'problem', but the way in which society failed to make any allowances for their differences and shut them away instead. This way of thinking about, analyzing and discussing disability became known as 'The Social Model of Disability'. It explains disablement as the result of any behaviour or barriers which prevent people with impairments

choosing to take part in the life of society, and the social model of disability has been called ‘the big idea’ of the British disability movement (Hasler 1993).

The definition of the social model comes from the Union of the Physically Impaired Against Segregation (UPIAS) document, *Fundamental Principles of Disability*, an edited version of which is reprinted in Oliver (1996):

“.. in our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society.” (Oliver, 1996, p.22)

Social model distinguishes impairment, an attribute of the individual body or mind, from disability, a relationship between a person with impairment and society. A binary division is established between the biological and the social (Oliver, 1996, p.30).

Finkelstein (1980) claimed that ‘in our view it is society which disabled physically impaired people. Disability is something imposed on top of our impairment by the way we are unnecessarily isolated and excluded from full participation in society’.

Dalley (2002) points out that an individual’s capacity to play a part in society is influenced not only by his or her impairment as such, but also by society’s methods of classification.

The Department of Health states:

“A social model of disability ‘redefines’ disability as the disadvantage or restriction of activity caused by society which takes little or no account of people who have impairments, and this excludes them from mainstream activity.”

We can say and agree that if Karl Marx was the founding father of sociology, then Mike Oliver is the founding father of disability studies, since the social model of disability is particularly highlighted by Mike Oliver.

Inclusion as an ideal applies to all potentially socially excluded groups as Dee (1999) described. The disability movement emphasizes a socially constructed model of disability where the barriers facing disabled people are located within society rather than stemming from an individual’s impairment.

When the history of struggle of disabled people is investigated, it is also evident that the British Council of Disabled People, made up of 136 organizations of disabled people that are run by disabled people, has had a long battle over the last seventeen years to establish itself, as Rieser (2000) points out.

However, Shakespeare and Watson (2002) argue the social model of disability is an outdated ideology and creates more problems than it solves and try to construct an alternative and more adequate approach to disability politics, based on a materialist ontology of embodiment, and also strongly argue that neither ‘impairment’ nor ‘disability’ has made the firm distinction between (biological) impairment and (social) disability which is the key to the British social model, and that the very success of the social model is now its main weakness.

Shakespeare and Watson (ibid.) also argue that both British advocates of the ‘strong’ social model and some American minority group approaches seem sometimes to suggest that having more disabled people is by no means a bad thing, and that we should not always try to avoid impairment.

This argument needs serious discussions. People with impairment are not willing to be physically disabled since lots of social factors need being taken into consideration. The woman who takes folic acid in her pregnancy is being sensible, not being oppressive to people with spina bifida. What if she has no idea of the baby's health in her body? After she produces the baby with spina bifida, could anyone guarantee that the baby will not face any discrimination? This is just the point of the disability movement and the social context.

It is a truth that prejudicial attitudes towards disabled people and induced against all minority groups are not inherited. All the prejudices are made socially and culturally, and they are removable. Shakespeare and Watson do not advocate extreme actions of disability movement, isolating ourselves from the mainstream, or putting anyone who knows less about disability in the hostile position in society. They are making hard efforts only to make the mainstream people understand this minority group people more and gain more support from the society. This is not an excessive request. Sensory impairment may cause pain, but it is more painful thing not to get the support required from the society. Abberley (1987) insists that impairment often has social causes and thinks that work, war, poverty and other social processes generate impairment, and therefore that impairment is itself part of disabled people's social oppression.

An adequate social theory of disability would include all the dimensions of disabled people's experiences: bodily, psychological, cultural, social, political, rather than claiming that disability is either medical or social. However, this assumption might be partially reasonable, but never gains sufficient evidence and support in their argument, which strongly weakens the viewpoint.

We are not against any different opinions, but the viewpoint at least has to be persuasive and Whittaker & Kenworthy (1995) say that we should seek to highlight ways to promote inclusion and also highlight some of the barriers it will be necessary to challenge in order to succeed. In particular, voice must be given to children with the most complex and profound disabilities and for whom the practicalities of inclusive education are more difficult to achieve.

2.2. Social theory of lifelong learning

Although the government adopted inclusive education policies and was directed resources to inclusion by issuing the Green Paper on lifelong learning. *The Learning Age* (DfEE, 1998), it omitted *Inclusive Learning* from its list of key points of reference, referring to it only in the context of disabled students (Dee, 1999). There is no doubt that there is a need to continue to promote the rights of disabled people in the wider debates on social inclusion. The contention that the rights of disabled people and/or learning difficulties are now set firmly within the inclusion debate is not yet true within the context of the post-school sector. There is already some evidence that the debate is being dominated by concerns about larger and more potentially troublesome social groups. There is a real danger of creating separate, compacting groups, which makes a mockery of the real meaning of inclusion and inclusive learning (Dee, *ibid.*).

Till the end of 1990s, there are different viewpoints arguing for a re-definition of lifelong learning on both economical and social. The OECD (1996) adopts a 'cradle-to-grave' view. It includes building foundations for lifelong learning as well as remedial second chances for adults, that is to say, once this is acknowledged, as

Oliver (1999) has pointed out, then we can see that lifelong learning embraces the formal, compulsory state education system of children and young people, as well as the education of adults, with the entire range of educational opportunities regarded as an integrated whole.

According to OECD (1996), the economic rationale for lifelong learning comes from two principal sources. First, with the increasing importance of knowledge-based economy and the progressive demise of Taylorism, the threshold of skills demanded by the employers is being raised constantly, as Hasan (1999) indicates, and secondly, there is a need for continuous renewal and updating of skills – essential of structural adjustment, productivity growth, innovation and effective re-allocation of human resources. The increased pace of globalization and technological change, the changing nature of work and the labor market, and the ageing of populations are among the forces emphasizing the need for continuing upgrading of work and life skills. It sounds reasonable to underpin the econometric model of lifelong learning.

Tony Blair, the former Prime Minister, once said ‘Education is the best economic policy we have’, which clearly indicates that education is an instrument of the economy. Such a view of society denigrates the values of caring and mutual support and values the economic over the social, as Tett (2002) notices, and also excludes those people who are not part of the ‘normal’ labour market such as retired people or those who are caring for young disabled children that prevent them from working. On this point the researcher agrees with Tett’s social values over education or lifelong learning is more important than mere economic values. The final purpose of lifelong learning is to promote not only the economic capability but also the social inclusion to promote and benefit the whole society.

Tett (2002) also raises a very good and sharp question:

If it is the structure of society that creates inequalities, and education and training are part of that structure, then why should individuals participate in a system in which they know they start at a disadvantage?

Failure is NOT the fault of the individual, BUT of the society. Just as Veronica McGivney (1990) has pointed out, many adults do not participate, not because of low motivation but because of powerful constraints that arise from cultural and social class divisions.

Ranson and his colleagues (1996) direct a ‘social’ theory of lifelong learning in contrast to the McDonaldised (Hyland, 1999) and excessively economic conceptions of education and training by noting:

‘If society is seriously to address the problems facing education, then the solution requires more than a quantitative expansion or more adaptation of existing systems. Rather it will need a reform of the organizing principles of learning: from an instrumental purpose, supporting the needs of the labour market and economic regeneration, to the moral and political purpose of cultural renewal; from learning for economic interest to learning for citizenship’ (p.25)

Finally, according to Hyland (1999), the key features of social theory of lifelong learning are:

- a. Individual autonomy within a social/community context
- b. Studentship and learning careers
- c. Vocational studies, work and society.

