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**One but not the same:  
Learning the lessons of inclusion**

*Victoria Trembath,*

*Co-ordinator, Student Learning Unit, Auckland College of Education*

**Abstract**

The issue of inclusion of all students within the education system in New Zealand has long been the subject of fierce debate. Most recently, this debate has revolved around the Ministry of Education's Special Education 2000 policy.

This paper will construct a critical analysis of the evolution of the inclusion movement from an education perspective. It will analyse the impact of three paradigms of disability on the development of inclusion - medical, social/ rights and organisational reform. It will compare and contrast pivotal pieces of legislation that have impacted on inclusion in New Zealand, Australia and the United States and discuss, in more detail, the Special Education 2000 policy, recently introduced in New Zealand.

**Inclusion - what is it?**

“Everyone knows what it is really - in their hearts” (Pearpoint & Forest, 1995, p.1). It is belonging, being a part of, participation and it is based on the belief that all people are valuable (Wills, 1998); that “we are all ‘one’ even though we are not the ‘same’ ” (Abu-Tahir, 1995, p.1).

Society has a “history of oppression of devalued people” - those that differ from a perceived norm (Hall, 1997, p.91), that led to marginalisation and exclusion from society into segregated institutions. Söder (1997) writes that “integration<sup>1</sup> grew out of criticism of traditional institutions” (p.14) and that a school is but “an institution within society” (p.29). The inclusive education movement evolved from the work of individuals and groups who were committed to issues of social justice and equity (Ballard, 1995; Dyson, in Dyson, Bailey, O'Brien, Rice & Zigmond, 1998; Munro, 1987). It arose as a natural consequence of the social and educational changes that have occurred since Western societies deemed it necessary to segregate and exclude those that are different.

**Perspectives of disability and inclusion in education**

Many indigenous cultures have holistic views on life and living, which are embodied in the purposes for which they use education. A central concept for Native Americans is that education fosters a child's ‘Circle of Courage’, whose four dimensions are

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<sup>1</sup> Söder uses integration in this passage to stand for inclusion, choice and participation (p.14).

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belonging, mastery, independence and generosity, to raise their self-esteem so they become members of the group (Udvari-Solner & Thousand, 1995). Maori traditional knowledge came in three forms - everyday knowledge learned through observation, practice and guidance; knowledge necessary for the survival of the group (iwi and hapu); and, specialised knowledge bestowed by knowing elders on special people (C. McMurchy-Pilkington, personal communication, 17/9/98). All members of the community were seen to have a role to play in the survival of the group and education occurred when a person showed they were ready for more knowledge. Inclusion was normal and “interdependence and independence were a way of life and roles were valued” (Kana, 1995, p.49). Harawira reflects that “in those earlier days they [people later placed in institutions] were leading normal lives and having roles that seemed to fulfil a need” (in Kana, 1995, p.45). In both cultures, each child was viewed as a person of value and their individual skills and abilities were fostered *by* their community to fill a need *of* the community.

The Western view is in direct contrast to this collective responsibility and holistic thinking. In Europe prior to the 19<sup>th</sup> century, people with disabilities were considered the responsibility of their family or of charity. Organisational ‘helping’ was set up through the church, within formal frameworks and endowed by the wealthy. With the Reformation, came a hardening of attitude toward disability and the increasing confinement of the disabled in infirmaries and ‘leper colonies’ contributing to the social view of disability as a disease. With the enactment of the Poor Law (1834) and the subsequent establishment of the parish workhouses, the Lunacy Act (1845) and its consequence, the asylum, all people who were socially devalued were segregated from society (Cocks & Stehlik, 1996).

However, in colonial countries like New Zealand, Australia and the United States, which were settled largely by middle and working class families, there was not enough wealth to repeat this pattern. The social policy of the time reflected the thinking of those that had left the “poor law and workhouse ethos of the old country” (Mitchell, 1987), and passed the responsibility for care of neglected children to the state. In New Zealand the first law in this area was enacted in 1867 with the Neglected and Criminal Children’s Act. This saw the establishment of industrial schools for children under 15 year of age, who were trained in handicrafts, seamanship, domestic service and other subjects so they could lead useful lives in the colony (Mitchell, 1987).

