

**Raising awareness isn't enough: The role of the psychology of education in disability-related  
justice and inclusion in primary classrooms**

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## Abstract

**What:** When it comes to education, disability inequality is arguably a structural and systemic issue. The social model of disability, enshrined in teacher education programmes in the UK espouses the ways in which school environments rather than disabled children themselves, need to adapt and change. However, the role of psychology in addressing disability-related systemic injustice is less clear. The aim of this paper is to consider the potential role of the psychology of education in working towards disability justice in schools.

**Why?** Many inclusive teacher-education programmes set out the ways in which environments may be created to include disabled children. Psychologists have focused on disabled children's needs to access and participate in the classroom, but often do not consider their exclusion in social model terms, from curriculum materials, classroom displays, or material culture more generally. Favazza and colleagues (e.g. 2017) now offer a sizeable body of research showing that disability representation in school classrooms is negligible. This lack of representation is reflected among the staff in the teaching profession, where the 2016 census suggests that 0.5% of English teaching staff declared a disability (DfE, 2017) and more recent census data shows disability data were not collected (DfE, 2023a). It is this lack of representation of disabled people, and its possible psychological underpinnings, that this paper addresses.

**How?** This paper uses social and affirmative model lenses to (a) explore the ways in which disability may be seen as a structural inequality in contemporary UK education, and (b) suggest ways in which researchers and practitioners in the Psychology of Education may work to towards disability justice. This may be achieved by considering extant research practice, and

through research focusing on perceptions of and attitudes towards disability, alongside existing psychological work that focuses on disabled children's individual needs.

## **Raising awareness isn't enough: The role of the psychology of education in disability-related justice and inclusion in primary classrooms**

Few things cause me more dissonance today than remembering that time, when taking a computerised GCSE examination, I sat the whole test with my left arm straddled across my body to use the mouse on the right-hand side (I am left-handed). As someone who has hemiplegia, the muscles on my right side are weak, and without fine motor control. But, at that point in time, ridiculous as it now seems, I was so used to a world set up for right-handed and non-disabled people (and nervous from examinations-mode), that moving the mouse to the left-hand side of the keyboard simply did not occur to me: rather, it was on me to adapt my body to fit the examinations environment as I came to it. I was in a mainstream school, and as such, was expected (and indeed, as a teenager, wanted) to fit into that world. Indeed, it wasn't until I had completed my undergraduate degree, and was already a long way into my PhD, that I was pointed to alternative ways of understanding when to fit in, and when to call out inaccessibility. My learning has taken me from understanding hemiplegia as medical defect, towards understanding it, and people's reactions to it, as coming from social perceptions of the place of disabled people in society. And, that society is not built for disabled people; rather, from a psychological, historic, socio-political, and institutional point-of-view, disabled people are at a structural disadvantage. The coronavirus pandemic recently epitomized the systemic nature of inequalities, where disabled people were at higher risk of death (Harrison et al., 2020). Psychologically, more disabled people (45.1%) said they were "very worried" about the effects of the pandemic on their quality of life than non-disabled people (30.2%) (Office for

National Statistics, 2021). At the same time, self-isolation for a large number of disabled people was impractical, and the United Kingdom's Coronavirus Act (2020) shelved the Care Act (2014) in England, and its counterpart in Scotland (Shakespeare et al., 2022). Strangely, however, as Shakespeare et al. (2022) contend, in spite of these structural changes revealing a skewed impact on disabled people, disabled children were missing from important analyses and reports when it came to experiences of education. As I will later show, not reporting statistics for disabled people is a frequent occurrence. Systemic differences, such as these, both in the impact of events, and their (non)place in research reports, are not created by the actions of disabled people (e.g. Meekosha & Shuttleworth, 2009). This paper is grounded in my learning journey towards understanding disability as a structural inequality. It considers the role Psychology and Education play, disciplines in which I now find a meaningful academic endeavor, in contributing to my former understandings of impairment, as well as ways in which the psychology of education may be harnessed to bring about social change.