Hyland (ibid.) regards that only by means of such a social theory of lifelong learning can the government's avowed vision of a 'new learning culture, a culture of lifelong learning for all' (Fryer, 1997, para.1.1) be realized. The ultimate end of the lifelong learning programme is the 'social investment state' which 'defines equality as inclusion and inequality as exclusion' (Giddens, 1998). The inclusive society is characterized in terms of the following features:

- a. Equality as inclusion
- b. Limited meritocracy
- c. Renewal of public space (civic liberalism)
- d. 'Beyond the work society'
- e. Positive welfare
- f. The social investment state

(Source: Hyland (1999) based on Giddens, 1998, p.105)

As to the lifelong learning and social inclusion, Hyland's (1999) social theory of lifelong learning, as mentioned above, guides us to understand the necessity of inclusion significance in lifelong learning policies. Although social theory of lifelong learning is different from social model of disability, the former covers more disadvantaged group in terms of education. But the social construct and social context are the common ground in terms of education. Social exclusion and social inclusion are concerned in both of these terms.

2.3. Medical model or social model of disability in China?

2.3.1. China Disabled Persons' Federation

The China Disabled Persons' Federation (CDPF), ratified by the State Council, is the unified national organization of and for persons with various categories of disabilities in China, which represents the common interests and protects the lawful rights of persons with disabilities: promotes and develops the disability undertakings and serves persons with disabilities.

The aim of the CDPF is to promote humanitarianism, develop the disability undertakings, protect human rights of persons with disabilities so as to enable them to participate in society with equal status and opportunities and share the cultural and material achievements brought about by the socio-economic development.

Deng Pufang, the son of Deng Xiaoping (one of the greatest ex-presidents of P. R. China) was the president of China Disabled Persons' Federation since 1988 and is still the honoured president in 2023. He was admitted in 1962 by Peking University – the highest institution of learning in China where he was determined to dedicate himself to be a physicist. In 1968, the political catastrophe made him paraplegic. The high

risers and deep falls of the destiny forged his determination to diligently pursue the humanitarian courses.

According to the statistics of China Disabled Persons' Federation in 2022, there are 85 million persons with disabilities in China. Along with the rapid economic growth and profound social transformation (from CDPF), in China:

- a. People no longer regard those with disability as "the disabled and useless", recognizing that they are equal creators of material and spiritual wealth;
- b. The society is giving more and more understanding, respect, concern and assistance to people with disability, fostering an environment of love and harmony;
- c. People with disability have all the more treasured their own worth as contributors to the society in the spirit of self-respect, self-confidence, self-improvement and self-reliance;
- d. Disabled people's organizations pursue a vigorous programme in both rural and urban areas, representing and safeguarding the rights and interests of people with various disabilities;
- e. Coordinating bodies on disability bring government agencies, disabled people's organizations and other social sectors together to work for the advancement of the endeavor for people with disability in a comprehensive and effective manner;
- f. The state promulgated legislation to protect the human rights of people with disability; formulated, concentrating on effective measures, and carried out consecutively five-year work programmes and achieved remarkable improvement of the situation of people with disability

2.3.2. Medical model or social model of disability in China?

China is a densely-populated country with nearly 1.4 billion people. In order to get the population controlled and enhance the development of economy, one-child policy had been carried out nationwide before 2016. Amongst all the rules in this birth-control policy, there is one issue about the disabled child, which means if you have the first disabled child, you have another legal opportunity to have the second child. Eugenics is especially concerned by every couple who are eager to be parents. However, as to the abandoned and disabled children, their right, education and welfare are not specifically listed in anywhere or the document. In this sense, people need to struggle harder to gain more rights for the disabled people in China, and this is also a great opportunity to introduce social model of disability and inclusive education to China.

Mason and Rieser (1994) recognize that we must reject the legacy of the past that has excluded us and advocates that we have to recognize that all children and adults have a right to be included in mainstream education and society as a fundamental human right.

There is not such a disability movement happening in China, and the improvement and development of disability studies are still limited, most people are still keeping the medical model of the disabled people and have not touched the social model yet. Therefore, a questionnaire is designed to find out the different attitude towards disability between a group of Chinese students who almost finished one-year study in the UK and the second group of Chinese students who were coming to the same

university to study in September. Two groups were all sponsored by the same organization and well-educated.

On the one hand, China is committed to the protection of the rights of people with disability, helping them participate in social life on an equal footing and share the benefits of the country's material and cultural progress.

Although in Article 19 of *Education Law of the People Republic of China* in 1995, the government encourage the development of adult education in a variety of forms so that citizens may receive appropriate education in politics, economics, culture, science, technology, professional or vocational knowledge and lifelong education.

China carries out the programme – China's Approaches towards Education for All for Disadvantaged Groups, and girls' education in China are improved.

The Chinese government has made unremitting effort to develop girls' education in poor or rural areas since laws and regulations have been formulated to protect girls' right to education.

During the severe involution period, the social attitude towards disabled people is not much improved although in these years more opportunities of employment are offered for disabled people. How to improve the social attitude to disability and make ordinary people realize it is not the disabled person or his/her parent's fault to let the child just be there, society should shoulder more responsibility for the disability.

People with intellectual and mental disabilities primarily felt the ratification of the movement's conservative component that sought to improve the population through controlling those deemed to be 'unfit'. Especially since the end of 1970s when family plan and birth control policy began to be strictly carried out, eugenics is strongly influential, in which way the disabled children or adults bear more pressure and usually internalize the oppression. This situation is unfair for anyone who is being different.

But in 1989, the rights of disabled children to be educated in the mainstream were spelled out in the United Nations Convention, which means that the worldwide inclusive education is on the agenda and more attention to inclusion has been aroused. Of course, China follows this spirit to carry out inclusive education movement. Due to all sorts of factors, such as economy, population, it is difficult to put it into practice. Excluding so many people from education will destroy the economic development in a long term.

Therefore, to introduce and implement social model of disability and also inclusive education is a new challenge to all researchers, educators, and also government policy planners. Although there is a long way to go, this is the way we must go in order to benefit more people in terms of education, making less people excluded from education.

Of course, in such developed UK, some people still have no clear idea about medical model, or social model, or inclusive education. Clearly it will take a long time for Chinese people to struggle for the equal opportunities for the disabled people to be educated in the compulsory section and also in FE. Special schools are dominant. Some children with learning disabilities are still segregated in special schools or special institutions. How to make the disabled children get included into mainstream schools is a big challenge to all the Chinese.

Two hypotheses are raised regarding social model of disability and inclusive education both in the UK and the People's Republic of China.

Hypothesis 1

The Social Model of Disability prevails in the UK and full inclusion for disabled people will be achieved in the near future.

Hypothesis 2

People in the UK will generally hold a more social model approach towards disability than Chinese students in the UK. However, the Chinese students in the UK will have a more positive attitude towards disability compared to their peers in China.

3. Methodology

3.1. Introduction

After one semester's theoretical study on inclusive education in the UK, more theories about social model of disability and inclusion have been grasped. However, there is a lack of empirical data in this field of research. One English friend who shares the same module with the researcher helped to get in touch with two schools in Darwin – one is Maple Special School and the other mainstream Green Road Primary School. The researcher started to observe these two schools. What most interests the researcher is the strong inclusion link between these two schools since it is only five minutes' walk between the two. Of course, the geographical location is the biggest advantage. Meanwhile another special school – Rainbow School in Dalton and a FE college – Darwin college are also observed. The specific observations will be identified in data collection methods.

After the observations, the researcher was provided with sufficient materials from Maple Special School and then decided to mainly focus on the case of inclusion link between Maple Special School and Green Road Primary School and inclusion in FE is also involved.

After focusing on the specific case of inclusion, more interviews have been done to support the research of analysis of the case. Interview letters were written and sent either by letters or emails. Interviews started and were carried out smoothly.

These three methods as triangulation are supposed to examine the first hypothesis that social model of disability prevails in the UK and full inclusion for disabled people in education will be achieved in the near future.

Questionnaire on inclusive education were distributed and collected after one week. This method is supposed to examine the second hypothesis that people in the UK will generally hold a more Social Model view of Disability than Chinese overseas students in the UK who will have a more positive attitude towards disability compared to the peers with the same background in China.

Therefore, qualitative method and quantitative methods are both employed in this study. Apart from this, all the names of special schools, mainstream schools, further education colleges and interviewees have been anonymous; the researcher leaves the names blank in parent questionnaire feedback and students' work.

