

The Case for Inclusive Education as a Social Determinant of Health

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ABSTRACT:

This paper presents an argument for the policy of including all students, especially those labeled with a disability, as a social determinant of health. Empirical evidence to date does not allow for statistical analysis of the link between educational provision for students with disabilities and their lifelong health status. However, using the existing research and literature on inclusive education, the case for a relationship between inclusion and health status is made. Three main points are used to support the argument for inclusion as a social determinant of health: 1) Education is a basic human right because of the benefits it affords, including access to the economic and social fabric of society; 2) These benefits are best achieved in inclusive education systems that provide students with and without disabilities access to a wide range of quality teaching; 3) The benefits of inclusive education are likely to have both a direct and indirect relationship to the health status of people with disabilities.

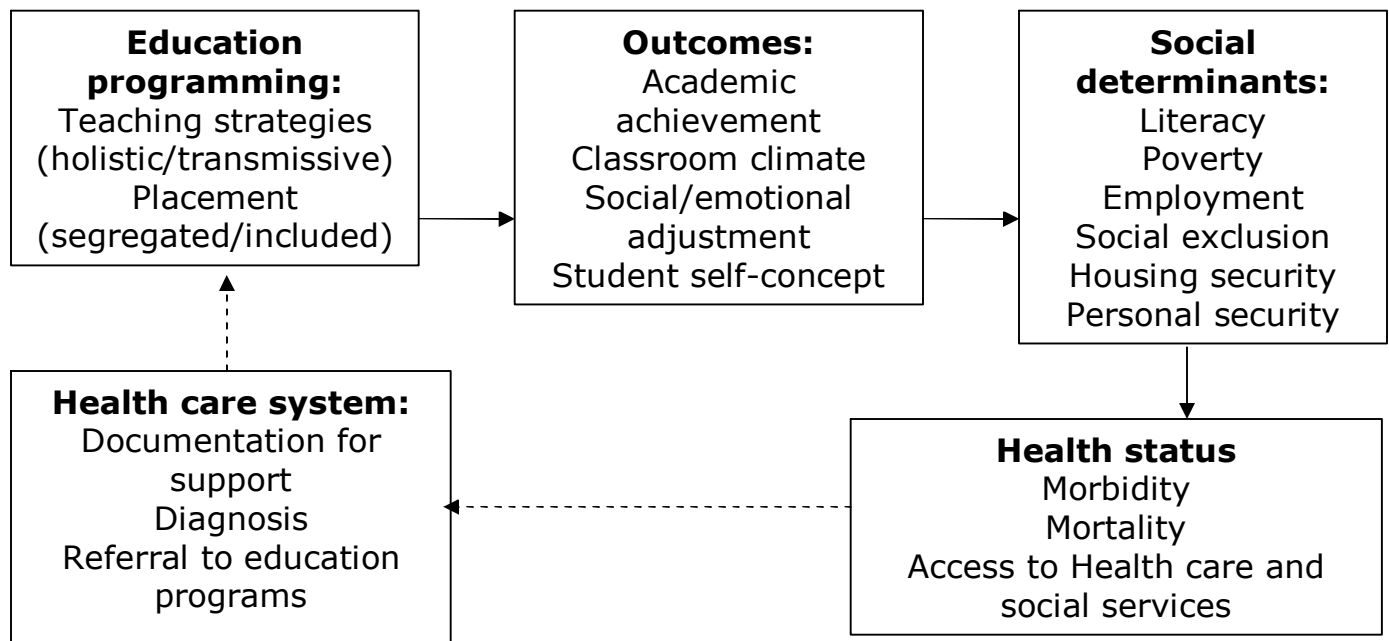
Canada has committed to inclusive education through several international agreements, including the *Salamanca Statement and Framework for Action* (UNESCO, 1994). But, detractors from this policy argue that inclusion violates the rights of non-labeled children in regular classrooms, and that the needs of students identified with disabilities are not adequately met in the regular classroom. The education research contradicts these claims with evidence that inclusive policy provides the best educational provision for both students with and without disability labels. Students with disabilities in inclusive classrooms are likely to do better on academic, social and behavioural evaluations (Hunt, Farron-Davis, Beckstead, Curtis, & Goetz, 1994; Centre & Curry, 1993; Epps & Tindal, 1987; Eshel, Katz, Gilet and Nagler (1994); Meadows, Neel, Scott, & Parker, 1994; Vaughan, Moody & Schum, 1998). Students without disabilities in regular classrooms show no academic disadvantage from inclusive practices (Sharpe, York & Knight (1994), and may have an emotional/social advantage (Giangreco, Edelman, Cloninger, Dennis (1993). Further, in inclusive classrooms, teachers who have a positive attitude toward inclusion are better able to adapt their teaching practices for the needs of individual learners, an advantage for all students in their classes (Jordan & Stanovich, 2004). This evidence supports the claim for inclusion as a superior public policy to segregated education, but the education research in this area is mostly small scale. This type of research is impeded by the difficulty in controlling education programs and student characteristics for experimental purposes. Thus a different approach to understanding the benefit of inclusion is proposed.

The benefits of inclusion evident in the education research are improved teaching, and better academic, social and behavioural outcomes. These benefits logically provide other benefits outside of school. These include access to better jobs, and thus income and food security and reduced poverty, as well as access to social networks through school

and work, and thus better housing, reduced risk of violence and increased access to health care. All of these social benefits are known as social determinants of health, and ample evidence of the links between the social determinants of health and the health of the Canadian population is available in the health literature (Raphael, 2004). This paper presents an argument for the link between the education outcomes and the social determinants of health. The most compelling evidence comes from national survey data which indicates that in provinces with the most special education provisions in place (Ontario, Newfoundland and Labrador) parents report having the most difficulty accessing support services. Further, in the same provinces the gap in literacy skills between students without disabilities and students with cognitive disabilities is dramatically larger than the same gap in provinces with the least special education provision in place (PEI) (Statistics Canada, 2004). Literacy is a significant contributor to other social determinants (poverty, employment, income security, social exclusion), but it is one of the most significant social determinants in its own right. Ronson and Rootman (2004) say that “literacy skills predict health status more accurately than education level, income, ethnic background, or any other socio-demographic variable” (p. 155).

Preliminary empirical evidence indicates that inclusive education leads to higher achievement in such areas as literacy skills and social integration. There are also compelling human rights arguments to support inclusion, including our obligations under international agreements. This early evidence suggests we should be tracking the impact of this broad policy shift using population data. If we understand education policy from a population perspective that incorporates the theoretical framework of the social determinants of health we may better understand the place of education policy amongst other social phenomena and reduce some of the risks which are greatest for people with disabilities.

FIGURE 1. The Relationship between education outcomes (as determined in the education research) and the social determinants of health (as determined in the health research) Note: There is a possible feedback effect of the health care system into the education system through the identification and placement process which is often the responsibility of health care professionals.



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