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Review article

THE EVOLUTION OF DISABILITY PERSPECTIVE MODELS AND THEIR IMPACT ON INCLUSIVE EDUCATION

Abstract:

Examining the different disability perspective models provides insight to the conceptions and attitudes towards the disabled community. When we talk about the connection between disability persoective models and inclusive education, generically there seems connection. It is essential to understand the differences between the various models of disability, as well as their separate histories, in order to fully appreciate the concepts of exclusion and inclusion.

The objective of the paper was to explore the ideas of models of disability and its connection to educational system for students with disabilities, or more precisely its connection to inclusive education. To explore the connection between models of disability and education system, different literatures were collected from search engines, reviewed and analyzed from the angle of disability perspective models. The literature resources were analyzed from the perspectives interlinking to the role of disability models to the inclusive education. This paper analyzes the four main disability perspective models – the medical, social, biopsychosocial, and human rights models – and their application in inclusive education. It is explored that there seems strong connection of given disability models to inclusive education.

The conclusion of the paper is that no single model fully addresses the complex needs of students with disabilities. Understanding the nuances of these models and their effects on special needs students is crucial for policymakers, educators, and stakeholders in the field of education.

Keywords: *Inclusive education, disability, medical model, social model, biopsychosocial model, human rights model, inclusion, rights of people with disabilities*

Introduction

Inclusion is not a new phenomenon, its origins may be traced back to ancient time, when it has been used as a complex ideological construct rather than considered in terms of equality that legitimised the process of the subordination and domination of vulnerable groups in the society (Bhatia & Rinkey, 2021; Chichevska Jovanova, 2018). In recent decades, the concept of inclusion has gained significant prominence, particularly within the field of education, where efforts are continuously being made to ensure that all students, regardless of their abilities or disabilities, receive equitable access to education and the necessary support to fully participate in the general education system (Ainscow, 2020; Booth & Ainscow, 2021; Florian, 2014). The global push toward inclusive education reflects a broader shift in societal and educational paradigms that advocate for the removal of barriers to learning and emphasize the rights of all students to learn in the least restrictive environments (Slee, 2011; Rieser, 2012). This transformation in educational thinking has led to the development of several models that offer different perspectives on disability and the ways in which students with disabilities should be supported within mainstream educational settings (Shakespeare, 2018; Thomas, 2004).

The disability prespective models and inclusion have evolved in tandem with changes in societal attitudes, medical advances, and an increased recognition of human rights, especially regarding the treatment of individuals with disabilities (Barnes & Mercer, 2010; Priestley, 2003). Historically, approaches to disability were shaped by more exclusionary practices, often viewing disabilities as deficits that required specialized or separate educational environments (Oliver, 1990; Barton, 2003). However, the growing advocacy for inclusive practices has shifted this narrative, recognizing that the segregation of students based on disability is detrimental to both their social and academic development (Booth & Ainscow, 2021; Rashikj-Canevska & Chichevska Jovanova, 2020). Today, inclusion is more widely understood as a fundamental aspect of equitable education, demanding the adaptation of teaching practices, school environments, and policies to meet the diverse needs of all learners (Black-Hawkins, Florian & Rouse M, 2007; Armstrong, 2003). The implementation of inclusive education models varies significantly across different educational systemsworldwide. These models encompass a range of approaches, including full inclusion, partial inclusion, andmainstreaming, each with its unique blend of practices, policies, and support mechanisms (Garg et al., 2024; Chichevska Jovanova & Rashikj-Canevska, 2022).

The impact of these different models on policy and practice within primary schools is profound, as they shape the strategies that educators use to accommodate and support students with disabilities (Rieser, 2012; Slee, 2011). While some models emphasize the need for individualized supports, others focus on systemic changes that make schools more accessible and inclusive for everyone (Shakespeare, 2018; Tomlinson, 2017). This diversity of perspectives

has created a rich landscape of inclusive education, where no single model dominates but rather multiple frameworks coexist and often intersect to inform policy and practice (Ainscow, 2020; Florian, 2014). However, the effectiveness of inclusive education depends not only on the adoption of these models but also on their implementation within school systems that must balance resource constraints, teacher training, and societal expectations (Booth & Ainscow, 2021; Armstrong, 2003; Rieser, 2012).