3.2. Research questions

This study is intended to analyze the social model of disability and how this approach supports inclusive education and examine the two hypotheses mentioned before above. Since the inclusion movement has moved on for over three decades in the UK, lots of conceptions of inclusion have been put into practice after years and years' struggling.

As suggested earlier, in the UK, Special Educational Needs and Disability Act (2001) regulates that from September 2002 it is unlawful to discriminate against disabled students, there is a duty on the college not to treat disabled students 'less favorably' than non-disabled students, and colleges must make reasonable adjustments to meet the needs of disabled students. This act protects the lawful rights of the disabled students in schools and colleges, which is quite inspiring.

Therefore, the social model of disability dominates the philosophy/theory of inclusion, and obviously it supports the inclusive education. Two decades has passed. Whereas during the research of social model of disability, some questions are raised when the researcher is doing the empirical research following the mode of interrogation – specializing, localizing and generalizing.

- a. What is the attitude of the staff who work in special schools in the UK? What do they regard inclusion as?
- a. What is the attitude of the staff in mainstream schools? Are they very supportive to inclusion after practice?
- b. Does the inclusion link between special schools and mainstream schools work very well? Is it efficient? Or does it face too many difficulties?
- c. Is it possible to include every child with disabilities into mainstream schools?
- d. What's the benefit of our disabled children who are included into mainstream schools? More educational/academic benefit or social/emotional benefit?
- e. How do the parents think of inclusion? How do the children think of inclusion?
- f. Do British people hold a more social model of disability than Chinese people? Are the Chinese overseas students influenced by the inclusion movement in the UK and do they hold a more positive attitude towards disabilities than the peers in China?

All these questions have to be answered only after the different empirical research, for instance, participant's observations, case study, and interviews and finally questionnaires. The first three methods which is called triangulation are supposed to examine the social model of disability and inclusive education in the UK and the survey is used to compare the attitude towards disabilities between the British people and the Chinese people, even among which a comparison is also done regarding the attitude.

3.3. Data collection methods

3.3.1. Participant observation

The empirical approach to participant observation emphasizes participation as an opportunity for in-depth systematic study of a particular group or activity. Zelditch (1962) outlined three elements of this approach:

a. *Enumeration of frequencies* of various categories of observed behavior, as in interaction analysis. Often there is an explicit schedule of observation geared to hypotheses framed in advance of participation. Participation may lead to alteration of hypotheses and observation schedules, the attempt to observe systematically is ongoing.

b. *Informant interviewing* to establish social rules and statuses. There may be systematic sampling of informants to be interviewed, content analysis of documents encountered, and even recording of observations in structured question-and-answer format.

c. *Participation* to observe and detail illustrative incidents.

Where the phenomenological approach emphasizes the participant observer experiencing meanings through empathy, the empirical approach emphasizes systematic observation and recording of the milieu. This distinction is, of course, more a matter of emphasis than a dichotomy.

The researcher paid visits to Maple Special School in Darwin and the nearby mainstream Green Road School, which has an inclusion link with Maple, and the researcher also visited Rainbow Special School in Dalton. During these visits, four observations were carried out. The first observation in Green Road School took place in spring, during which Jim – a child with autism was observed for a certain period. As to Jim, who will be transferring to Maple Special School soon in the near future, part of the following case study will be focused on him and this phenomenon. Another two observations happened in Rainbow Special School, and the researcher joined two classes respectively and also accompanied the students to do a survey. The last one took place in Darwin college regarding the inclusion in FE. The researcher needs to find out how inclusion support both the schools and FE. Notes work taken down after the observations and a further thinking about implementing the inclusion was taken into account.

Ostensibly, participant observation is a straightforward technique: by putting the researcher in the subject being studied. Through this participant observation, the researcher is presumed to gain understanding, perhaps more deeply about children with Special Educational Needs or learning difficulties than could be obtained from the books. The advantage of this method is with the reliable first-hand information, high validity of data, and reliance on relatively simple and inexpensive methods.

However, after the four observations, the happy enjoyment of the students in the leisure study in Rainbow Special School left a deep and good impression upon the researcher, which could be the downside of participant observation as a data-gathering technique – the increased threat to the objectivity of the researcher and possible observer effects.

3.3.2. Case study

The qualitative case study researcher keeps a good record of events to provide a relatively incontestable description for further analysis and ultimate reporting. He/She lets the occasion to tell its story, the situation, the problem, resolution, or irresolution of the problem (Stake, 1995, p. 62).

According to Stake (1995), there are three types of case studies:

- a. intrinsic case study, which means the researcher's primary interest is in understanding a specific case.
- b. instrumental case study, which means the researcher's primary interest is in understanding something other than a particular case.
- c. collective case study, which means the researcher studies multiple cases in one overall research study in an effort to gain greater insights.

The research in this study adopts instrumental case study since as Stake (ibid. p.64) says, "The more the case study is an instrumental case study, certain contexts may be important, but other contexts important to the case are of little interest to the study."

Case study refers to the collection and presentation of detailed information about a particular participant or small group, frequently including the accounts of subjects themselves. A form of qualitative descriptive research, the case study looks intensely at an individual or small participant pool, drawing conclusions only about that participant or group and only in that specific context. Researchers do not focus on the discovery of a universal, generalizable truth, nor do they typically look for cause-effect relationships; instead, emphasis is placed on exploration and description.

Maple Special School replaces Darwin's three separate primary special schools and has been designed to meet the all-round needs of Darwin children aged 2-11 who have complex special educational needs in one community and it opened its doors after three years of detailed planning and preparation.

Maple School is aware of the ethical rationale behind inclusive education for pupils with SEN can be met in mainstream should be educated there. Now that Darwin has a policy and strategy for meeting children's SEN across the whole range, part of their role in the future will be to provide support, experience, training and expertise to assist their colleagues to meet the needs of a wider range of pupils, they regard they are not yet at this stage, but they are already working towards it.

Maple Special School identified the benefits and difficulties of inclusion for the children.

Benefits:

- a. The children want to go – they tell us how they enjoy it.
- b. Most children grow in confidence - less shy, more outgoing.
- c. They enjoy the company of a wider range of peers.
- d. Spending time in another school seen as positive by other children in the class who are to go too.
- e. Every receiving school has seen benefits to their pupils.
- f. Makes receiving schools think about adapting teaching styles with spin-off for their less able pupils.
- g. Need for our pupils to interact with children without disabilities.
- h. Making friendship links within local school.
- i. Being part of faith/ school community.
- j. Parents see it as positive.

k. It is an entitlement.

l. Social more important at this stage than educational.

Difficulties:

a. Children miss out on activities/experiences/curriculum at Maple

b. Not yet sufficiently educational for some children

c. Lack of time for colleagues to share schemes of work and planning (sometimes reluctance to do this)

d. Limited backup support for staff absence means children sometimes miss out

e. Limit to the number we can support within current resources

f. Wrong perceptions by some staff at Maple about what goes on

g. Lack of appreciation from some colleagues of what supporting children in mainstream entails

h. Sometimes feeling we're there on sufferance – need to know when to bite one's tongue!

Maple School believes in and promotes inclusion both in and out of school as an entitlement for every child. Currently there are 5 children attending mainstream schools throughout Darwin for one half day each week and 15 children attending Green Road Primary School for various sessions each week because Maple has a strong link with Green Road School. Their positive ethos towards special educational needs and inclusion, and the school's close proximity means that Maple enjoys a very positive and encouraging relationship between both schools.

An appointed Inclusion Officer – Jane Tomlinson is responsible for managing the placements and working with the parents, receiving schools and Maple staff to support children during inclusion sessions. The placements are prepared carefully with the receiving schools and monitored closely to ensure a successful outcome and a positive experience for the child.

However, Maple School regards inclusion and entitlement as a two-way process. Therefore, Jim, who is a child with autism has been included in Green Road Primary School for several years, This September he is going to transfer from Green Road Primary School to Maple Special School with coming back to Green Road for several inclusive sessions.