### **Note on terminology**

The American Psychological Association (2022) recognises two ways of speaking about disabled people: person-first language (person with a disability) and identity-first language (disabled person). Latterly, the use of identity first language is being reclaimed. This reclamation of language is aimed at empowering and expressing pride in disability, similar to the reclaiming of other identities such as “queer” and “mad” (e.g. Annamma & Morrison 2018). In line with this, use of identity-first terminology, such as "disabled pupils," is seen as a political alignment with the disability rights and justice movements, to which I align myself. The reclamation of the word "disabled" and the use of identity-first language are part of a larger effort to challenge the

stigma and discrimination associated with disability. Not everyone within the disabled community agrees with this shift. As I will explain more fully below, the use of identity-first language is a way of voicing that individuals' identities are affected by the way society treats them, not just by their impairments. It is also a way of challenging the separation of disability from one's identity, similar to how other aspects of identity such as gender, race, sexuality, and religion are not separated from the individual. The reclamation of language, including the use of identity-first terminology, is used throughout this piece, as a means of empowerment and a way to challenge the societal connotations associated with disability.

### **What is disability? Who is disabled? Why does it matter?**

In the United Kingdom, it was estimated that in 2021/22 16 million people in the UK were disabled (Department for Work and Pensions; DfWP, 2023). This means that, proportionally, the number of the British population declaring a disability has increased by 6 percentage points over the past twenty years (DfWP, 2023). Commensurately, in 2021/22 circa 11% of UK children were disabled (DfWP, 2023). To come to this conclusion, the Department for Work and Pensions (2023) used a definition of disability grounded in the Equality Act (2010). That is, survey respondents were asked whether they “have a physical or mental health condition or illness that has lasted or is expected to last 12 months or more”, and “whether the condition and/or illness reduces their ability to carry out day-to-day activities”. A person who responded ‘yes’ to both questions was considered disabled.

Arguably, taking the above definition, disability is something that will likely affect everyone at some point (e.g. Dunn, 2015). This is important because the way we define the

concept of "disability" in turn influences our identification of who is disabled. One frame of reference for understanding what it means to be disabled is known as the 'moral model' of disability (as cited in Dunn, 2015). This model posits that disability is the result of personal defect and should be considered as a root of shame because it is caused by moral failing or sin on the part of the disabled person or one of their family members. This model is the oldest and is still deferred to in some cultures (Dunn, 2015). In contrast, the 'individual' or 'medical model' of disability equates the impairment with a medical problem of the body and/or mind. On the one hand, this removes the shame associated with disability under the moral model. But on the other hand, the medical model asserts that if medical professionals cannot provide a cure or rehabilitation, then by consequence that person must have a reduced ability to participate in society precisely because expert medical professionals are tasked with lessening or curing the impairment (Woodhams & Corby, 2003). This model is criticised because it reinforces notions of dependency and passivity (Finkelstein, 1998). Additionally, it put the onus on an individual and or 'experts' to find ways of adapting to (or not participating) in their environment, rather than on 'us' to change the way we think, and the accessibility of the environments in which we find ourselves.

In direct response to these critiques, disabled activists formulated a 'social model of disability' and, more recently, affirmative models of disability. The social model, credited to Oliver (1983), has reshaped perceptions of disability, and holds significant implications for government policies and international classification systems of disability, such as the UN Convention on the Rights of Persons with Disabilities (WHO, 2006). This model seeks to challenge conventional medical and moral perspectives on disability, which attribute

impairments to biological or moral origins. Notably, the social model distinguishes between impairment and disability (Shakespeare, 2013). According to the social model of disability, 'impairment' pertains to an individual's sensory, physical, or intellectual attributes, while 'disability' is confined to the limitations, oppression, or disadvantages resulting from such impairments. In essence, this model refutes the notion that an individual's impairment is solely responsible for the barriers they encounter. Instead, it asserts that the challenges faced in daily life are not an inherent consequence of having an impairment. Thus, the model underscores how physical, social, cultural, political, and legal environments contribute to disabling individuals. The responsibility is placed on society to adapt to the needs of disabled individuals and to actively pursue social change.