This signaled the start of a separate special education system in New Zealand whose primary aim was to make people useful. There have been a variety of factors that have impacted on special education since then. Mitchell (1987) discusses the impact of the legislation and practice from other countries, in particular the USA and UK, and

the input that overseas experts have had on the development of services for people with disabilities. He points out that the social changes brought about by the increasing “industrialisation, urbanisation, specialisation and bureaucratisation of society” (p.30) along with changes in the social perception of the family, national and international economic factors and events, like wars and depressions, also influenced the path of special education in New Zealand.

The Education Act (1877) established free, compulsory and secular education in New Zealand and this eventually enabled the establishment of separate schools, classes, camps and residential facilities for students with disabilities (Wills, 1998). Beeby (1986) notes that, at this time, the New Zealand government did not have “the means or the desire to offer more than the rudiments of education to the mass of the people” (p.53). He identifies the purpose of education at that time as being the ‘survival of the fittest’ where selection of the fittest was by examination. This purpose is still present in the current education system in New Zealand, exemplified by School Certificate and other national examinations. Failure was then, and still is, the inevitable consequence for many people. It was not until the 1920s that this view was challenged by educational pioneers, like James Shelley, who believed in the unique worth of the individual child (Beeby, 1986).

It took the Depression, and a new government in 1935, to dramatically alter education in New Zealand. Fraser, the new Education Minister, expressed a new purpose for education:

that every child whatever his level of ability, whether he be rich or poor, whether he live in town or country, [h]as [*sic*] a right, as a citizen, to a free education of the kind for which he is best fitted and to the fullest extent of his powers (cited in Beeby, 1986).

Beeby paraphrases this purpose as ‘equality of opportunity’ and notes that this statement finally made the individual child the centre of government policy on education. Renwick (1997) writes that Fraser was an advocate of all children. However it is telling that, in his critical review of Fraser’s policies on education, there is no mention of special education at all. In the reforms of education over the following 25 years, Beeby himself, as Director of Education, would continue to make special provision for disadvantaged students (Beeby, 1986). The Education Act (1964) however, still excluded many children with special needs from schooling, as Beeby’s ‘disadvantaged’ students were those with only mild impairments. It is important to remember that internationally most education systems were similar to New Zealand’s - “highly differentiated in terms of the educational opportunities which

they offered to children from different socio-economic backgrounds and with different levels of perceived ability” (Dyson, in Dyson et al., 1998, p. 4). There is, therefore, an argument that children with disabilities were treated no differently than other groups of disadvantaged children, like the poor and Maori, during this period.

Special education in New Zealand relied increasingly on the work of medical and technical experts whose “ideas were shaped by notions of disability as a pathology” (Ballard, 1998, p.2). Students with disabilities were seen to have a medical problem and would be labelled by the part that was broken (Hall, 1997). Doctors tried to fix the broken ‘bits’ and it was left to the special education services to work with the “bits that worked” (Hall, 1997, p.74). Oliver (1996) states that this medical model is more properly called an individual model that includes medical and psychological components. It locates the problem within the individual and is underpinned by “the personal tragedy theory of disability .... from losses which are assumed to arise from disability” (pp.31 - 32). Under this model doctors are accorded power and control by society in their role as experts, and they try, at whatever cost, to restore the person to normality. This “ideology of normality” (p.36) has had far-reaching effects on the treatment of people with disabilities.

Ballard contends that an exclusive system of education is maintained when concepts and experts from the medical field “locate learning and other difficulties within the individual student” (1995, p.2). Because of medical thinking, many students with disabilities were removed from regular schools “for ‘care and protection’ in segregated institutions” (Munford & Sullivan, 1997, p.18). The education service would therefore develop “within the medical model paradigm ... a ‘therapeutic’ rather than an ‘educational’ curriculum” (Hall, 1997, p.103), delivered in special settings by special teachers (Dyson & Millward, 1997). Thus the daily life of a student in this educational service consisted of labels, special places, therapy and charity events and ‘school’ closely resembled a hospital.

Criticism of this system is based on the fact that it does not recognise the students as individuals and that they would be expected to learn to adapt themselves to the requirements of the world (Hall, 1997). It also gives little attention to the environment, curriculum or teaching in special education (Wills, 1998), nor does it give a “rationale or mechanism for interventions in the workings of regular schools and classrooms” (Dyson & Millward, 1997, p.55). These features highlight the non-inclusiveness of segregated educational settings. Dyson argues that “socio-economic or professional groups, or indeed groups of parents” have maintained the structures of special education from a vested interest standpoint (Dyson et al., 1998, p.10).