From the development of Maple Special School, the researcher analyses how social model supports inclusive education. What difficulties are facing the inclusion movement? From Jim's case, what problems are existing in reality for the children with learning difficulties included in mainstream school?

Unlike the quantitative method, such as surveys, the researcher has little control over the events, and when there is a contemporary focus within a real-life context by means of case study. In addition, unlike more specifically directed experiments, case studies require a problem that seeks a holistic understanding of the event or situation in question using inductive logic – reasoning from specific to more general terms.

From this case, on the one hand, we can tell inclusion moves on well as three special schools in Darwin merged into one and inclusion link carries out; on the other hand, children with learning difficulties moves from mainstream school to special

school. Is the regression of inclusion movement? Or should it not happen? What makes it happen? Jim is going to Maple in September. Further analysis of this data is going on later, and interviews with the deputy head of Green Road and the Inclusion staff at Maple will reflect upon this question.

Since case studies are frequently discussed within the context of qualitative research and naturalistic inquiry. Case studies are often referred to interchangeably with ethnography, field study, and participant observation. The underlying philosophical assumptions in the case are similar to these types of qualitative research because each takes place in a natural setting, and strives for a more holistic interpretation of the event or situation under study.

Since the researcher's primary interest is in understanding something other than a particular case, this case is seen as important only as a means to an end. The goal tends to be less particularistic and more universalistic – the researchers doing this kind of case study are less interested in making conclusions that are specific to the case and its particular setting than they are in making conclusions that apply beyond a particular case.

Hence beyond this specific case in Maple and Green Road, more further considerations about inclusion are taken by the researcher by finding out what makes this happen and why. In accordance with research of social model of disability and inclusive education, instrumental case study is employed properly.

3.3.3. Interviews

Later interviews are employed to probe beneath the surface of the case mentioned above (such as why inclusion is implemented facing such difficulties, what are the origins of these problems, and how we should handle them). Still focusing on the case of Maple and Green Road, the researcher uses the opportunity sampling and interviewed three staff in Maple, that is, Audrey Lincoln – the Head of Maple;

- a. Jane Tomlinson – the inclusion Officer of Maple;
- b. Sally Lee – out-stationed supporting staff from Maple to Green Road;
- c. Mrs. Smith the deputy Head of Green Road.

The researcher posted the interview letters to Mrs. Lincoln (Jane is included in this letter) and Mrs. Smith (Sally is included in this letter, but actually she is a staff in Maple, and better addressed to Maple) respectively regarding inclusion and then made appointments with them. Although they all are in a busy schedule, they are all willing to accept the interviews.

Aside from those above, four more people are interviewed:

- a. Sara Bally, a parent with a disabled child, accepts the interview.
- b. Mrs. Wright – senior management staff in Rainbow special school is interviewed.

Furthermore, two staff in FE -

- a. Mr. Henry in Darwin College and
- b. Mr. Brown in Wisdom College also have accepted the interviews concerning the inclusion in FE.

This qualitative approach takes a longer time to prepare the interviews, arrange the appointment dates and note down the key points by the recordings. In the letters,

confidentiality and anonymity are mentioned and guaranteed by the researcher, The interview places are usually their offices which are quiet, and after being approved by the interviewees, the researcher recorded the whole course of conversation for the more accurate transcription of these interviews later. The instrument is mobile phone with recording APP. After each interview is finished, the file is downloaded from mobile phone directly to computer and saved as a whole interview file.

The interviews are carried out smoothly and also in a happy and serious manner. Although notes (normally the key points) are taken during the interviews, the whole interviews are all interactive. It takes the researcher ten hours to note down the key points from the recording file in computer with the help of notes taken previously. Therefore, this first-hand data is considerably valid and reliable.

Triangulation is cross-checking information and conclusions through the use of multiple procedures or sources. When the different procedures or sources are in agreement you have collaboration (or triangulation) (Johnson and Christensen, 2000).

Hence, participant observation, case study and interview form the triangulation regarding the research methods to examine how social model supports inclusive education and what difficulties exist in reality.

3.3.4. Surveys

The differences between the UK and China make the researcher keen to find out the different attitude towards disabilities and inclusive education among these two nationalities. 12 British people (Group A) are the staff, securities, caretakers and local students in Dalton University. What is interesting within Chinese, the researcher compared a group of 16 Chinese overseas students who were currently studying in the UK and another group of 18 Chinese students who was going to come to the UK to study. These two groups of students share the same background, that is, strictly selected and financially sponsored by the local organization in China to study in the UK with the first group (Group B) the first year, and the other (Group C) the second year. They share the same education background (at least with Bachelor's Degree), working for the same organization and aging almost from 28 to 39. The researcher supposes that Group B have been influenced by the inclusion movement in the UK while Group C might not. Three groups' comparability is both valid and reliable.

The researcher holds a hypothesis – People in the UK will generally hold a more social model approach towards disability than Chinese students in the UK; however, the Chinese students in the UK will have a more positive attitude towards disability compared to their peers in China, that is to say, the degree of positive attitude towards disabilities and inclusive education is supposed to be: Group A > Group B > Group C.

The questionnaire attempts to determine the three groups' attitude towards inclusion and explore whether perceptions of Disability related to the Medical or Social model view of Disability (Rieser and Mason, 1992). The three groups were asked to rate each statement according to how much they agreed or disagreed using a five-point Likert scale. Statement 2,3,6,7,8,9,10,11,12 reflect the Social Model view of Disability and Statement 1,4,5 reflect the Medical Model view of Disability. Therefore, Medical Model questions were reversed scored meaning that a high score on all questions is an indicator of agreement with the Social Model.

Questionnaires were distributed when Group B will nearly finish the one-year study in the UK. The researcher distributes the questionnaires to Group A and Group B. As

to Group C, the researcher entrusts one disabled friend by e-mailing (who's supposed to join Group B, but to certain reason, is now in Group C) to distribute copies of the questionnaire to his classmates and is responsible for the collecting the results by e-mailing back to the researcher.

This quantitative approach takes time by designing the questions, distributing the questionnaires and analyzing the data. The researcher knows most of the members of these three groups by means of work and further study.

3.4. Data analysis

3.4.1. Analysis of qualitative data

Participant observation

Participant observation is one of the most common methods for qualitative data collection, the main method of ethnography and it is also one of the most demanding. The literature on participant observation discusses how to enter the context, the role of the researcher as a participant, the collection and storage of field notes, and the analysis of field data. With examples from research projects, the researcher needs to discuss the problems of being both an observer and a participant.

From the observation of Jim's class in Green Road School, Jim and his LSA sit in the class with nearly twenty children without bothering the normal carrying on of the class. Jim has been with the inclusive teacher for one or two years. On the one hand, as an observer, it is quite happy to see that Jim sits among the other children in the class since he is in the mainstream school from the start; on the other hand, as a participant to do the session, Jim is trying to get more attention from his LSA to scratch his itching neck. After he finishes drawing the triangle and circle shapes, the LSA satisfies him after the right expression by pointing out the words on the word-board and pronouncing them, Jim is also included in the singing activity although he is making noises, but the other children and the teacher are not bothered at all. Therefore, from this observation, we can tell Jim is included in the class no matter how difficult he might cope with his academic education. He fits in.

As stated at the outset, inclusion is a process rather than a static state. It seems Jim is lucky to be in the mainstream school with more contact with his peers. In the social sense, he makes more progress as his teacher mentions.

Another two observations happened in Rainbow Special School. What is worthwhile mentioning is that the Year 10 leisure activities class. As an observer, all the students are quite happy with the class and the teaching is effective although the students are with different degrees of learning difficulties. When the researcher participates the survey activities with one boy student and one girl student, the two students are able to go to different either classrooms or staff rooms to do the survey. Then the researcher transcribes them into statistics in computer.

After comparing the special school case and the mainstream case, the researcher finds out that they are happy with where they are and also what they are doing.