Affirmative models of disability, in line with the social model, take a human rights perspective to disability and are generated by disabled people (e.g. Swain & French, 2000). They directly challenge the assumptions held by the non-disabled person's gaze on disability, that disabled people's lives are 'lesser than' or 'tragedy' or that the people themselves are 'abnormal' because of their 'broken bodies'. One theorist, Devlieger (see Devlieger et al., 2016) argues in this vein that since disability was defined, it can also be re-defined to include the experiences and voices of disabled people. Swain and French (2000) contrast the social model, borne of disabled people's experiences of a society that disables them, with the affirmative model borne of disabled people's experiences as valid citizens, who have agency over their lifestyles, culture and identity. In other words, proponents of the affirmative model look forward to a society that celebrates difference and values all people (Swain & French, 2000). The affirmative model then, as well as calling for environmental and attitudinal change, puts



forward a positive collective identity for disabled people. As part of this, the affirmative model heralds a 'reclaiming' of the meaning of 'impairment' for disabled people and ownership of decisions made about disabled people's bodies (Swain & French, 2000). Taking this perspective, policies, theory, and practice can only be deemed inclusive to the extent that they recognise disability culture - in other words the way disabled people see themselves. The essence of the affirmative model may be captured in the phrase "nothing about us without us", attributed in its English translation to Charlton (1998), who later used it as his book title; if we are to work effectively with disabled people in the psychology of education, we need to have their voice, their (positive) identity, and their culture at the table.

### **Disability as structural inequality in psychology and education**

This leads us to the question of representation of that voice. At the time of writing, the UK finds itself without a Minister of State for Disabled People. The previous minister, Tom Pursglove, has been moved on to deal with reducing legal migration. It is worth noting at this juncture, that incumbents of this role have been non-disabled. That is important because disabled people are also the most under-represented in Parliament; only five disabled MPs were elected in 2019, and just two of them were Conservative. A representative number of MPs in line with the populace would stand at between 65 and 130 (Ryan, 2020). Disabled people are not (well) represented in the political sphere.

When it comes to the psychological and educational professions, we know that in 2021/2022 in the United Kingdom, approximately 16 million people in the UK, and around 11% of children in the UK, were disabled (DfWP, 2023). However, data on the number of adults with a disability working in psychology or education positions is harder to find. I have emailed the

British Psychology Society whose EDI webpage says that “EDI data findings may be shared with our members. We ensure transparency in sharing the results through reports, presentations, please contact the EDI team to access this data” (BPS, 2022). And at the time of writing, I await their response. It is worth bearing in mind that even with that information, not all professionals working in Psychology are BPS members. Outside the BPS, data on education professionals who are disabled is patchy. In England, the Department for Education (DfE) mandates that schools document the number of teachers identifying as disabled. Nevertheless, the 2016 census revealed that only half of the schools reported this information (DfE, 2017). Moreover, in the latest report from 2023, the DfE failed to include reference to disability altogether (DfE, 2023b). In addition, there is a lack of data concerning the disability identity of Learning Support Assistants and other support staff. According to the 2016 census, 0.5% of teaching staff disclosed having a disability (DfE, 2017). Given that there were 457,300 teachers employed in state schools in England that year (DfE, 2017), only 2,287 identified themselves as having a disability. Whilst this may partly result from underreporting among teachers, it also underscores the significant underrepresentation of disabled education professionals, both in terms of those entering the profession and those remaining within it after becoming disabled.

Another thing to consider is that, to the extent that disabled education professionals are employed in schools, they face attitudinal and structural barriers to the workplace. Allsopp and Avila (2021) reflect upon their journey to becoming disabled educational psychologists. In their piece they share that it was, like me, when they became doctoral students that they came to deeper understandings of disability and identity. At the same time, they note tiny chairs in noisy classrooms, alongside the need to carry heavy assessment kits and to work long hours.

Educational psychology is not very accessible for disabled people. And, like me, they note that they are often the only visibly disabled psychologist in the room (or one to say so). They ask how access to educational psychology as a profession may be improved for disabled people.

