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# Key Lessons Learned About Inclusive Education: summary of the 1996 Schonell Memorial Lecture

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ABSTRACT *This article summarises some of the primary content presented in the Sixteenth Schonell Memorial Lecture at The University of Queensland on July 29, 1996. The content addressed four major topics related to the education of students with disabilities in general education classrooms with support, including: (a) characteristics of inclusive education, (b) key lessons learned about inclusive education, (c) tools to facilitate inclusion, and (d) the impact of inclusion on students with disabilities as well as their classmates without disabilities, teachers, and families.*

> On a cool day, an unexpected change in schedule meant the children's recess period would be shorter than usual. Noting the change, the classroom assistant suggested to the teacher that she stay inside during recess with Mark, a student with multiple disabilities. She explained to the teacher, "By the time I get him out of his wheelchair, dressed for the cool weather, and back into his wheelchair, the shortened recess will be nearly over." This seemed like a logical suggestion to the classroom teacher until Mark's classmate, Amy, said, "Why don't we just leave Mark in his wheelchair, put his coat on backwards, and tuck it in around the sides. That should keep him warm enough; it's not that cold out! Then he can be with us." Overhearing the conversation, another classmate, Bryan, raised a good point, "What will the kids in the other classes say? Won't it make Mark look weird if he goes to recess with his coat on backwards?" Amy replied, "It won't look weird if everybody does it." That day Ms Lopez, her classroom assistant, and every child in her fourth-grade class went to recess with their coats on backwards. (Adapted from Baumgart & Giangreco, 1996, p. 79)

It was no accident that such a creative idea was generated by the students in Mrs Lopez's class. Though people are naturally creative, these innate abilities too often are suppressed in school in favour of conformity and standardisation. In this case, the teacher had nurtured an inclusionary atmosphere and demonstrated through her interactions with students that she valued their problem-solving input. Such class-

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rooms provide rich opportunities for learning and development, not only for students like Mark who historically have been excluded from regular classrooms, but also for students without disabilities and the adults who teach them. This article describes the characteristics of such classrooms, summarises some of the key lessons learned about inclusive education efforts, presents some tools to facilitate inclusive education, and describes some of the positive impact inclusive education has had on students, school personnel, and families.

## Characteristics of Inclusive Education

People have used the term "inclusive education" in so many different ways, it is important to explain what is meant by the term in the context of this article. Many practices have been labelled as "inclusion" which are not inclusive in nature. This has led to misplaced criticism about inclusion, when in fact what was being criticised often was either: (a) not inclusive, (b) a partial implementation effort, or (c) poor quality efforts. As my friend and colleague, Michael Hock says regarding inclusive education: "Doing it wrong doesn't make it wrong!" (personal communication, December 15, 1995). Contrary to popular belief, "Inclusion" is *not* a disability issue. It merely has been brought to the forefront of public awareness by the presence and needs of students with disabilities. More accurately, inclusion is an educational equity and quality issue for *all* students because, when done well, it has the potential to benefit students with a full range of characteristics.

Inclusive education means:

1. *All* students are welcomed in general education classes in their local schools. "Inclusion for some" is a contradiction in terms.
2. Students are educated in classes where the number of those with and without disabilities is proportional to the local population.
3. Students are educated with peers in the same age groupings available to those without disability labels.
4. Students with varying characteristics and abilities participate in shared educational experiences while pursuing individually appropriate learning outcomes with necessary supports and accommodations.
5. Shared educational experiences take place in settings predominantly frequented by people without disabilities (e.g., general education classroom, community work sites).
6. Educational experiences are designed to enhance individually determined valued life outcomes for students and therefore seek an individualised balance between the academic/functional and social/personal aspects of schooling.
7. Inclusive education exists when each of the previously listed characteristics occurs on an ongoing daily basis. (Giangreco, Baumgart, & Doyle, 1995)

We will know that inclusive education has fully arrived when designations such as the "inclusion school," the "inclusion classroom," or the "inclusion student" are no longer part of our educational vocabulary. To paraphrase Biklen and Knoll (1987, p. 21), inclusion survives as an issue only so long as someone is excluded.

