Inclusion in education – what are the benefits and how do we make it successful?

All over the world, more and more children with Down syndrome are going to mainstream schools – we need to evaluate outcomes and to share good practice

The first two articles in this issue focus on inclusion in education based on experience in the UK and in the Netherlands. In the last issue we shared the experience and advice of teachers in New Zealand and we hope to continue this international focus on inclusion as, while school systems vary from country to country, we suspect that the key principles which lead to successful inclusion are the same.

The drive for inclusion has been partly based on a human rights approach, which defends the right of all children to be full members of their communities – seen as children first and not segregated on the basis of disability, and partly on the belief that children will make better social, psychological and educational progress if educated with typically developing peers. All pioneers for change have a vision of what will be achieved but if we want to ensure that the benefits are being achieved then we need to be evaluating outcomes and identifying the factors which enable parents, schools and teachers to develop successful inclusion.

My first experience of being involved in major attitude and service change was during the move from institutional to community care for adults with intellectual disabilities in the 1970s. There was no doubt that to move people from long-stay hospitals to give them the chance to lead ordinary lives in the community was right – but it could be done well or done badly as we soon found out. If done well, the aims were achieved and people had fuller and more ordinary lives but if done badly, people were more lonely and isolated than they had been in institutional care. The same is true of inclusion in education – done well, everyone benefits and many case studies from schools and parents show this to be the case. However, there are also many reports of unsuccessful inclusion, where the child is probably not benefiting and is unhappy, while staff are stressed and feel they have failed.

The next two articles address these issues. The first describes a unique opportunity to evaluate the benefits and the disadvantages of special and inclusive education, unique because it was possible to compare the progress of teenagers of similar abilities and family backgrounds within the two school systems. Research like this will no longer be possible in the UK as now most children with Down syndrome start in mainstream schools and only those with more significant disabilities start in special education. Readers will see that there are some very significant benefits but that we also still need to work on social inclusion.

The second article links well with the first as it focuses on social inclusion and how parents and teachers can take practical steps to make sure that children are fully socially included – in and out of school. It is based on the author’s extensive professional experience of evaluating inclusion in the Netherlands and his experience as a parent. Gert de Graaf has provided some important and practical guidelines on how to give children with Down syndrome the best possible start in their preschool years and then how to ensure full and successful inclusion in school and in the community.

Both articles have relevance for parents and practitioners with children from preschool to secondary school age. At the end of the articles we provide a guide to resources to support teenagers in secondary education and to support inclusion in education. Inclusion is likely to be a regular feature in Down Syndrome News and Update so please send us your contributions – we would welcome both articles and letters. We would like to provide a forum for discussion of the issues that we raise so we would particularly like to hear the views of those who disagree as well as those who agree with opinions expressed on our pages.

Editor