In a study of disabled teachers in England conducted by Ware et al. (2021), almost all participants within their sample of  $N=20$  reported encountering difficulties and experiencing discrimination in their workplaces. The teachers articulated that the responsibility for adapting a workplace to accommodate a disability was often placed on them individually. The participants frequently had to remind management of their requirements and advocate for their own workplace adjustments (and the notion of reasonable adjustments was poorly understood). Moreover, there was a noticeable lack of awareness among their non-disabled colleagues, particularly senior leadership, regarding the unique barriers they faced in the profession. Role models were important to these teachers, especially to senior disabled teachers. However, due to the scarcity of disabled teachers in the profession, such role models were infrequently present, leading to feelings of isolation. In this vein, Alon and Lishchinsky's (2019, n.p., online only) research with disabled teachers concluded that "dealing with the school environment is often more difficult and demanding than coping with the disability itself". This is a shame, because Parker and Draves (2016), in their research with music teachers with visual impairments, contend that raising the number of disabled teachers in schools is an effective means of disrupting disabling discourses. And, as Anderson (2006) highlights, disabled teachers bring to the table, through their experiences, something that isn't normally part of the formal curriculum. Unfortunately, however, as in politics, disabled people are severely under-represented in the education profession.

More attention has been paid to the inclusion of disabled children in UK education. Indeed, every child in the UK has a right to an inclusive education (UNESCO, 2019). More formal endorsement of including disabled children into mainstream education occurred in the mid-1990s (Department for Education & Employment, 1997). This paralleled with global initiatives during the same period, aiming to increase the enrollment of disabled children in mainstream schools (European Agency, 2010). Presently, there is a growing consensus in legislation, policy, and practice that mainstream education represents the optimal choice for disabled children. In contemporary discourse around inclusion, inclusive education is regarded as an integral component of the broader right of disabled children to social inclusion. As a result, in 2020, 93.2% of primary school students with additional support needs in Scotland were educated full-time in mainstream classes (Scottish Government, 2021). This compares with 90.7% in England in 2019/20 (Department for Education, 2020), 90.2% in Northern Ireland in 2021/21 (Department of Education, 2022), and 94.7% in Wales in 2019/20 (Welsh Government, 2023). At a structural level, this trend has been accompanied by a rise in bias-based discrimination towards disabled children, and to a qualifications-awarding gap.

### **Attitudes and bias based discrimination**

Regarding bias-based discrimination, internationally, school-aged disabled children often encounter name-calling, rejection, and exclusion from non-disabled peers (Kayama & Haight, 2014). Even when overt nastiness wasn't present, Nabors and Keyes (1997) demonstrated that young children tend to prefer non-disabled friends over those with physical impairments. Relatedly, Guralnick et al. (1996) found that children with mild impairments faced reduced peer acceptance as friends, compared to their non-disabled counterparts. Examining

children's friendship choices indicates a heightened sensitivity to disability presence during the late preschool years, a trend that persists into kindergarten, where students show low acceptance of children with disabilities (Favazza & Odom, 1997). Consistent with this, when 9–15-year-olds were presented with a scenario about a child with cerebral palsy, some exhibited unfriendly responses (Obrusnikova, Block, & Dillon, 2010). Qualitative research endeavours have also aimed to amplify the perspectives of disabled children. For instance, Spencer-Cavaliere and Watkinson (2010) interviewed Canadian physically disabled children aged 8 to 12 years, uncovering a shared sentiment of having felt "not being included" at some point due to their impairments.

One debate in psychological research into bias-based discrimination concerns the role of labelling in the wellbeing of disabled children in education systems. That is, in the context of educational provision, it has been claimed that assigning labels to children with additional support needs helps with the provision of extra support to access the curriculum and increased awareness of certain disabilities (e.g. Boyle, 2014). However, the counter-argument contends that labelling disabled children with an additional support need may be unhelpful, since it can have a restrictive impact on their later opportunities (e.g. Arishi & Boyle, 2017,). The reasoning here is that stigma and bias-based discrimination are direct consequences of such labelling. It has been argued that the use of medical labels in education espouses the individual or medical model of disability (as outlined above) and is what can often lead to exclusion (e.g. Lauchlan & Boyle, 2014). Indeed, Ginerva et al. (2021) worked with Italian teachers, showing that they held more negative attitudes towards pupils who were described as having a named disability. However, when disabled pupils' profiles focused on their strengths, teachers' attitudes towards

those pupils were more positive, than when that information was not included. This study shows that simply defining and conceptualising disability according to medical labels allows professionals to make inferences about what is 'positive' and what is 'negative' and encourages deficit-based thinking. Similar findings are reported by Shifrer (2013) in the U.S., and by Rohm et al. (2022) in Germany. The role of labelling, and ways to break the link between labels and stigma in the lives of disabled children are ripe for psychological research.