Case study

From the merging of three special schools into Maple Special School in Darwin, inclusion is smoothly implemented. Through the strong links with mainstream schools, Maple is carrying out inclusion policy well with the guidance of LEAs. Inclusion

officer is appointed by the Head of Maple, so is one supporting staff although two staff are far from sufficient support to the students being included in the mainstreams part time, which will be further analyzed in interviews.

From the benefits to the children in inclusion, we can tell that children become more confident and make more friends. Social involvement is more important than educational. In the meantime, difficulties arise, for instance, not sufficient education for some children because of missing out the curriculum at Maple, limited backup support for staff absence, lack of time for Maple staff and Mainstream Staff to share schemes of work and planning, and even the wrong perceptions by some staff at Maple.

From this case, Maple is going on well with the inclusion programme, but more difficulties are facing it. Aside from it, Jim is going to transfer from Green Road to Maple. Is it a kind of regression for Jim to Maple regarding inclusive education? Will Jim benefit more at Maple rather than in Green Road? What makes Jim face more difficulties towards inclusion? His emotional frustration? Not sufficient support in the mainstream school?

The inclusion movement is to make full effort to get all children with either physical disabilities or learning difficulties included in mainstream schools, but from Jim's case, is it a failure for inclusion movement or is it only a particular case? Interviews with inclusion staff at Maple and deputy of Green Road will interpret part of the story.

This case study focuses not on this particular case, but reveals the benefits as well as problems during the course of inclusion. Everyone knows that special school is special school while mainstream school is always mainstream school. How long does it take for special school fully included into mainstream school which means mainstream could have sufficient support to all children with either physical difficulties or learning difficulties?

Interviews

Analysis of interviews revealed 5 main themes: 'inclusion conception' 'implementation of inclusion' 'benefit more in mainstream school or special school' 'problems with inclusion', and 'suggestions to inclusion'. Four special school staff, two staff in FE, one mainstream staff, and one parent are interviewed. Informal Content Analysis is employed. Most of the interview questions are similar regarding the specific background such as FE college, special school, mainstream school or a parent of disabled child.

The first question is usually concerned about their personal understanding of inclusion movement. Most of them regard inclusion as 'a good idea', 'a good plan', 'a philosophy', and 'has been very important', 'ideally all should be included in mainstream school'. However, the parent is persistent in inclusion and says that inclusion is 'the only way to go'. Will there be possible to have two ways (special school and mainstream school) existing? Will they be still paralleled or cross at some point in the near future? Will inclusion be the only way to go as Sara said? What is interesting is that some interviewees touch upon government funding immediately as the inclusion topic starts, Mr. Brown, a staff in FE, says,

'I think it's (inclusion) a good idea... It works to a degree. It depends on the resources government is going to invest.'

Mrs. Smith, the deputy head of Green Road, says,

‘Ideally, all children should be included in mainstream schools.

The philosophy of inclusion is tremendous, but we need more funding and support.’

The second question goes to the implementation of inclusion in the specific schools or colleges. FE colleges feedback is more positive than the schools; special schools strongly persist in defending their position in the educational system; the parent says that inclusion is not in her case since she struggles so hard for her child towards inclusion.

Mr. Henry in FE says ‘Inclusion works well in our college.’ Mrs. Lincoln insists on the position of special school as she says,

‘I don’t believe every single child, regardless of their difficulties, should have a mainstream school placement. There is still a role of special schools with our education system.’

But she also emphasizes ‘our inclusion system works very well. We have very good links with mainstream schools.

Jane, the inclusion officer at Maple, also thinks that ‘I wouldn’t say inclusive education means every child should be included in mainstream schools. We need a mix of both (mainstream and special schools).’

Mrs. Wright in Rainbow regards that ‘Children deserves to be well-resourced. Some children have difficulties in mainstream schools.’

However, the reaction from Sara the parent about inclusion is strong. She says that ‘(Inclusion) not in my case. It’s been a struggle to get the right support, to get the LEAs to listen to me. They are very authoritarian and I’m just the mother. They make you helpless and dependent’.

Regarding the third question “better benefit for disabled children in mainstream or special school”, two different patterns of answers are found. The first pattern is FE attitude and parent – more positive towards inclusion; the second is special school and mainstream – more towards the particular situation of the individual.

On the one hand, Mr. Hindle in FE says ‘Inclusion is a good thing. Keep doing it.’ When Sara talks about the situation of her daughter, she says ‘In the mainstream school, it is better. The difference is tremendous. For my daughter, the facilities there, usually populated schools, the academic stimulation, physical stimulation are appropriate. Furthermore, the schools are run in the community. You are going to know people in the community. Friendship is important for her. Experiences, local friendships and communities are precious.’

When Sara describes her daughter’s feeling in 9-year special school experience, she says that we call it “9-year babysitting years, they don’t educate the children. They teach them to be disabled, not teach them how to be independent people, it is quite isolating. She will make jokes about the life in special schools, she’s moving in September. She regards the mainstream school as a real school, and the special school as a ‘joke.’”

On the other hand, Mrs. Smith from Green Road argues that people have to go on the individual since she insists on that the individual will tell you whether the environment is suitable. She thinks inclusion is complex and says:

“I don’t believe the case that every child with disability should be in the mainstream school, or neither do I think the case that every child with disability should be in special school. I think every child should be in the schools best suits to them as an individual. If government wants an Inclusive Policy, which I agree philosophically, it needs more finance with equipment support and people support to the best of it.”

Therefore, government funding is emphasized again. This lack of people resources can explain why Jim doesn’t continue to work out in Green Road. Is it the real case that Jim becomes more frustrated as he continues to stay in Green Road? Or is the support to Jim not adequate? Mrs. Lincoln also points out the difficulties their children face, as she says,

“When the academic gap becomes wider, they will begin to feel they are less able and they are unwilling to go to the placement. Of course, spending some time in mainstream school, they benefit socially and emotionally, but as time goes on, they will benefit less and less. But a year younger placement works more successful.”

What is interesting is that Sara and Mrs. Lincoln both think schools benefit more than the kids as to the inclusion programmes since more children in the mainstream schools have the precious opportunities to get to know some children are different from them and learn to accept the difference. Just mentioned at the outset, attitude towards disabilities is not inherited, and it can be educated and directed to the equal right for every human being in the world.

As to the problems of inclusion, funding and support are more frequently mentioned. Then people come to the suggestions to inclusion, several areas are identified:

- a. More government funding/ funding from the LEAS support
- b. Training the staff in FE
- c. Involve more parents training in leadership courses
- d. More back-up support for inclusion staff in special school
- e. Educate the people even within special school for the benefit of inclusion
- f. Time for mutual communication between mainstream and special schools

Therefore, people are more concerned about inclusion, but full inclusion is not at this stage due to the reason identified above and more reasons not identified here.

3.5. Analysis of quantitative data

Surveys

Questions are devised to investigate people’s attitudes towards inclusion and discover whether attitudes related to the Medical or Social Model of Disability. The data that is collected from the questionnaires will only be used to prepare reports designed to identify the significance of social model of disability and will help in the development of inclusive education and facilitate the inclusion movement in education. Respondents’ confidentiality is guaranteed as well as anonymity.

Questionnaires designed to measure latent variables such as medical or social attitude towards disabilities. Five-point Likert-scale items are used for gathering three different groups’ feelings, opinions, attitudes towards disabilities and inclusive education. The numbered categories are on continuums like the following: strongly agree (SA), agree (A), neutral (N), disagree (D) and strongly disagree (SD). 5 points

to SA with social models (Statement 2, 3, 6, 7, 8, 9, 10, 11, 12), and 4 to A, 3 to N, 2 to D and 1 to SD. Likewise 5 points to SD with medical model (Statement 1, 4, 5) and so on.

Three groups are chosen by the researcher with Group A (British citizens), Group B (overseas Chinese students in the UK) and Group C (Chinese students will soon arrive at the UK).

Firstly, as to the frequency of the variable, gender and age should be identified. The gender of respondents, 7 out of 12 in Group A are females with 2 out of 16 in Group B and 4 out of 18 in Group C. Due to the special groups strictly selected by the government, less females involved in this programme.