It was such criticism of the medical model that produced alternative views on education and disability. These gained force and weight with the rise of human rights activism in the 1950s and 1960s. This view is characterised by notions of social justice and equity (see, for example, Dyson et al., 1998; Hall, 1997; Oliver, 1996) and sees equal participation in “all common social institutions [as] ... an inalienable right in democratic societies (Dyson et al., 1998, p.10).

The social model of disability was developed in this context and states that “impairment exists but only becomes disabling because of the rejecting and oppressive response ... by the non-disabled world” (Hall, 1997, p.87). Oliver (1996) states that this theory “does not deny the problem of disability but locates it squarely within society” (p.32). It arose from the lived experience of disability and explores ideas of social oppression. Oliver (1996) notes that disabled people are “demanding acceptance from society as we are, not as society thinks we should be” (p.37) and states that society will change only through the political empowerment of the disabled, not through policy or treatment.

The impact of the rights (or social) model on special education meant that services and practices were examined and evaluated in terms of fairness and justice. Jenkinson (1997) notes that “the issue of rights is one that continues to pose dilemmas for many individuals concerned with special education” (p.27). One of these is clearly articulated by Dyson, when he states that education is not “immune from the classic dilemma of democracy - that is, the dilemma of how to reconcile the rights of all with the rights of each” (Dyson et al., 1998, p.13).

Parallel to the social/rights developments in special education is a movement for pragmatic organisational reform. In relation to special education it poses the question of “what an inclusive school, and beyond that, an inclusive system, might look like” (Dyson et al., 1998, p.11). Writers in this area see the development of a ‘child-centered pedagogy’ in schools and classrooms as the means by which inclusion will be realised, and that a segregated special education system has developed as a “consequence of inadequacies in the current state of development in mainstream schools” (Clark, Dyson, Millward & Skidmore, 1995, p.78). Ainscow (1995) identifies six organisational arrangements or conditions that move schools toward inclusion: leadership; involvement; planning; co-ordination; enquiry and reflection; and staff development. He notes that making a school inclusive is not easy and that it requires significant effort to redirect resources and change structures that maintain the status quo.

### **Legislating for inclusion**

The Salamanca Statement issued in 1994 from a world conference on special needs education under the auspices of UNESCO, talks of inclusive education in the language of human rights. Its message is universal, as no group of children is to be excluded from education, and schools must find ways of “successfully educating all children” (UNESCO, 1994. p.6). Dyson et al (1998) describes this statement as “a highly visible indicator of the broad state of current thinking about inclusion across a number of countries” (p.10). It is interesting to note that 88 countries are signatories to this statement, including New Zealand, Australia, the United States and United Kingdom. Jenkinson (1997) warns, however, that “statements about rights can ... be enforced only if they are embodied in legislation” (p.27). However, as legislation is a reflection of the public’s view on any issue, and because it arises from lobbying within a political system, it will tend to reflect the ideas of those who hope to gain, or lose, the most. It has been through the processes of political influence, law enactment and enforcement that changes have been made in the reality of inclusion in education for children with special educational needs.

In the USA prior to 1975, there was no Federal legislation concerning provision of publicly funded education to students with disabilities. This meant that different states could provide different systems for dealing with these students (Zigmond, in Dyson et al., 1998). The landmark Supreme Court ruling in the case of *Brown v. The Board of Education (Topeka, Kansas)* in 1954, declared that education must be made available to all children on equal terms. Although this case was argued from the viewpoint of discrimination in education by race, it led to questioning about equal access to education for all groups including those with disabilities (Karagiannis, Stainback & Stainback, 1996; Dyson et al., 1998). Advocacy groups were formed and legal action taken that forced the courts to rule on aspects of education and employment for people with disabilities. The Rehabilitation Act (PL 93-112) was passed by Congress in 1973 and Section 504 of this Act “bars any agency receiving federal funds from discriminating against persons with disabilities” (Falvey, Grenot-Scheyer, Coots & Bishop, 1995, p.26). The 1990 Americans with Disabilities Act (ADA) (PL 101-336) provided broader civil rights protection for people with disabilities, by requiring all businesses to comply with its mandate of non-discriminatory practices. Falvey et al. (1995) call this “the true “Civil Rights Bill” for people with disabilities” (p.27).