Education professionals' own attitudes towards disabled children also have an important role in minimizing bias-based discrimination. On an institutional level, despite policies aimed at inclusive education, a number of teachers still segregate disabled and non-disabled pupils, because they do not feel proficient enough to teach disabled pupils (Hehir et al., 2016). In general, research indicates that the attitudes of student-teachers towards inclusion are positive in the United Kingdom (Beachem & McIntosh, 2014). Nevertheless, even when teachers voice support for inclusion, many experience discomfort at having disabled pupils in their own classrooms (de Boer, Pijl, & Minnaert, 2011). For Beachem and McIntosh (2014), while student teachers exhibited highly positive attitudes toward inclusion as a principle, their scores were comparatively lower regarding views on inclusive practice. This discrepancy highlights the theoretical-practical gap discussed earlier. A study conducted by Mu, Hu, and Wang (2017) with Chinese students, revealed that teachers actively seeking resources for their students played a significant role in nurturing the positive staff-student relationships. The researchers demonstrated that teachers who intentionally sought assistance for their students, both within and outside the school setting, indirectly bolstered the resilience of students with disabilities and promoted their well-being. In essence, in situations where

resources are limited, the efforts made by teachers to secure support for their students have a meaningful impact, establishing direct positive correlations between teachers' resource-seeking behavior and students' sense of well-being. Determining ways in which educational professionals' attitudes towards inclusion impact their practice, and seeking interventions aimed at attitudinal change, is one avenue for research in the psychology of education.

Turning to the qualification-awarding gap, Chatzitheochari and Platt (2019) explored the attainment of disabled compared with non-disabled youth in England. They used a nationally representative longitudinal data set to test different mediators that may explain disability-related differentials in educational attainment. They found that disability-related gaps in educational attainment could mainly be attributed to differences in the awarding of qualifications at GCSE level (aged 15-16 years). The study also provides evidence for the existence of secondary effects of disability, that is, disabled pupils were also less likely to want to go on to full-time academic upper secondary education than their non-disabled counterparts. Chatzitheochari and Platt (2019) found that their disabled participants' educational expectations around transition to university played an important role. However, within their sample, disabled pupils had a 22% lower probability of being awarded GCSEs compared to otherwise matched non-disabled classmates. Therefore, there are other factors beyond personal expectations, accounting for a significant proportion of variance, that are associated with the qualifications obtained by disabled schoolchildren, which are ripe for psychological investigation.

**Research practice in the psychology of education and disability**

Attitudinal barriers, as outlined above pertain to (a) educational professionals' attitudes towards disabled pupils (b) management expectations of disabled teachers, and (c) judgements made of disabled pupils' both by themselves and their peers. Attitudinal research is one way in which psychology may have a role in the inclusion of disabled children (and adults) in education.

However, when it comes to psychological research about disability, it rarely includes disabled children as participants. One exception to this is the study by Spencer-Cavaliere and Watson (2010) outlined above. Another exception is Foley et al. (2012) who looked at disabled children's conceptions of wellbeing. This focus group study involved 20 children, organised into five focus groups, each with disabilities such as cerebral palsy, autism, Down Syndrome, intellectual disability, and visual impairment. According to the participants, "wellbeing" encompassed feelings of support (valuing friends and family for encouragement, recognising the potential for reciprocal assistance), inclusion and respect (feeling a sense of belonging with concerns about bullying), being perceived as valued and capable (having goals to strive for and not being underestimated), and possessing self-respect and self-esteem (feeling positive about oneself, one's body image, and behavior). Notably, discussions about wellbeing had little mention of hospital visits, medical conditions, or therapy. The children did not bring up these factors, suggesting they were not significant in shaping their views on wellbeing. Instead, Foley et al. (2012) underscored the importance that young children attribute to participation in their wellbeing, a sentiment expressed across various contexts and by children, irrespective of their disability type. The researchers argued that affirming these children's sense of belonging is