Secondly the age group is the same for Group B and C (28-39) while 67% of Group A are 40+.

Apart from the frequency, 100% of all respondents in three groups support questions 15 and 16, which means every child should have equal right in education and inclusion should be carried out in their respective countries.

Table 1. *The Total Mean Scores of People for Statements 1-12.*

	Group A		Group B		Group C	
	mean	s.d.	mean	s.d.	mean	s.d.
Statement 1	3.5	1.24	2.81	1.11	2.56	0.92
Statement 2	4.75	0.45	4.13	0.96	4.61	0.98
Statement 3	4.42	0.51	4.13	0.74	4.44	0.78
Statement 4	3.5	1.00	2.94	1.06	2.89	0.90
Statement 5	4.42	1.00	3.19	1.05	4	0.84
Statement 6	4	1.21	3.44	1.26	3.94	0.94
Statement 7	2.67	1.23	3.13	1.02	3.56	1.04
Statement 8	4.08	1.08	4.06	0.68	4.33	0.49
Statement 9	4.92	0.29	3.88	1.09	4.47	0.51
Statement 10	3.18	1.08	3.44	1.03	4	0.49
Statement 11	4.92	0.29	4.13	1.02	4.83	0.39
Statement 12	3.58	1.31	3.31	0.79	3.5	0.92

The researcher uses SPSS to process the qualitative data of this survey. As to the specific statements on equal opportunities for the people with physical disabilities or learning difficulties, Group A is the most positive, then Group C and Group B sequentially, as Table One implies.

Table 2. *Total Mean Scores for Statements Based on Equal Opportunities.*

	Group A		Group B		Group C		Total	
	mean	s.d.	mean	s.d.	mean	s.d.	mean	s.d.
Statement 2	4.75	0.45	4.13	0.96	4.61	0.98	4.48	0.89
Statement 5	4.42	1.00	3.19	1.05	4	0.84	3.83	1.06
Statement 6	4	1.21	3.44	1.26	3.94	0.94	3.78	1.13
Statement 9	4.92	0.29	3.88	1.09	4.47	0.51	4.38	0.83
Statement 11	4.92	0.29	4.13	1.02	4.83	0.39	4.61	0.74
Statement 12	3.58	1.31	3.31	0.79	3.5	0.92	3.46	0.98

Especially in Statement 2, 9 and 11, the mean of Group A is close to 5 points with standard deviation is 0.29; the mean of Group C is also high, but deviation is bigger, Group B is the lowest in mean with high standard deviation. Therefore, the statistics above proves hypothesis one, but hypothesis two cannot be supported since obviously Group C is more positive than Group B.

Will it be the Hawthorne Effect for Group C? Table Three will give the answer:

Table 3. Rate for Questions 13-16 based on Contact.

	Group A		Group B		Group C		Total	
	Yes	No	Yes	No	Yes	No	Yes	No
Question 13	91.7%	8.3%	12.5%	87.5%	50%	50%	47.8%	52.2%
Question 14	83.3%	16.7%	62.5%	37.5%	38.9%	61.1%	58.7%	41.3%

There is no doubt, most of Group A have disabled peers in schools although Group B is higher than Group C regarding the peers in schools or universities. But statistics shows that most of Group A have either disabled family or friends which means they are close, while 50% of Group C has close contact with disabled people with Group B 12.5%. This also can explain close contact causes more positive social model attitude towards disabilities. Potentially people with close contact with disabled people have more positive attitude than those who don't. One-year study in the UK might have broadened the minds of the Chinese students in some sense, but as to the inclusion movement, one year is a short time and not decisive to social model attitude forming. On the contrary, close contact with disabled people play more important role in positive attitude forming towards disability.

3.6. Validity, reliability and ethics of the study

Validity refers to the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure. While reliability is concerned with the accuracy of the actual measuring instrument or procedure, validity is concerned with the study's success at measuring what the researchers set out to measure.

The researcher is concerned with both external and internal validity. The results of a study are generalizable or transferable. Qualitative approaches are normally regarded more valid than reliable. Participant observation, case study and interviews are the means the researcher adopts in this study. The data are all first-hand information; therefore, the whole study is both valid and reliable.

However, people usually regard surveys tend to be weak on validity and strong on reliability. The design of questionnaire and the opportunity sampling make the study both valid and reliable.

During the observation, case study, and interview and questionnaire, confidentiality and anonymity are covered. The researcher will inform all the people who contribute to this study about the research in which their schools or interviews have been quoted.

The data is protected and only used in this research.

Results

By means of participant observation, case study, interview and surveys, the two hypotheses are examined. The results are beyond the researcher's expectation. The result of the second hypotheses is that people in the UK will generally hold a more social model approach towards disability than Chinese students in the UK. However, the Chinese students in China will have a more positive attitude towards disability compared to their peers in the UK.

First of all, comparatively speaking British citizens are holding a more Social Model view of Disability based on equal opportunities, but Chinese students in China are holding a more positive attitude towards disability than the overseas Chinese

students in the UK for one year. It shows that UK inclusion movement does not have a great effect upon the group of overseas students, or we can say time as a variable is relatively weak, but contact and close relationship with disabled people, for instance, family or friends, which raised in Statement 13 of the questionnaire plays an important role in the attitude forming more contact with disabled persons, more positive attitude supposed to be. Inclusion movement in the UK maybe have already influenced the group of students in some way, but unfortunately not reflected in the study. Therefore, the second hypothesis are partly right and partly deviant, that is to say, the degree of positive attitude towards inclusive education is: Group A > Group C > Group B.

However, apart from the equal opportunities in education for the disabled people, three groups are less positive in disablement itself since obviously Statement 1, 4, 7 and 10's mean score are all less than 4 points except one 4 points in Group C in Statement 10. From this data analysis, it is still not optimistic for the social model implementation. More social model does not mean all the British are holding a social model of disability. Equal opportunity is the first priority for most people, but for the disablement, three groups are less and less positive. From this point, how to shape people to value being different both physically and intellectually is a big challenge not only for China but also for the UK. The history of disablement is a book of suffering. Shaping people's attitude means you have to educate people because attitude is not born with, but formed when he/she grows up within a certain environment. Further research is still crucial to find out what shapes people's mind more towards disability.

Then the first hypothesis – the Social Model of Disability prevails in the UK and full inclusion for disabled people will be achieved in the near future. The researcher finds out social model of disability are playing a more and more important role, but some people are still holding the medical model, focusing on the impairment other than disability. From the research, most people regard inclusion as 'a good idea', 'a good plan', 'a philosophy', and 'has been very important', 'ideally all should be included in mainstream school'. And only one parent is holding a strong belief and persists in inclusion and thinks that inclusion is 'the only way to go'. Therefore, as to the social model attitude, more efforts have to be made to put it forward even in the UK.

Apart from the social model attitude, full inclusion is usually regarded 'unrealistic', just as Mrs. Lincoln contends,

"At this stage, it would be very difficult to arrange inclusion placements for all kids with learning difficulties. There are a number of reasons. First of all, it is not realistic; secondly, it would require a huge number of staff and therefore a large amount of financial resourcing; thirdly, the buildings in mainstream school have to be made more accessible to our children and it has to speed up enormously; and fourthly, it would have to be a huge input of awareness raising across all mainstream schools, esp. for the staff. It is only most successful when the staff are committed to inclusion. Full inclusion is not at the moment, but might be in the future, and if it starts small, it need build up gradually. It takes time. On the whole, attitudes are very positive, children's attitudes. It has to do with attitude, and training. Training is crucial."

On the one hand, as a professional with 30 years' working experience in special education, she is very positive towards inclusion and is also promoting inclusion programmes in Maple Special School. When she claims that full inclusion is not realistic, she also points out the factors which hinder full inclusion, for instance, staff

resources, financial resources, awareness raising in mainstream school, and commitment. As a matter of fact, all these problems are facing the inclusion movement, but they will be solved with the efforts contributed from all sides in society – government, mainstream schools, special schools, educationalists, parents and disabled children and adults.