## Key Lessons Learned About Inclusive Education

Each feature listed next represents a positive characteristic present in places where inclusion is thriving and, conversely, a problem in places where inclusive efforts are partial or nonexistent.

### *Collaborative Teamwork*

Collaborative teamwork is essential to quality inclusive education. Although it is common for many adults (e.g., classroom teacher, special educator, speech/language pathologist, instructional assistant, physiotherapist) to be assigned to work with a particular student, having a group does not make it a team—even if it is referred to as one. Some groups display the facade of a collaborative team by having team meetings, using meeting agendas, communicating with each other, and even reaching consensus. While all of these practices are desirable, they are of little value unless the group adheres to the most foundational characteristic of teamwork—having common goals. Without shared goals, group members often come together and agree to head in different directions. This leads to fragmented and disjointed programs that leave students with less than an appropriate education, families frustrated, and teachers feeling unsupported. Authentic collaboration among team members remains an essential cornerstone of quality inclusive education (Rainforth & York-Barr, 1997).

### *Developing a Shared Framework*

Recent research on attitudes of school personnel and parents who have children with disabilities indicates significant intra-team differences regarding how members think about some of the most basic issues pertaining to inclusive education such as: (a) appropriateness of general class placement, (b) educational program content, (c) the need for natural versus specialist supports, (d) criteria for determining support service provision, and (d) who should retain authority to make support service decisions (Giangreco, Edelman, MacFarland, & Luiselli, 1997). These data suggest that many teams do not have a "shared framework," meaning an ever-evolving set of beliefs, values, or assumptions about education, children, families, and professionals to which all team members agree and upon which they base their actions (Giangreco, 1996a). Development of a shared framework helps identify the common denominators that exist among team members who often hold diverse opinions. If a group does not work to clarify a shared framework on an ongoing basis it will perpetually interfere with their work and they will be unlikely to become a true team.

### *Involving Families*

Problems exist when the involvement of parents whose children have disabilities is perfunctory or marginalised. Too often professionals assume an expert posture with

families, rather than a collaborative one. Successful professionals recognise the importance of working collaboratively with families and interacting with them in individualised ways (Davern, 1996; Dennis & Giangreco, 1996). The family is part of the collaborative team and should be considered a primary consumer of educational and support services. I suggest that professionals approach their interactions with families based on the following assumptions: (a) families know certain aspects of their child better than anyone else, (b) families have the greatest vested interest in seeing their child learn, (c) the family is likely to be the only group of adults involved with a child's educational program throughout his or her entire school career, (d) families have the ability to influence positively the quality of educational services provided in their community, and (e) families must live with the outcomes of decisions made by educational teams all day, every day (Giangreco, Cloninger, & Iverson, 1993).

*General Educator Ownership*

It has been my experience that where quality inclusive education exists, the general education classroom teacher considers himself or herself primarily responsible for educating the students with disabilities who are placed in the class. These teachers consider the students with disabilities as full members of the class. It is not uncommon for classroom teachers to describe their initial reactions to inclusion with terms like "scared," "nervous," "apprehensive," "angry," and "worried" (Giangreco, Dennis, Cloninger, Edelman, & Schattman, 1993). These teachers often have volunteered to have the student with disability in the classroom with the understanding that someone else, such as a special educator or instructional assistant, will really be the person who is responsible for educating the student. Although this is a common phenomenon, it is fraught with pitfalls and rarely successful.

In a study of 19 general education teachers who had a student with severe disabilities in their class for the first time, all of the teachers began the experience with some apprehensions or misgivings. In 17 of the 19 cases, these teachers experienced a transformation where their attitudes toward the inclusion of the student with disabilities changed. They described their transformed attitudes with terms like, "positive," "successful," "interesting," "amazed," and "pleased" (Giangreco, Dennis *et al.*, 1993). As one teacher stated:

> I just realized that he had been in my classroom for a month or so, and I had no contact with him really. I have a student in my classroom and I don't even think I have ever touched him. You know, I had so much physical contact with all the other first graders, patting them on the back, going up to them and talking to them. Other than saying "Hi Jon" when he came in the room, I basically didn't have any contact with him. I started realizing at that point that I have got to have some impact on him. He's one of my students.
>
> I think I started looking at it as, "I'm the teacher here." I'm the one that