crucial for their wellbeing. In a similar vein, McCoy et al. (2016) looked at the influence of *expectations* on the wellbeing of disabled children. They examined the extent to which expectations affected educational progress and self-concept among disabled 9 to 13-year-olds taking part in the *Growing Up in Ireland Study*. It was found that children with any disability were less likely to have a positive view of themselves than those with no disability.

The participant samples in these three studies contrast sharply with other attitudinal research, one way in which psychologists (myself included) have attempted to intervene to promote positive attitudes towards children with different characteristics is grounded in Contact Theory (Allport, 1954). In essence, this theory contends that, under the right conditions, contact between two people with different characteristics (e.g. a disabled and a non-disabled person) would lead to a positive relationship between them, that would extend to other people who share that characteristic. Indeed, studies of cross-group friendship support the notion that contact supports positive relations. A case in point is Grutter et al. (2018), who looked at relations between  $N = 1\,122$  children with and without a learning disability. There was a positive correlation between the number of cross-group friendships and individual shifts in trust and sympathy. The increased trust and sympathy, in turn, was associated with the development of inclusive attitudes among adolescents.

Contact Theory enjoys a rich literature and has been applied to many different traits and has been enacted in many different ways. For example, a recent extension of Contact Theory involves imagining the interaction with the person with the different characteristic (e.g. Crisp & Turner 2009). However, attention in Psychology has shifted towards a realisation of its potential to encourage or to curtail social change (see Reicher & Haslam, 2013). That is, Reicher and

Haslam (2013) pointed out that by focusing on the individual traits and by ‘psychopathologizing’ people who are prejudiced, Psychology inadvertently contributes to the deflection of attention away from the structural and systemic nature of inequality in society. As such, interventions grounded in intergroup contact, such as imagined contact, have been criticised for their role in maintaining inequality, because they focus on how individuals, rather than groups or societies, need to change. Notably, Dixon et al. (2012) present findings indicating that after experiencing intergroup contact, members of disadvantaged groups may demonstrate reduced awareness of inequalities, offer less support for equality-promoting policies, and exhibit decreased willingness to participate in collective action to support their group. Moreover, research practice in imagined contact tends to focus solely on the psychology of the advantaged group. That is, whilst Allport’s (1954) Contact Theory looked at direct contact between advantaged *and* disadvantaged group members, in imagined contact research paradigms involving disabled and non-disabled people that I could find, non-disabled people are only ever the (analyzed) participants, if disabled participants were present at all. Disadvantaged group members, including disabled people are usually missing as participants in intergroup contact research. In studies by Grutter et al. (2017) and by Armstrong et al. (2016) that are typical of research in this area, 300+ disabled children apiece were recruited without their data being analyzed in their own right. Rather, reported analyses focused on whether non-disabled children’s contact with a disabled child improved attitudes. These are sizeable samples and analyzing them might have told us something important about the way in which disabled children view themselves, as well as non-disabled and other disabled children.

My contention is this: my search of social psychological literature in this area, reveals ableism to be present within academia. Blackwell et al. (2017) defined ableism in education as “explicit and implied statements, suggestions, and messages that a) value and promote socially-normed methods for children and youth to learn and engage in curriculum and society, and b) are positioned so that any deviation from those preferred statements, suggestions, and messages is considered inferior and undesirable” (p. 39). It is ableism which means that when the work is experimental, the ‘disabled children’ condition is often contrasted with the ‘typically developing children’ condition, regardless of whether the disability under consideration is developmental. Aside from echoing the medical model, in considering what is ‘normal’ and what is ‘abnormal’, as outlined above, this use of terminology risks perpetuating what Wright (1967) referred to as the spread phenomenon; namely, that the evaluation of the effects of an impairment on a person “spreads” to the evaluation of the non-impairment-related dimensions of the said individual. As a further example from many possible examples, Cocco et al. (2022) sought to find out whether outcomes following an imagined contact intervention would differ between different children. The authors use the terms “high-status” and “low-status” to describe the participants who took part in the study i.e., “a different low status group, *children with disability*” (p. 1042 emphasis mine). Before the research has begun, disabled children are understood by the researchers to be of lower status, although in its original form, Contact Theory (Allport, 1954), specifically posits that the two groups must see each other as being of equal status. Stereotypes, too, risk being perpetuated in this research area. In a search of the available literature, in December 2023, all of the studies I could find in the imagined contact domain that pertained to physical disability, represented a disabled child as a wheelchair user.