On the other hand, how to co-ordinate among so many participants in the society is a big concern. How to well-resource the funding, the staff, and the children is also a big challenge. Inclusion researchers have done all sorts of research focusing on different participants, but how to integrate them all and eventually benefit our children is the priority. Therefore, the second hypothesis is proved partly existing and partly unrealized. Social model of disability and inclusion are the right way to go, but it takes a much longer time to achieve full inclusion.

Finally, the research reveals some ‘answers’ to the questions raised before, but more questions are still open and further research should be carried out to find out what the real answer is. Or some have no answers at all. But from this study, the researcher finds out:

- a. Inclusion staff in special schools are very positive towards inclusion. They regard it as worthwhile. As to the other staff, further research need to be carried out.
- b. Mainstream school staff are more in a dilemma although they agree with the inclusion philosophy. Practice perhaps destroys their confidence.
- c. The inclusion link between special schools and mainstream schools works well. It is efficient which can be reflected from the parents’ comments on the annual inclusion survey, but more resources, back-up and communication between special school and mainstream school are needed.
- d. At this stage it is not realistic to include every child with disabilities into mainstream schools, but it is the right way which inclusive education is heading for.
- e. Our disabled children who are included into mainstream schools become more confident, make more friends and access easier to community life and also certain religion, for instance, Roman Catholic, but generally children benefit more socially rather than academically.
- f. Parents are strongly for inclusion if their children begin to practice, but some parents are not. As to the children’s attitude, the research did not work on it due to certain reasons.
- g. As to equal opportunities in education for disabled people, British people are slightly more positive, but inclusion movement has not influenced the group of overseas Chinese students. Contact with disabled family or friends determines the positive attitude more.
- h. Students in Rainbow Special School are happy where they are and what they are doing.
- i. From Jim’s transferring from Maple to Green Road, more support on the practice of inclusion needs to be enhanced.
- j. Inclusive education is still on the way in the UK, and it is worthwhile to promote it in China.

- k. More government funding/ funding from the LEAS support are crucial to implementation of inclusion in the UK. For China, it is the first concern to explore inclusive education.
- l. Educate the people even within special school and training the staff in mainstream schools and FE for the benefit of inclusion needs more push at this stage.
- m. Involving more parents training in leadership courses is also important.
- n. Time for mutual communication between mainstream and special schools is essential for inclusion programmes.

4. Analysis/Discussion

4.1. *Removing the attitude based on the Medical Model*

As Rieser (2000b) said, disability is due to barriers in attitudes, in the built environment and in the way society is organized, which prevent us from participating on an equal level with others.

Under the medical or individual model, disabled people's inability to join in society is seen as a direct result of having an impairment and not as the result of features of our society which can be changed, and this model also leads to many disabled people internalize the negative message that all disabled people's problems stem from not having 'normal' bodies and they believe that their impairments automatically prevent them from participating in social activities. This internalized oppression can make disabled people less likely to challenge their exclusion from mainstream society.

Morris (1992) claims:

In our efforts to challenge the medical and the personal tragedy' models of disability, we have sometimes tended to deny the personal experience of disability... If we deny this, we will find that our personal experience of disability will remain an isolated one; we will experience our differences as something peculiar to us as individuals – and we will commonly feel a sense of personal blame and responsibility.

Barnes (1988) asserts that all physical impairments have psychological implications and all intellectual impairments have physiological consequences.

The undisputed fact that the increase in medical science has indeed resulted in appreciable advances in the lives of disabled people, such as the increased survival rates of babies with very low birth weights and the eradication of some conditions resulting in disability, but the medical profession has been ascribed the mandate of arbitrating on aspects of disabled people's lives that are of an administrative, and not of a medical nature (Lang, 1999).

According to Lang (ibid), disability is defined primarily as a disease state and purely in medical terms, which means disability is essentially a 'problem', focusing on the individual; the medical model assumes that disabled people are biologically and psychologically inferior to those who are able-bodied, which means that they are considered to be 'not fully human' and also implies that they do not have the competence to make decisions for themselves; disability is seen as a personal tragedy occurring in individuals on a random basis and it is a misfortune.

On the one hand, this model ignored the individual's role functioning and environmental demands, ignored the fact that the individual is a person that works,

and has a family and wants to be actively involved in community and no room for individual differences; on the other hand, this model often objectified disabled people, reduce them to a defective body part, and treats individuals as passive recipients, devalued and treated as inferior and allowed very little control over treatment is not applied well to cognitive, intellectual, or psychiatric disabilities.

Medical students' attitude towards disabled people by means of evaluating the impact of Disability Awareness training on medical school students was once investigated, and researchers found out that disability awareness training for medical students appears to improve attitudes toward disabled people and this kind of improvements should enhance communication with disabled patients.

The researcher followed a colleague in Education Department of Dalton Institute to observe one student's teaching practice in a FE college and noticed the label was put to the 16-18 group as 'slow learners.' Therefore, this makes the researcher ponder how these students are labeled as 'slow learners', why they are labeled and by whom, and what is 'slow learner'.

The researcher took a look at the definition of learning disability. Slightly earlier conceptualization was adopted by convention as the standard definition of Learning Disability:

A learning disability refers to a retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, writing, arithmetic, or other school subjects resulting from a psychological handicap caused by a possible cerebral dysfunction and/or emotional or behavioral disturbances. It is not the result of mental retardation, sensory deprivation, or cultural or instructional factors. (p.73)

The definition of Special Educational Needs (SEN) used in the Education Act 1981 arouses debate and dissatisfaction since it is the medical model pattern in assessing the learning difficulties.

When children fail to meet standards for achievement and behavior set by a classroom teacher, they may be identified as learning disabled, however it is recently suggested that those who fail to meet expectations be accommodated by modifying classroom instruction (Gelzheiser, 1990).

However, many educators suggest that learning disabilities always has been and continues to be an ill-defined special education category (Sleeter, 1990). These children were believed to have suffered minimal brain dysfunction, and once sufficient research had been conducted and publicized, parents, educators, and physicians began to organize and press for appropriate educational services.

People still use the medical model to measure the learning difficulties, to assess the person with it. Therefore, the students are labeled as slow learners. As a matter of fact, every person in the world could be a slow learner in some aspect.

Bishopswood Special School in Oxfordshire proved to many skeptics that children with severe learning difficulties could be successfully integrated into mainstream, with benefits to all the children concerned and not just the children with SEN (O'Hanlon, 1995). When 200 parents of the 'ordinary' pupils were asked if they thought integration was a good thing, 91 percent answered "Yes" (Orton, 1985).

Although in the government Green Paper Excellence for All Children: Meeting Special Educational Needs (DfEE, 1997, p.4), it is clearly shown that the government is committed to develop inclusive education in principle, but as Rieser (2000b) argues,

it lacks an understanding of how deeply ‘medical mode’ thinking permeates the world of education. In addition, the government is easily deflected by those wishing to maintain the status quo of segregated provision. For instance, in the Green Paper, a continuing but ‘redefined role of special schools to develop a network of specialist support’ is proposed (DfEE, 1997, p.47). During the study on inclusive education, both mainstream staff and special school staff insist on the inclusion goes to individual and they don’t believe that every child should be included into mainstream school regardless of their difficulties.

The question is raised ‘Are all the mainstream schools ready to include all the children with learning disabilities?’ ‘Are the staff ready to accept all the kids with learning difficulties?’ The reality tells us inclusion is only a start. Many things are not ready to embrace the full inclusion.

Obviously through this research, what is found out is that all of the people are not ready yet, for instance, the head of the schools, the staff, and even the LEA. The whole society is not ready to move. As mentioned at the outset, inclusion is a process, not a static thing. That’s why we still need to move on to struggle for our kids, to get things ready for the kids who are ‘different’. What can the government do? More funding? What can the mainstream schools do? Get the funding and then start to move? How about the special schools? Closed down overnight? Obviously, all the factors have to be taken into consideration including the government, LEA, mainstream schools, special schools, parents, staff for inclusive teaching, learning support to children with learning difficulties, and the children themselves and also the rest of the ordinary people in society.