> got the education, got the certificate for teaching. I'm responsible for every other student. I should be responsible for this student too.
>
> I started seeing him as a little boy. I started feeling like he's a person too. He's a student. Why should I not teach him? He's in my class. That's my responsibility, I'm a teacher! (Giangreco, Dennis *et al.*, 1993, p. 365)

Teachers who transformed their approach to their students with disabilities recognised their lack of ownership for the child's education and then took actions to assume that ownership and responsibility. This often started with simply getting to know the student as a person, talking with them, playing with them, and teaching them. The general class teacher is likely to be the only certified professional in the classroom all day and therefore must be involved integrally in educating all children in the classroom. Too often we inappropriately leave the responsibility for teaching our most challenging students to the person who potentially is the least trained or qualified, the instructional assistant.

### *Clarifying Roles of Special Educators*

When students transition from special education class to general education class, the roles of special educators often change and can become unclear. Special educators who have been accustomed to teaching a class of their own may find themselves in the unanticipated role of supporting general education teachers. Some special educators express concern that they are doing less teaching and more case management administration. There is little doubt that the roles of special educators are changing with the proliferation of inclusive education. Within the context of collaborative teamwork, the changing roles of special educators as support service personnel within general education classroom need to be clarified. Potential roles include, but are not limited to: (a) adapting curriculum, (b) providing individualised instruction, (c) providing small or large group instruction for heterogeneous groups that include students with disabilities, (d) adapting instruction to facilitate inclusion of students with disabilities in general education activities, (e) selecting and adapting materials, (f) training and sharing supervision of instructional assistants, (g) sharing the responsibility to be a liaison with the family, and (h) sharing responsibilities to coordinate support services.

### *Use of Paraprofessional Staff*

As students with increasingly severe disabilities are educated in general education classes there has been an explosion in the number of paraprofessional staff assigned to work with these students in general education classes. While many of these hard-working employees can be essential support personnel, the ways in which paraprofessionals are used varies widely as does their impact. A recent study documents that paraprofessionals assigned to students with severe disabilities spend a great deal of time in close physical proximity to the student. While this is not surprising, and at times necessary, the research documents that excessive close

proximity can also be detrimental (Giangreco, Edelman, Luiselli, & MacFarland, in press a). This study identified a series of problems related to excessive proximity of paraprofessionals to students with disabilities, including:

- interference with ownership and responsibility by general educators;
- separation from classmates;
- dependence on adults;
- interference with peer interactions;
- limitations on access to competent instruction;
- loss of personal control;
- loss of gender identity by students with disabilities; and
- interference with instruction of other students.

To address these concerns the authors suggest that school personnel:

- reconsider the hiring of assistants for classrooms rather than for individuals;
- provide awareness training on the harmful effects of excessive proximity;
- clarify roles of general education teachers pertaining to students with disabilities;
- provide paraprofessionals with training in instructional procedures and fading prompts;
- ensure that inclusion is planned by a qualified teacher in conjunction with a team of appropriate support personnel;
- ensure competency-based training for paraprofessionals, including ongoing supervision by the teacher and/or special educator;
- ensure that paraprofessionals have input into planning, but that final accountability rests with the professional staff;
- ensure that assignment of paraprofessionals should consider the needs of the entire class; and
- conduct continued research on better ways to support all students in the classroom.

*Determining Support Services*

Personnel such as occupational therapists, physiotherapists, vision and hearing specialists, and speech/language pathologists can be vital to supporting the education of some students with disabilities in general education. Unfortunately, ongoing problems exist coordinating these and other interrelated disciplines in ways that classroom teachers actually find supportive (Giangreco, 1995; Giangreco, Edelman, Dennis, Prelock, & Cloninger, 1997). In some cases, the need for support services is a driving force affecting where students are placed and what their educational program consists of (Giangreco, Edelman, & Dennis, 1991). Although such scenarios exist, they are somewhat analogous to "putting the cart before the horse." In other words, students do not attend school to receive support services. They receive support services so they can access and participate in school. A process to facilitate support service decision-making and coordination, VISTA (Vermont Interdependent Services Team Approach) (Giangreco, 1996a) is discussed later in this article.