Whilst a wheelchair is a visible marker of impairment, it is not the only type of impairment that has physical manifestations, and disability and wheelchair user appear almost synonymously in this field of research. In the field of education, too, disability is spoken about with a deficit orientation. Moriña and Carnerero (2022) reviewed education research literature from 2012-2022, finding that most of the studies have conceptions of disability linked to the deficit or medical model, and noting that these conceptions were linked to negative attitudes towards disabled children.

Consider also the terminology of a measure that is often used to look at attitudes towards disabled children: the Chedoke-McMaster Attitudes Towards Children with Handicaps scale (CATCH) is a scale originally devised in 1986 (Bossaert & Petry, 2013). Notwithstanding international differences in the pejorative nature of the word 'handicap', (cf. Disability Unit, 2023) the fact that this scale remains in use in the UK, and was recently validated in 2013, without re-naming, calls into question the ways in which researchers group/categorise and view disabled children. This is all the more ironic, given that research using this scale is often centred on subject matter relating to inclusivity. Taking the above together, I would argue that before addressing prejudice in children, steps must be taken to improve disability-related inclusion of those who research them.

### **Mobilizing the psychology of education for change**

Up until relevantly recently, one model that was lauded in Psychology for its promotion of good relations between people was that of a color-blind approach to difference. As highlighted by Sapon-Shevin (2017), adopting the term "blindness" to refer to ignorance, indifference, or

denial poses challenges from the standpoint of disability equality, which seeks to destigmatise physical differences. Nevertheless, this is the term most frequently associated with this approach. The idea here is that physical differences are or, at least should be, irrelevant to how we behave towards people (Sapon-Shevin, 2017). However, whilst acknowledging that racism and disability oppression are not identical, she sees commonalities in what follows, depending on how we respond to or educate children about these identities. In outlining the ways in which a disability-related color-blind approach may play out in the classroom, Sapon-Shevin (2017) notes that silencing dialogue around disability may have the opposite effect to promoting inclusion because narratives of ‘don’t ask – don’t tell,’ whilst ensuring that nothing wrong or offensive is said, are also inextricably linked to shame and secrecy. Worse, silence in the face of oppression, she argues, could signal collusion and assent to that oppression. Instead, she contends that we need to give children the vocabulary and nuanced understanding to (a) be aware when prejudice is happening, (b) to speak out against ableism. Not doing so may lead to tokenism, the spread phenomenon (where the disability identity eclipses all other facets of identity), and the perpetuation of unhelpful stereotypes. For my own part, I wonder what children learn from being hushed when on the bus they ask, ‘what’s wrong with that lady’s leg?’ and what would happen if, instead, that their question sparked a conversation.

It is widely recognised that, instead of a color-blind approach, it is conversations modelling respectful use of vocabulary that help promote disability-related inclusion in classrooms (e.g. Contreras-Vanegas, Godwin, & Blackwell, 2023). Voltz et al. (2001) also stress the importance of creating a psychologically safe school environment by acknowledging and accepting various forms of human diversity. In early years classrooms, work has looked at

disability as a structural inequality, focussing on ableism in the context of an anti-bias education (Lalvani & Bacon, 2019). This is important as many popular early childhood reading texts perpetuate the moral or medical models of disability. Conversely, as Favazza and Odom (1997) and Favazza et al. (2017, 2023) note, disabled characters are largely absent from early years classrooms. Lalvani and Bacon (2019) provide practical activities and resources for teachers to incorporate anti-ableist lessons into the curriculum, thereby fostering inclusivity and challenging stereotypes about disability. They emphasise the importance of localised decision-making and collaboration with families to ensure relevance in specific educational settings.