It is a truth that prejudicial attitudes towards disabled people and indeed against all minority groups are not inherited. All the prejudices are made socially and culturally; the attitudes based on the medical model of disability are removable.

4.2. Promoting social model and inclusive education in the UK and China

The Labour government has set up a ministerial task force to advise on the implementation of full anti-discrimination legislation based on the ‘social model’ of disability(ibid).

Jane mentioned that it took three years to get one child included into mainstream school. Biklen (2000) points out that whether or not a child would be included or excluded from mainstream education depended not so much on the nature or degree of a child’s disability but on where the child lived, and the prevailing practices of that jurisdiction. Under the social model, the social barriers, such as inaccessible buildings, unusable transport systems as well as pejorative social attitudes, prejudice and institutionalized discrimination, are the real concerns of disability.

Social model views the barriers that prevent disabled people from participating in any situation as being what disables them. The social model makes a fundamental distinction between impairment and disability. Impairment is defined as ‘the loss or limitation of physical, mental or sensory function on a long-term, or permanent bases,’ whereas disability is ‘the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers’ (Disabled People’s International, 1981, in Dreiger, 1989).

Again, Rieser (2000b) regards inclusion is about a child’s right to belong to her/his local mainstream school, to be valued for who s/he is and to be provided with all the

support s/he needs to thrive and strongly emphasizes that inclusion is not a static state like integration, but a continuing process involving a major change in school ethos and is about building a school community that accepts and values difference.

As Rieser (*ibid.*) claims, if inclusive education is to be effective, teachers have to adopt ‘social model’ thinking about disabled people. They must analyse the growing documentation of good practice, but they should also be aware of the barriers which prevent inclusion. These include physical barriers, communication barriers, social barriers, attitudinal barriers, educational barriers and institutional barriers and emotional barriers:

Physical barriers: the separate special school system and inaccessible school buildings and equipment;

- a. Communication barriers: lack of appropriate signing, Braille and augmented communication, a lack of the use of plain jargon-free language, or of appropriate computers and other aids;
- b. Social barriers: separate classes or units, or ‘discrete’ courses within mainstream provision, which can lead to isolation and a lack of non-disabled friends;
- c. Attitudinal barriers: ignoring, bullying and devaluing us, denying the history, experience or culture of disabled people;
- d. Educational barriers: inadequate and inappropriate staffing levels, training or material resources within mainstream schools to address the real teaching and learning needs of all;
- e. Institutional barriers: the rules, regulations and procedures, including inappropriate testing, targets and examinations, that discriminate against disabled people;
- f. Emotional barriers: low self-esteem, lack of empowerment and the denial of the chance to develop worthwhile reciprocal relationships.

Only when we get to know all sorts of barriers which could be facing us, is it the time for us to remove all these barriers and help all the disabled people lead a happier life, which everyone in the world should deserve?

Under the social model, society disables the people with impairments and then the society has the responsibility to dismantle these disabling barriers so as to promote the inclusion of people with impairments as the Manchester City Council does.

As Abberley (1996) points out a barrier-free utopia, in which all disabled people can gain employment, is not viable. What the disability movement does is to protect the minority people as well as the ‘normal’ people once they are unable to work.

One disabled person describes his own experience of finding the new life of social model and says the social model is the Disabled people’s movement’s key to dismantling the traditional conception of impairment as ‘personal tragedy’ and the oppression it bequeaths, suggests that we need to focus on Disability and impairment: on the external and internal constituents they bring to our experiences and suggests disability and impairment also interact. Impairment must be present in the first instance for Disability to be triggered. This does not mean that impairment causes Disability, but that it is a ‘biological precondition’ for that particular oppression. However, impairment can also be triggered or compounded by Disability (and other inequalities).

Rieser (2000b) suggests schools should adopt a ‘social model of disability’ in order to become inclusive and they must identify the barriers within the school’s environment, reaching and learning strategies, attitudes, organization and management that prevent the full participation of disabled children and, as such, are part of the social oppression of disabled people.

Funding is also worth gaining our attention, not only in primary school, middle school, but also in Further Education. Tomlinson Report (Inclusive Learning) identifies three aspects of provision where changes are required: across the FE sector as whole, in colleges and in classrooms. But as Young and Spours note that in any successful reform, it is necessary to recognize the “interdependence of qualifications, funding and institutional capacity” (1997:93). Therefore, to implement full inclusion in FE need take all the factors into consideration, for instance, funding, college resources, staff development, support services. All these factors are part of the difficulties we have to face and overcome during the course of final inclusion in FE.

Inequality is perhaps the most salient fact of contemporary British society. Is the idea of lifelong learning linked with equality, democracy, and active and inclusive citizenship really too ideal? Is the full inclusion of disabled people too ideal, too unrealistic in this society? Does lifelong learning mean something to disabled people? Could they gain their equal citizenship to be educated? How long does it still take for inclusive learning carried out in FE?

Booth (2000) says if inclusion is about the development of comprehensive community education and about prioritizing community over individualism beyond education, then the history of inclusion is the history of these struggles for an educational system which served the interests of communities, and which does not exclude anyone within those communities.

Based on Rawls's theory of justice and differential compensation, the formulation and implementation of inclusive preschool education policies should fully consider the learning and development needs of different children, integrate the concept of inclusive education, and ultimately enable all children to benefit from the policy and achieve true educational equity.

According to the Disabled Persons’ Career Development Statistic Communique of 2022 from the Chinese Disabled Persons’ Federation (2023), in order to implement the 14th Five-Year Plan for the Development and Improvement of Special Education to create better conditions and environment for the education of persons with disabilities, the Implementation Plan for the Assistive Devices in Schools Project was issued to provide adaptive services for students with disabilities in need during the compulsory education stage in conjunction with the Ministry of Education. There are 118 special education ordinary high schools (departments and classes) nationwide, with 11,431 students, including 6,506 deaf students, 1,736 blind students and 3,189 others. There are 184 secondary vocational schools (classes) for the disabled, with 19,014 students and 5,157 graduates, and 1,473 of them have obtained vocational qualification certificates. In the higher education stage, 30,035 disabled students are enrolled, including 17,644 higher vocational (junior college), 10,703 undergraduates, 1,520 master’s students and 168 doctoral students.

Therefore, inclusion depends on the extent to which all children get what they need to grow and develop, and how open the teacher and the children in the class are to learn and respect each and every child’s experience. Inclusion fundamentally

challenges the traditional approach which regards impairment and disabled people as marginal, or an ‘after-thought’, instead of recognizing that impairment and disablement are a common experience of humanity and should be a central issue in the planning and delivery of a human service such as education (Rieser, 2000b).

In both UK and China, social model of disability and inclusive education are to be enhanced and promoted for the benefit of all people.

5. Conclusions

As stated at the outset, inclusion is a process, not a static state. Every child has the right to be included in his/her local mainstream school and be with his/her peers. There are lots of difficulties in the way to the target of full inclusion.

Regardless of personal wishes, therefore, being labeled is a fact of life for all disabled people in the contemporary (Finkelstein, 1993), and we have to find different ways of learning from each other, and more importantly we have to find different ways of being together (Whittaker & Kenwothy, 1995).

Potts (1995) thinks that the idea of a fully-inclusive education system is a luxury for the First World, that other countries cannot afford it. Comparing UK and China regarding full inclusion, it will take a few more decades to strive for it in the UK and a much longer time for China. In the UK, relatively complete security and welfare system guarantee the basic living, whilst in China, lots of social systems still need improvement and a fully-inclusive education covers a much wider range than disability.

TALES OF INCLUSION

‘I can’t myself raise the winds that might
blow us into a better world. But I can at
least put up the sail, so that when the wind
comes I can catch it.

E. F. Schumacher author of ‘Small is Beautiful’

The sail is on for over three decades, and the dream of full inclusion is coming true.

Conflicts of Interest

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