*Developing Meaningful Individualised Education Plans*

Although developing individualised educational plans for students with disabilities has been a staple of exemplary practice for over two decades, too often these plans do not meet their intended purpose, to provide a road map for curriculum and instruction. Plagued by problems such as excessive length, broad goal statements that provide limited direction, separate goals for each discipline, confusion between learning outcomes and supports, and unnecessary use of professional jargon, these documents often languish in file drawers rather than find their way into daily use by school staff (Giangreco, Dennis, Edelman, & Cloninger, 1994).

As an alternative, individualised educational plans can include a small set of shared goals that represent the highest learning priorities for the student from a family-centred perspective (Giangreco, Cloninger, & Iverson, 1993). To avoid having a program that is unnecessarily narrow, teams are encouraged to identify a set of additional learning outcomes that will be targets of instruction. These will be documented, but not as extensively as the small set of priorities. Lastly, teams are encouraged to document the general supports necessary for the student to access and participate in his or her educational program (e.g., specialised positioning, being fed, having material translated into Braille). These general supports are those things done to or for the student; therefore, they are not learning outcomes for the student. Some individual educational plans mistakenly list general supports (e.g., John will be repositioned every hour) as annual goals, when in fact they are not learning outcomes for the student. Especially for students with severe or multiple disabilities, this can lead to educational programs that are unnecessarily passive and do not fully explore the learning potential of students with disabilities (Giangreco, Dennis *et al.*, 1994).

*Evaluating the Effectiveness of Education*

Evaluating the effectiveness of one's own teaching is important for adjusting and improving future instruction. We commonly evaluate our teaching through the achievements of our students. To determine the extent and quality of student learning, the team initially must have done a good job of determining important and appropriate learning outcomes. Although evaluation for students with disabilities may take some of the same forms as it does for other students (e.g., written tests, reports, projects), some students with disabilities will need alternative testing accommodations. Additionally, portfolio assessments that have become popular in general education can be adapted for use with students with disabilities.

Often we assume that if students without disabilities get "good grades" this will translate into future life success in education, employment, and opportunities. Although differing for each student, this assumption can be very dangerous to make when discussing the future of students with disabilities. While traditional forms of school testing and evaluation may provide certain types of information, they are insufficient for evaluating the impact of our teaching. Unfortunately, we have far too many graduates with disabilities whose post-school lives are marked by unemploy-

ment, health problems, loneliness, or isolation from community life, despite the fact that their progress reports were glowing. Therefore, we need to continually evaluate whether a student's achievement is being applied to real life as evidenced by her physical and emotional health, positive social relationships, abilities to communicate, self-advocate, make informed choices, demonstrate personal growth, and increasingly access places and activities that are personally meaningful. In so doing, we can strive to ensure that our teaching will really make a positive difference in our students' lives (Giangreco, 1996b).

## Tools to Facilitate Inclusive Education

The following sections describe three tools developed or adapted in conjunction with colleagues that have been successful in facilitating inclusive education.

### *COACH*

*COACH—Choosing Options and Accommodations for Children: A Guide to Planning Inclusive Education* (Giangreco, Cloninger, & Iverson, 1993) is a planning process designed to assist individual student planning teams in identifying the content of individual educational programs for students with moderate to severe disabilities in inclusive educational settings and activities. Although COACH primarily has been used with this low incidence population, its concepts and procedures are generically applicable for use with students who have a much wider range of characteristics, with minor adaptations to its content. COACH includes steps to determine:

- priority learning outcomes using a Family Interview;
- additional learning outcomes from COACH and the general education curriculum;
- general supports to be done to or for the student;
- annual goals and short-term objectives based on priority learning outcomes;
- a Program-at-a-Glance to summarise components of a student's educational program;
- organisation of the team to implement the COACH-generated educational program;
- scheduling individualised content within general class activities;
- lesson plans and adaptations; and
- evaluation of the impact of educational experiences (Giangreco, Cloninger, & Iverson, 1993; in press).