By analyzing and comparing these four models of disability prespectives, this paper seeks to contribute to the ongoing debate on the most effective ways to support students with disabilities within primary education (Thomas, 2004; Priestley, 2003). The aim is to critically examine the advantages and disadvantages of each model, exploring how they influence the educational experience of students with disabilities and inform broader inclusion policies (Shakespeare, 2018; Florian & Black-Hawkins, 2011). Understanding these frameworks is crucial for identifying the most effective strategies to promote inclusivity in contemporary schools (Rieser, 2012; Ainscow, 2020; Booth & Ainscow, 2021).

Methodology

This paper employs a systematic literature review methodology to examine various disability perspective models and their effects on special needs students education. Systematic literature review is chosen as it allows for acomprehensive analysis of existing research studies, collected from search engine, ensuring a thorough understanding of the topic and providing evidence-based insights. Relevant literature was identified through electronic database searches in Google Scholar database,Emerald, Garuda Portal, Oxford, IJSR, ResearchGate, PubMed, PsycINFO,Scopus, Web of Science.

The subject of the research is the role each model plays in the development of inclusive education, with a particular focus on primary schools. These institutions are key in forming educational approaches and support strategies, as they provide a fundamental understanding of the initial steps toward inclusion. The analysis will show how each model defines disability, what its implications are in the educational context, and what solutions it offers for students with different types of disabilities.

The aim of the research is to explore the strengths and weaknesses of each of these models, as well as their application in education. Through comparing the different approaches, the goal is to propose a model or a combination of models that best meets the needs of students in primary schools. This will not only facilitate a better understanding of how the models influence inclusion, but also contribute to the development of improved educational strategies.

In terms of the time frame, the research covers the past few decades, starting from the 1970s when the social model emerged, up to the present day, where the human rights model plays an increasingly significant role in shaping

educational policies. This period allows for tracking the evolution of thought regarding disability and its application in education.

Findings and discussion

For the past 40 years, 'models' of disability have featured prominently in shaping disability politics, Disability Studies and human rights for disabled people. The models of disability help us understand how society defines and talks about disability.

Models of disability can be condensed into two main approaches: the **individual approaches**, which see the person as having a problem, and the **social approaches**, which see society as having a problem, being unable to accommodate all people. There are four main models we will discuss: medical model, social model, biopsychosocial model and human rights model (YDAS, 2024).

Medical Model

The medical model of disability is the oldest and most traditional approach to understanding disability. This model defines disability as a problem that lies within the individual and results from physical, mental, or sensory impairments. Disability, according to this model, is considered a medical condition that "damages" the individual and, as such, requires medical intervention to reduce or fully correct the problem (Barnes & Mercer, 2010; Goodley, 2017). Essentially, the medical model treats the individual as a passive recipient of healthcare services, with the goal being to correct or overcome their impairment through rehabilitation or medical treatment (Oliver, 2013; Shakespeare, 2018). The approach assumes that the impairment itself is the primary cause of limitation and does not fully consider societal contributions to disability (Thomas, 2020).

In the educational context, the medical model is applied by creating Individualized Education Plans (IEPs) for students with disabilities, based on their medical diagnosis. These plans include specific strategies to address the student's limitations, such as the use of specialized devices, individual support from special educators or therapists, and regular health check-ups (Ainscow, 2020; Black-Hawkins, Florian & Rouse M, 2007). Students with severe physical or mental impairments are often placed in special schools or classrooms where they can receive the appropriate therapeutic support (Shakespeare, 2018; Priestley, 2003). This results in a more focused approach on the medical aspects of the child's condition, with less emphasis on adapting the general environment to their needs (Booth & Ainscow, 2021).

In primary schools, the medical model is most commonly present through the provision of healthcare services and specialized aids for students. These services may include physical therapy, the use of wheelchairs, commu-

nication devices, or speech therapy (Rieser, 2012). Students with disabilities are treated based on their medical needs, often requiring adjustments to the school environment to accommodate their physical or cognitive limitations (Ainscow, 2020; Slee, 2011). These adjustments can include modifications in physical access, teaching methods, or learning tools, ensuring that students receive the specialized care they need to participate in educational activities (Wade & Halligan, 2017).

However, a common issue with this model is segregation, where students with severe impairments are separated from their peers in special classes or schools. While this allows for focused support, they are isolated from regular activities and from their peers, limiting their development in both social and academic contexts (Barnes & Mercer, 2010; Goodley, 2017). The tendency to focus on impairment rather than on how to remove societal barriers to inclusion has been widely criticized by advocates of the social model of disability (Oliver, 1990). As a result, many critics argue that this model fails to promote true inclusion, as the main focus remains on the individual deficiencies of the student (Thomas, 2020).