Continued pressure from parents and the courts saw the enacting of the Education for all Handicapped Children Act of 1975 (PL 94-142), reauthored in 1990 as the Individuals with Disabilities Education Act (IDEA) (PL 101-476). These “extended the right to a free public education to all children, regardless of disability, in the least restrictive environment possible” (Karagiannis et al., 1996, p.21). Zigmond notes that

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“PL 94-142 revolutionised special education and general education .... [and] changed the face of education in the United States” (Dyson et al., 1998, p.35). Central to this new legislation was the mandate for a ‘least restrictive environment’ (LRE) and thus, the provision of a continuum of service options.

‘Least restrictive environment’ has been the most controversial aspect of the law and many further court actions saw the principles of close-to-home placement; portability of services; compliance as the responsibility of the school, not the parents; and mainstreaming; as the starting point being defined by the decisions (see discussions of *Rockner*, *Oberti* and *Holland* in Falvey et al., 1995; plus *Greer* and *Daniel* in Renaissance Group, 1996). Despite all the talk of ‘inclusion wherever possible’, student numbers in segregated settings did not change markedly, highlighting the fact that the “rhetoric seems to have moved faster than the reality” (Zigmond, in Dyson et al., 1998, p.38).

Advocacy for full inclusion continued on two fronts: those who wanted the abolition of the separate, special education system and those who saw a merger of it with general education (Falvey et al., 1995; Fuchs & Fuchs, 1995; Dyson et al., 1998). In 1986, the US Department of Education Office of Special Education and Rehabilitative Services issued the Regular Education Initiative (REI). The purpose of this was to encourage special education to develop a partnership with general education so that all children, wherever possible, will be educated in the regular classroom setting. This initiative became the rallying cry for the merger advocates (Dyson et al., 1998).

Australia, like the USA, has a state run system of education where the national government distributes the funds for education to the states but “devolves responsibility for that education to the states” (Bailey & Rice, in Dyson et al., p.19; also Slee, 1995). Forlin & Forlin (1996) note that although “the legal frameworks for inclusive education in Australia are embedded in a range of generic international agreements regarding a child’s right to education” (p.1) there is still no legal mandate to ensure that this occurs. They argue that, despite this, there is the opportunity to seek redress through anti-discrimination and equal opportunity legislation. These include the Disability Services Act (1986) and the Disability Discrimination Act (1992). The Commonwealth Disability Strategy was produced in 1994, and this reflected a change of focus from a welfare to a rights perspective in all services for people with disabilities (Forlin & Forlin, 1996). Australian policy has been strongly influenced by the USA laws PL 94-142 and IDEA (referred to earlier) and that the LRE component of these is reflected in both policy and practice (Dyson et al., 1998; Forlin & Forlin, 1996).

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The Australian Constitution, written in 1900, confirms that education is a responsibility of the states and each state must provide its own education legislation. Most of these Education Acts have been enacted since 1970 and use the language of rights and responsibilities, but do not provide inclusion rights despite current policies for inclusion. Under these Acts, for instance, parents are legally obliged to enrol their child at school, but there is no obligation for the state to provide them with an education (Forlin & Forlin, 1996). One of the responsibilities in the Acts is the teacher's duty of care requirement. This has provided for some debate via court action especially as it relates to special education. For example, the *Moore* ruling "implies an onerous duty of care for teachers who include children with disabilities in their classrooms" (p.14) such that negligence in the case of an accident would be unlikely to be upheld.

Australia is a signatory to the Salamanca Statement, discussed earlier, and there does seem to be a commitment to, and progress toward, inclusion with recent conferences and reports. Bailey & Rice (in Dyson et al., 1998) believe this to stem more from teachers and parents than policy development by government.

In general terms, then, it can be seen that both the USA and Australia have followed a general trend of moving from a medical to a social/ rights based paradigm in the education of people with disabilities. Attendant on this move in both countries has been the emergence of the advocates of organisational reform which "position the teacher, the school and the classroom as the focal points of intervention integral to inclusive schooling" (Slee, 1995, p.31).

A similar progression to that of the USA and Australia can be observed in New Zealand. In reflecting on the changes in education in New Zealand, Beeby stated that "now we understand, as never before, that some fundamental changes in schools must await changes in society" (1986, p.57). There have been several changes in legislation that can be considered to reflect the changing values of New Zealand society.