A series of research studies have been undertaken in an effort to more fully understand its use and impact, and ultimately to generate information so that it may be improved (Dennis & Giangreco, 1996; Giangreco, Cloninger, Dennis, & Edelman, 1993; Giangreco, Edelman, Dennis, & Cloninger, 1995).

*VISTA*

*VISTA—Vermont Interdependent Services Team Approach* (Giangreco, 1996a) is a systematic, collaborative decision-making process to assist educational teams serving students with disabilities in inclusive settings determine and provide support services that are educationally relevant and necessary for a student to either gain access to, and/or participate in his/her educational program (e.g., pursue educational goals). VISTA is designed to explore interrelationships among team members and to address the aforementioned team coordination problems. VISTA also seeks to:

- avoid undesirable gaps, overlaps, or contradictions in services;
- employ consensus decision-making based on shared student goals;
- consider the extent to which professionals representing various disciplines should release their traditional roles to other team members;
- consider the extent to which the input and methods of team members are combined to address student needs;
- provide for physical care needs in the same locations they would be provided to students without disability labels (e.g., suctioning in the health office, bowel and bladder care in the bathroom) to ensure student dignity;
- pursue student learning outcomes in the least restrictive settings accessed by people without disability labels (e.g., eat lunch in the cafeteria at the same time as peers);
- use methods of teaching and learning that are the most normalised, least intrusive, and least stigmatising; and
- evaluate the impact of support services on students' access to education, participation in the educational program, pursuit of individually appropriate learning outcomes, and ultimately, valued life outcomes (Giangreco, 1996a; Giangreco, Edelman, & Dennis, 1991).

VISTA is designed to improve educationally relevant and necessary support service provision by employing strategies whereby:

- team members assist students in achieving a single set of goals that have been individually selected as family priorities, are "discipline-free", and are referenced to valued life outcomes;
- together, team members consider their function and the interrelationships among their disciplines by actively exploring potential gaps, overlaps, and contradictions;
- team membership includes the family and professional staff as partners in consensus decision-making;
- suggested services are determined reciprocally by asking both the sender and proposed receiver of a proposed service;
- educational relevance and necessity is established by referencing the potential services to the identified educational program and a standard that services be "only as special as necessary;"
- decisions about frequency, mode of provision (e.g. consult), and location are made by referencing services to functions served; and
- services are implemented and their impact evaluated on an ongoing basis.

Ongoing research is being conducted designed to refine, implement, and evaluate support service decision-making using VISTA (Giangreco, Edelman, Luiselli, & MacFarland, 1996, in press b).

### *Creative Problem Solving*

School personnel often face the challenge of how to address the individualised educational goals for a student with disabilities within the context of typical class activities. The Osborn-Parnes Creative Problem Solving process (CPS) is a generic problem-solving process (Osborn, 1953; Parnes, 1988, 1992). CPS has six primary stages.

*Stage 1: Visionising or objective-finding.* At this initial stage, the problem solvers heighten their awareness through imagining potential challenges. First, they are divergent, considering a variety of possible challenges. Then, they converge to start the process of solving a selected challenge.

*Stage 2: Fact-finding.* Problem solvers gather as much information as possible by using all their perceptions and senses. By asking "who, what, where, when, why, and how" questions, problem solvers are divergent in considering multiple perspectives regarding the challenge. They finish this stage by identifying facts they believe to be most relevant to the challenge.

*Stage 3: Problem-finding.* The purpose of this stage is to clarify the challenge or problem by redefining it in new and different ways by rephrasing the challenge as a question, "In what ways might I/we …?" and by asking the question "Why?" or "What do I/we really want to accomplish?" This process is repeated until the problem solvers restate the problem in a way that makes the most sense and is most appealing to them.

*Stage 4: Idea-finding.* At this stage, the objective is to defer judgment while generating as many ideas as possible to potentially solve the challenge. Playfulness and wild ideas are encouraged. To come up with ideas beyond the obvious, problem solvers attempt to make new connections between ideas through analogies, manipulations of ideas (e.g., magnifying, minifying, reversing, eliminating), and hitchhiking (i.e., making new associations by building on someone else's idea).