Table 1: Advantages and Disadvantages of the Medical Model

Advantages	**Disadvantages**
Specialized support for medical needs (Barnes & Mercer, 2010; Rieser, 2012)	Focuses solely on individual impairment (Oliver, 2013; Goodley, 2017)
Individualized interventions and strategies (Ainscow, 2020; Black-Hawkins, Florian & Rouse M, 2007)	May lead to social isolation from peers (Goodley, 2017; Rieser, 2012)
Involvement of medical expertise to improve functionality (Wade & Halligan, 2017; Priestley, 2003)	Ignores social and structural barriers (Shakespeare, 2018; Priestley, 2003)
Provides rehabilitation and medical treatment (Booth & Ainscow, 2021; Thomas, 2020)	Limited inclusion and frequent segregation in specialized institutions (Thomas, 2020; Booth & Ainscow, 2021)

A model similar to the medical model is called the **Charity model**. This model considers disabled people as objects of pity and reliant on nondisabled people to be included in society. It is "relying on the good will of others to fund services for people with disability, rather than recognizing personal support as a right that the government has an obligation to support". "The Charity approach to disability is viewed as being in the 'best interests' of disabled people but it does not consider disabled people's experiences and knowledge as necessarily valuable or essential". The entire charity approach is designed to ensure that no real change ever occurs. It is about people doing good for others, it is not about change, it is not about liberation, it is about the agents of charity – the

do-gooders feeling better about themselves and the world they live in (Barnes, Mercer & Shakespeare, 2010).

Social Model

The social model of disability emerged in the 1970s as a response to the limitations of the medical model. It shifts the focus from the individual's impairments to the social and environmental barriers that restrict their participation in society (Oliver, 2013; Thomas, 2020). According to this model, disability is not an inherent condition within the individual but is created by societal structures, attitudes, and physical environments that fail to accommodate people with diverse abilities (Barnes & Mercer, 2010; Priestley, 2003). The social model promotes the idea that it is the responsibility of society to remove these barriers and ensure that people with disabilities have equal opportunities to participate in all aspects of life, including education (Shakespeare, 2018; Rieser, 2012).

In primary schools, the social model is applied by focusing on creating an inclusive environment where barriers to learning and participation are removed (Florian & Black-Hawkins, 2011). Schools strive to ensure that students with disabilities can access the same educational opportunities as their peers. This is achieved through structural adaptations, such as installing ramps and creating accessible classrooms, and by providing flexible teaching approaches, like Universal Design for Learning (UDL), which allows lessons to be tailored to the diverse needs of all students (Ainscow, 2020; Armstrong, 2003). UDL ensures that teaching materials are designed from the start to be accessible to all learners, reducing the need for after-the-fact accommodations (Booth & Ainscow, 2021).

Teachers are encouraged to use inclusive practices that foster collaboration and peer interaction, such as cooperative learning and group projects (Slee, 2011). These methods not only support students with disabilities but also promote a positive and inclusive classroom culture where differences are valued (Goodley, 2017; Rieser, 2012). Inclusive teaching practices, such as differentiated instruction, allow educators to modify the content, process, or learning environment to meet diverse needs, benefitting all students, not just those with disabilities (Black-Hawkins, Florian & Rouse M, 2007).

Moreover, schools often focus on raising awareness among all students and staff to challenge negative stereotypes and promote a more inclusive attitude (Priestley, 2003). This can include activities aimed at fostering empathy and understanding of disabilities, helping create a school culture where diversity is respected (Ainscow, 2020). While the social model promotes integration into mainstream classrooms, it also recognizes the need for appropriate support mechanisms. This includes the use of assistive technologies, teaching aides, and additional learning support to ensure students with disabilities can fully engage with the curriculum (Booth & Ainscow, 2021; Shakespeare, 2018). By doing so,

the social model advocates for a holistic approach to inclusion, where physical and social adjustments are made to accommodate everyone.