However, many teachers resist dialogue about disabilities because they are uncertain of what to say to disabled pupils and are afraid of causing offence (Crowson & Brandes, 2014; Hansen et al., 2023). In one quote from Hansen et al.'s research, a student-teacher notes: 'When I am discussing disabilities with a family member of someone who has a disability, I am always worried that I will say something that will insult them' (p. 733). Coupled with this, few student-teacher courses focus on how to talk about disability with students, meaning that educator confidence in this area is low (Bilka, Hansen & Wong, 2019; Hansen et al., 2023). Bialka et al. (2019) note that coursework, alongside teaching practice, may be harnessed to facilitate these conversations. They advocate for explicit instruction, providing examples and opportunities for student-teachers to engage in disability-related discussions.

Alongside explicit instruction, Bialka et al. (2023) and Hansen et al. (2023) have looked at the role of literature in promoting discussion around disability. Bialka et al. (2023) coded 30 student-teacher assignments, looking at the discourse used around disability. They found 23% of responses matched with 'Disability Invisibility', 67% with 'Identifying Disability' (Medical

Model), and 10% with 'Disability as a Human Difference' (Social Model). They argue that several student-teachers were focused on emotions without acknowledging disability, inadvertently perpetuating disability invisibility. Conversely, 10% of their sample were actively reducing stigma by identifying barriers and using empathy to dispel stereotypes. This paper points to the need for explicit modelling and guidance to prevent the unintentional reinforcement of disability-related stigma and stereotypes. All of their sample wanted to build empathy with disabled people, and they argue that this may be harnessed to create change. The lack of use of the social model in student-teachers' writing may itself be reflective of student-teacher instruction. As one participant in Hansen et al. (2023) reflects:

Teachers say, 'It's about the individual, it's about the individual' but that's really all that's ever said. You never hear anything personal other than it's about the individual. Well telling me it's about the individual doesn't teach me anything. (p. 732).

This quote is echoed in Hansen, Kan et al. (2023), where it was found that among 256 teachers, 71.9% of them were talking about disability with their pupils, but mostly in relation to the pupils' individual learning needs. For me, it is this latter quote that points to one role of the psychology of education; namely, in working towards attitudinal, and in turn structural, change. It may come about through the co-construction and then evaluation of the impact of resources that (a) recognise disability as a structural inequality, and (b) are grounded in social and affirmative model thinking, on both educators' and schoolchildren's sense of inclusion.

### **Concluding thoughts**

In writing this piece, I have aimed to review the ways in which researchers in the psychology of education could work alongside educational professionals to promote the inclusion of disabled children in mainstream education. I have reviewed the different models of disability and concluded that social and affirmative model thinking is most closely aligned to the views of disabled adults, because these models give them the greatest sense of validation and belonging. I have reviewed statistics pertaining to the representation of disability within the Psychology and Education professions. I have also looked at the role of labelling and stigma, and at how disabled pupils perceive themselves, their wellbeing and attainment. I have examined a small amount of the attitudinal research in this area, demonstrating where ableism exists within the research itself. Finally, I reviewed research around teachers' confidence in disability-based classroom discussions, showing that a dearth of focus on the social model in teacher education may be contributing to low confidence in facilitating this. I have outlined frames of reference that may help to build that confidence. The onus is now on us, in the psychology of education, to reflect on our own practice. I leave you with the following questions: (1) what are the barriers that disabled education practitioners, disabled psychologists and disabled children continue to face in accessing education, (2) how can we make our profession more accessible to disabled people (3) how can we in the profession tackle ableism in psychological research? (4) how can we ensure that disabled people's voices are best represented at the table of our research, and (5) how can we contribute to research that empowers practitioners and disabled children to discuss disability, and (6) how can our research and practice best reflect social or affirmative model thinking in classrooms?



6070 words

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