*Stage 5: Solution-finding.* At this stage of the process, a variety of criteria are considered and ultimately selected for evaluating the merit of ideas. Problem solvers use the criteria to assist in selecting the best solutions.

*Stage 6: Acceptance-finding.* The problem solvers refine the solutions to make them more workable. The objective is to turn ideas into action through the development and implementation of an action plan. Regular evaluation of the solution helps problem solvers discover new challenges and ways of addressing them as the action plan is carried out.

Variations of the CPS process have developed specifically to address curricular and instructional adaptation issues as they pertain to inclusive education (Giangreco, 1993; Giangreco, Cloninger, Dennis, & Edelman, 1994).

**Impact of Inclusive Education**

The following sections list examples of the positive impact inclusive education has had on students with disabilities, their classmates without disabilities, their teachers, and their families. While not all of the benefits listed necessarily exist in all cases, they represent a range of benefits that have been experienced when inclusion of reasonable quality has been provided based on observations and research conducted in the United States (Giangreco, Dennis, Cloninger, Edelman, & Schattman, 1993; Giangreco, Edelman, Cloninger, & Dennis, 1993; Helmstetter, Peck, & Giangreco, 1994; Hunt, Staub, Alwell, & Goetz, 1994; Janney & Snell, 1996; Kozleski & Jackson, 1993; Peck, Donaldson, & Pezzoli, 1990; Rankin *et al.*, 1994; Salisbury, Palombaro, & Hollowood, 1993; Sharpe, York, & Knight, 1994; York, Vandercook, Macdonald, Heise-Neff, & Caughey, 1992).

*Impact on Students with Disabilities*

- Educational programs are more relevant and focused.
- Increased access to typical environments (e.g., school, community, work).
- Access to new experiences/opportunities in school and beyond school.
- Access to peer models.
- New relationships and friendships.
- Raised expectations.
- Increased awareness and responsiveness to people environment activity.
- Increased skill acquisition.
- Greater enjoyment of school.

*Impact on Students without Disabilities*

- Increased appreciation of human diversity.
- Increased responsiveness to the needs of others, with and without disabilities.
- Increased comfort interacting with people with disabilities.
- New relationships and friendships.
- Social/emotional growth.
- Did not interfere with the quality of their education (e.g., academic achievement).
- Provided opportunities for solving real life problems.
- Developed ethics/values of caring and commitment to others.
- Reflected in ways that led to personal growth.

*Impact on Professionals*

- Improved intra-team communication and functioning.
- Decreased professional isolation.
- Increased teacher reflection.
- Increased ownership and accountability for students with disabilities.
- Encouraged teachers to be learners.

- Recognised importance of welcoming and modelling acceptance of all students.
- Experienced pride in their openness to change.
- Increased confidence in their ability to teach students with a wide range of characteristics.
- Led to better working relationships and more positive views of families.
- Learned skills to teach *all* children better.
- Led to changes in support services advocated for by classroom teachers.
- Increased satisfaction with their work.

*Impact on Families*

- Established parents as team members.
- Increased family involvement in planning the educational program.
- Provided families with a forum to express their ideas and be heard.
- Assisted families in clarifying their desires and raising expectations for their child.
- Family involvement had an equalising effect with professionals.
- Shifted decision-making control toward consumers.
- Learned to become better consumers of educational and support services.
- Created new social opportunities for families through the social networks of their child.

## Conclusion

Inclusive education has the potential to benefit students with and without disability labels, their families, and professionals. When inclusive education is thoughtfully individualised and implemented with quality, the probability of positive outcomes increase. At this point in time we know enough to provide quality inclusive experiences for the full range of students with disabilities; obviously there is always more to learn. Effective inclusive education models, strategies, conceptual frameworks, and documented benefits exist far beyond those described in this summary. Inclusive education is being implemented with increasing frequency around the world. To paraphrase Donald Baer's (1981) wisdom regarding advocacy for people with disabilities, you can help it, you can hinder it, or merely watch it. Your decision and subsequent actions, whatever they are, *will* matter. American humorist Will Rogers reminded us that remaining stationary is not much of an option when he said, "Even if you're on the right track, you'll get run over if you just sit there!"

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