Table 2: Advantages and Disadvantages of the Social Model

Advantages	**Disadvantages**
Focus on removing societal and structural barriers (Oliver, 2013; Rieser, 2012)	May overlook the individual medical or therapeutic needs of students (Wade & Halligan, 2017; Oliver, 2013)
Promotes inclusive environments and equal opportunities (Goodley, 2017; Booth & Ainscow, 2021)	Implementation can be difficult due to resource limitations (Barnes & Mercer, 2010; Priestley, 2003; 1. Shakespeare, 2018; Rieser, 2012).
Encourages systemic changes that benefit all learners (Shakespeare, 2018; Florian & Black-Hawkins, 2011; Ainscow, 2020; Black-Hawkins, Florian & Rouse M, 2007)	Resource-intensive and may require significant investment in infrastructure schools (Shakespeare, 2018; Florian & Black-Hawkins, 2011; Ainscow, 2020).
Empowers students by focusing on their abilities (Shakespeare, 2018; Slee, 2011)	Struggles with balancing systemic and individual needs (Wade & Halligan, 2017)

Biopsychosocial Model

The biopsychosocial model was introduced in 1977 by George Engel as a more holistic approach to understanding disability. Unlike the medical model, which focuses solely on biological aspects, or the social model, which emphasizes societal barriers, the biopsychosocial model integrates biological, psychological, and social dimensions (Engel, 1977; Wade & Halligan, 2017). This model acknowledges that disability is a complex interplay of medical conditions, individual psychological responses, and the social environment. In education, this approach helps create a more nuanced understanding of how disability impacts learning and participation in school settings (Shakespeare, 2018; Ainscow, 2020).

The biopsychosocial model reflects the idea that disability cannot be fully understood through a single lens. For example, a student with ADHD may have a medical condition that affects attention and behavior (biological aspect), experience anxiety or frustration due to their condition (psychological aspect), and face stigma or lack of support from teachers and peers (social aspect) (Priestley, 2003). Therefore, effective support must address all these factors to ensure comprehensive inclusion and participation in education (Shakespeare, 2018; Rieser, 2012).

In primary schools, the biopsychosocial model is applied by recognizing that students with disabilities require a combination of medical, psychological, and social support (Goodley, 2017). This model advocates for a multidisciplinary

approach, where educators, psychologists, and healthcare professionals collaborate to develop individualized support plans (Armstrong, 2003). These plans aim not only to address the medical needs of students but also to support their mental health and foster a positive, inclusive social environment (Ainscow, 2020; Black-Hawkins, Florian&Rouse, 2007).

For example, a student with autism may receive support from a speech therapist (biological), a school psychologist to help with emotional regulation (psychological), and participate in group activities that promote social interaction with peers (social). This integrated approach ensures that all aspects of the student's needs are addressed, contributing to their academic success and emotional well-being (Wade & Halligan, 2017; Booth & Ainscow, 2021).

Teachers in primary schools that adopt this model are encouraged to recognize the multiple factors that influence a student's learning and behavior (Slee, 2011). By providing a flexible and supportive learning environment, teachers can help students navigate the challenges they face while ensuring they remain engaged in the classroom (Shakespeare, 2018). The biopsychosocial model promotes inclusivity not only by focusing on accommodations for physical impairments but also by fostering mental health and social participation (Barnes & Mercer, 2010; Rieser, 2012).

Table 3: Advantages and Disadvantages of the Biopsychosocial Model

Advantages	**Disadvantages**
Holistic approach that considers biological, psychological, and social factors (Wade & Halligan, 2017; Shakespeare, 2018)	Complex to implement, requiring significant coordination and resources (Barnes & Mercer, 2010; Oliver, 2013)
Encourages multidisciplinary collaboration (Ainscow, 2020)	Resource-intensive, requiring specialized personnel and funding (Wade & Halligan, 2017; Rieser, 2012)
Focuses on mental health and emotional well-being (Goodley, 2017; Shakespeare, 2018)	Risk of over-reliance on professionals, leading to potential delays in interventions (Goodley, 2017; Thomas, 2020)

Human Rights Model

The human rights model of disability is the most recent approach and gained significant importance from the 1990s, especially with the adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2006 (United Nations, 2006; Degener, 2016). This model views disability through a human rights lens, focusing on the need to protect and promote the rights of people with disabilities in all aspects of life, including

education (Degener, 2016; Quinn, 2009). The CRPD, for example, recognizes the right of people with disabilities to inclusive education, mandating that they have access to quality education on an equal basis with others (United Nations, 2006; World Health Organization, 2011).

Unlike the medical model, which concentrates on individual conditions, or the social model, which emphasizes societal barriers, the human rights model perceives people with disabilities as rights holders. It guarantees legal rights to equality, non-discrimination, and full participation in society (Shakespeare, 2018; Quinn & Degener, 2002). This approach places obligations on states and institutions to adapt their policies and practices in order to respect and protect these rights, especially within the framework of legal systems (Wade & Halligan, 2017). Educational institutions, under this model, are not only expected to accommodate students with disabilities but also to ensure that these accommodations allow for full inclusion and equal participation in educational settings (Barnes & Mercer, 2010).