The first was the passing, in 1975, of the Treaty of Waitangi Act and the establishment of the Waitangi Tribunal, to investigate claims by Maori against the Crown. Maori activism in the 1960s and 1970s had showed that, unless it was recognised by statute, the Treaty was "a fraud" (Graham, 1997, p.15), and there has been subsequent legal recognition that the Treaty principles of "partnership, inclusion and recognition of diversity" need to be honoured (O'Brien, in Dyson et al., 1998, p.27). Since this time there have been legal settlements on land claims and Maori initiated health and education programmes for Maori. These incorporate traditional



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knowledge of Maori in these areas and recognition of the inclusiveness of Maori communities.

The current Education Act (1989) provides the same rights for people with special education needs “to enrol and receive education in state schools as people who do not” (Education Act, 1989, Section 8; see also Human Rights Commission, 1996; Dyson et al., 1998). This Act, although expressly stating the right to inclusion of students with disabilities, still allows for a child to be directed to a more suitable, and possibly segregated, school (Education Act, 1989, Sect. 8 & 9).

The Human Rights Act (1993) is another piece of legislation that provides the possibility for enforcement of the principles of inclusion in education, as it is underpinned by international agreements, including those from the United Nations. The Universal Declaration of Human Rights (1948), for example, has no binding power but is “a moral guide to a nation state’s responsibilities” (Human Rights Commission, 1996, p.17). Special education provisions under all current legislation will be scrutinised by the Human Rights Commission by the year 2000. This initiative (Consistency 2000) has been delayed pending further legislative changes which will mean that eventually it will be possible to take a complaint about the Ministry of Education and the Special Education Service (SES), contracted by the Ministry to provide education services for people with disabilities, in the area of inadequate service, to the Human Rights Commission. However, the Human Rights Act, and also the Bill of Rights Act, require the consideration of issues and seek the balancing of rights rather than the provision of absolute rights (Human Rights Commission, 1996) - in other words, the classic dilemma of democracy.

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The Health and Disability Commissioner's Act (1994) may also provide redress, as it would cover schools and the SES, who deliver services. The rights of the health and disability service consumers are defined in the Code of Health and Disability Services Consumers Rights of 1 July 1996. The language used in this Act is indicative of yet another strand of thinking arising in education - that of the 'marketplace'.

The strong 'rights' push is evident in the legislation. The Education Act certainly "enables students to be "mainstreamed" ... on the basis of their parent's choice, rather than an official's agreement" (Wills, 1998, p.5) however the same Act failed to give clear direction for policy or action. There was a major review of education during this time, but neither the resulting report (the *Picot Report*) nor its White Paper (*Tomorrow's Schools*) mentioned special education services. A change of government in 1991 was followed much later by a policy release in 1995 on special education. This became the platform for subsequent policy development, culminating in the release of Special Education 2000 in 1996. This policy aims to "provide fair resourcing for all students with special education needs wherever they go to school so they have the opportunity to achieve" (Ministry of Education, 1998a, p.1). It provides a variety of ways that students with special needs can be resourced. Those with high and very high needs attract resources through an ongoing resourcing scheme that follows them wherever they are educated. Those with mild to moderate needs are resourced through a special education grant to schools and there are other specific schemes for speech language therapy, behaviour management and the early childhood area (Ministry of Education, 1998b).

The policy itself is couched in the language of the New Right economy - the language of the marketplace - words like services, purchasing, commodity and consumer. "The latent intention of the policy Special Education 2000 is ... [that resourcing of Special Needs education will] be determined at the local school level and will be a contest" (Wills, 1998). Ballard (1998) points out that this change in thinking is a move toward exclusion, not inclusion and is sceptical that it will solve the problems of resourcing of special education in schools. He notes that the scheme will be expensive to operate, using funds for assessments, checks of the assessments and reviews instead of directly to children in the classroom. Wills (1998) states "the policy ... supports the medical model" (p.7) as it continues to rely on experts, assessment and labelling in the provision of education to those with special needs.

## Inclusion in New Zealand schools: Where to from here?

So has New Zealand gone full circle by returning to a medical model in special education? It appears that unless the Special Education 2000 policy can incorporate the best of all the current thinking on special needs education, it will again fail those who really need it. All educators must urgently reiterate the need for fair and equitable resourcing to meet the needs of each individual child in education. They must work to reform the education system and construct an inclusive education community for all students - "a gentler school climate in which children must and do learn how to help and take care of one another" (Meyer, cited in Smith, 1998, p. xxxiii). When this can be done for all children in New Zealand, their education will be truly inclusive.

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*Comment on this paper is welcome. Please email [v.trembath@ace.ac.nz](mailto:v.trembath@ace.ac.nz)*