In primary schools, the human rights model requires educational institutions to adjust their policies and practices to ensure that students with disabilities have equal access to education (Ainscow, 2020). This includes providing reasonable accommodations, such as physical adaptations to buildings, the use of assistive technology, and accessible learning materials (World Health Organization, 2011; Rieser, 2012). These accommodations are legally required under international frameworks like the CRPD and national laws derived from it, such as the Individuals with Disabilities Education Act (IDEA) in the United States (Barnes & Mercer, 2010; Quinn, 2009).

Through the human rights model, schools are obligated to eliminate discriminatory practices and ensure that students with disabilities are treated equally to their peers (Shakespeare & Watson, 2002). It stresses that students with disabilities should not only be physically present in the classroom but fully included in all aspects of learning and social participation (Ainscow, 2020; Goodley, 2017). Schools must promote an inclusive culture and ensure that teachers and staff are trained to provide appropriate support for these students (Degener, 2016; Rieser, 2012). Furthermore, this model encourages educational systems to regularly monitor and evaluate their inclusivity and effectiveness in meeting the rights of students with disabilities (Shakespeare & Watson, 2002; Quinn & Degener, 2002).

Table 4: Advantages and Disadvantages of the Human Rights Model

Advantages	Disadvantages
Provides a legal framework for equality and non-discrimination (Degener, 2016; Quinn, 2009; World Health Organization, 2011; Ainscow, 2020)	Implementation can be challenging due to lack of resources (Wade & Halligan, 2017; Quinn, 2009)
Focuses on rights, dignity, and equal opportunities (Shakespeare, 2018; Degener, 2016)	Legal obligations may create additional administrative burdens (Shakespeare, 2018; Quinn & Degener, 2002)
Obligates institutions to adapt their practices for inclusion (Barnes & Mercer, 2010; Rieser, 2012)	Focuses on legal frameworks rather than practical support (Goodley, 2017; Degener, 2016)

Comparison of Disability Models

Disability models shape policy, educational practice, and societal attitudes toward people with disabilities. Each model presents a unique perspective, from the medical model focusing on individual impairments to the human rights model promoting the rights and equality of people with disabilities.

Table 5: Comparison of the Medical, Social, Biopsychosocial, and Human Rights Models

Criteria	Medical Model	Social Model	Biopsychosocial Model	Human Rights Model
Main Focus	Individual medical problems and impairments	Social and structural barriers that limit participation	Integration of biological, psychological, and social factors	Protection of rights and promotion of equality and non-discrimination
Approach to Disability	Disability is a medical issue that needs treatment	Disability is socially constructed through barriers created by society	Disability results from a combination of medical, psychological, and social factors	Disability is a human rights issue, not just a medical or social problem

Application in Education	Individualized plans based on diagnoses and rehabilitation	Removal of social barriers and inclusion in mainstream classrooms	Multidisciplinary approach addressing all aspects of disability	Legal obligations for inclusion and ensuring equal access to education
Advantages	Precise diagnosis and medical support	Promotion of social inclusion and change in societal attitudes	Holistic approach to disability, integrating various forms of support	Legal protection and guarantees of equality and non-discrimination
Disadvantages	Focus on impairments and medicalization of disability	Overlooks individual medical needs	Complexity of implementation, requires extensive resources	Difficulties in implementation due to administrative and resource challenges

Conclusion

In analyzing the various models of disability, it becomes clear that no single approach fully addresses the complexities of inclusion and the diverse needs of individuals with disabilities. Each model contributes valuable insights into how disability can be understood and how society, particularly educational institutions, can respond to those needs. However, the evolution from the medical model to the human rights model reflects a growing recognition that disability is not just a medical or social issue, but one that intersects with rights, dignity, and equality.

The human rights model, with its emphasis on equality and non-discrimination, offers a more comprehensive framework for inclusion, ensuring that legal obligations guide the creation of inclusive environments. Yet, as this paper has demonstrated, practical challenges remain, particularly in balancing legal mandates with the need for sufficient resources and support.

For true inclusion, a multidimensional approach is necessary—one that incorporates the holistic understanding of the biopsychosocial model, the advocacy for systemic change seen in the social model, and the legal protections of the human rights model. By integrating these perspectives, schools and societies can better respond to the needs of students with disabilities, creating environments that not only accommodate differences but actively celebrate them.

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