



A PRESENTATION FOR INCLUSIVE EDUCATORS

Main Title: THE GLOBAL HISTORY OF INCLUSIVE EDUCATION

From centuries of exclusion to a rights-based culture of belonging — and how Malta's own journey mirrors the global story.



SLIDE 1

Why History Matters

Malta's journey mirrors global developments.

- Inclusion did not appear suddenly — it is the result of decades of social, political, and educational change.
- Understanding history helps educators appreciate why inclusion is now seen as a human right rather than a privilege.
- Historically, learners with disabilities were excluded, institutionalised, or educated separately.
- Over time, global movements challenged these practices, leading to integration and eventually inclusion.
- Malta's journey mirrors global developments:



Understanding history helps educators see inclusion not as a trend, but as a long-term commitment rooted in justice, equity, and human dignity.

PRE-1800s EXCLUSION



Era 1 of 7

SLIDE 2 — TIMELINE

PRE-1800s — EXCLUSION

Deep Context:

- For most of human history, disability was not understood. People with disabilities were often:
- hidden within families
- abandoned
- treated as outcasts
- denied participation in community life
- excluded from any form of education

Disability was associated with superstition, fear, or divine punishment. Education was reserved for the elite, and schooling was not yet a universal right.

Key Insight: *Exclusion was not a policy — it was a cultural norm. This is the baseline from which inclusion had to evolve.*

1800s INSTITUTIONALISATION



Era 2 of 7

SLIDE 3 — TIMELINE

1800s — INSTITUTIONALISATION

The Industrial Revolution created new pressures:

- societies valued productivity
- people who could not work were seen as burdens
- governments and churches built institutions to “care for” disabled people

These institutions were often isolated, overcrowded, and focused on containment rather than development.

Philosophical Shift:

Disability became something to manage, not fear — but still outside society.

Why this matters: *Institutionalisation reinforced the belief that disabled people belonged elsewhere, not in community or school settings.*

1900–1950

SEGREGATION



Era 3 of 7

SLIDE 4 — TIMELINE

1900–1950 — SEGREGATION

Deep Context:

The rise of medicine and psychology introduced diagnostic categories. This led to the creation of special schools and special classes.

Segregation was seen as “scientific” and “appropriate,” based on the belief that:

- learners with disabilities needed specialised environments
- mainstream schools could not adapt
- disability was a deficit requiring expert intervention

Global Movements:

- Early child development theories
- IQ testing
- Eugenics movements (in some countries)
- Growth of special education as a profession

Key Insight: *Segregation provided access to education — but reinforced inequality.*

SLIDE 5 — TIMELINE

1950s–1960s — CATEGORISATION

Deep Context:

Post-war human rights movements began reshaping global thinking. However, education systems still relied heavily on labels and categories to determine placement.

Learners were sorted by:

- IQ
- diagnosis
- perceived ability
- behaviour

Key Treaties:

- 1959 — Declaration of the Rights of the Child
- Recognised children's right to care, protection, and development.
- Did not yet explicitly require inclusion.

Impact: *Categorisation created rigid pathways — often limiting expectations and opportunities.*

1950s–1960s CATEGORISATION



SLIDE 6 — TIMELINE

1970s — INTEGRATION

Deep Context:

Civil rights movements challenged discrimination across race, gender, and disability. Parents began demanding access to mainstream schools. Integration allowed learners with disabilities to enter mainstream schools — but not necessarily participate.

Characteristics of Integration:

- Learners were physically present but academically separate
- LSE-type roles emerged internationally
- Curriculum remained unchanged
- Learners were expected to “fit in”

Key Treaties:

- 1960 — UNESCO Convention Against Discrimination in Education
- 1975 — Education for All Handicapped Children Act (USA)
- Required public schools to educate children with disabilities
- Influenced global thinking, including Europe

Key Insight: *Integration was a step forward — but still based on the assumption that the learner must adapt to the system.*

1970s

INTEGRATION



Era 5 of 7

1980s MAINSTREAMING



Era 6 of 7

SLIDE 7 — TIMELINE

1980s — MAINSTREAMING

Deep Context:

Mainstreaming attempted to increase participation by placing learners in mainstream classes for selected subjects.

Characteristics:

- Partial inclusion
- No systemic change
- Support was reactive
- Learners were included only if they could cope with existing structures

Global Movements:

- Growing disability rights activism
- Early conversations about accessibility
- Recognition that segregation reinforced stigma

Key Treaty:

Key Insight: *Mainstreaming exposed the limitations of expecting learners to adapt to rigid systems.*

1990s and Beyond — INCLUSION

Deep Context: Inclusion emerged as a rights-based, systemic, and philosophical shift. It recognised that diversity is normal, barriers are created by environments, schools must adapt to learners, and participation, belonging, and achievement matter.

Key Treaties Shaping Inclusion:

1989

UN Convention on the Rights of the Child (CRC)

Article 23: Rights of children with disabilities

1993

UN Standard Rules

Called for inclusive education systems

1994

Salamanca Statement

Declared inclusion the most effective way to combat discrimination.
Considered the birth of modern inclusive education

2000

Dakar Framework (Education for All)

Emphasised inclusive, equitable education

2006

UN Convention on the Rights of Persons with Disabilities (CRPD)

Article 24: Inclusive education is a legal obligation. Required states to dismantle segregated systems

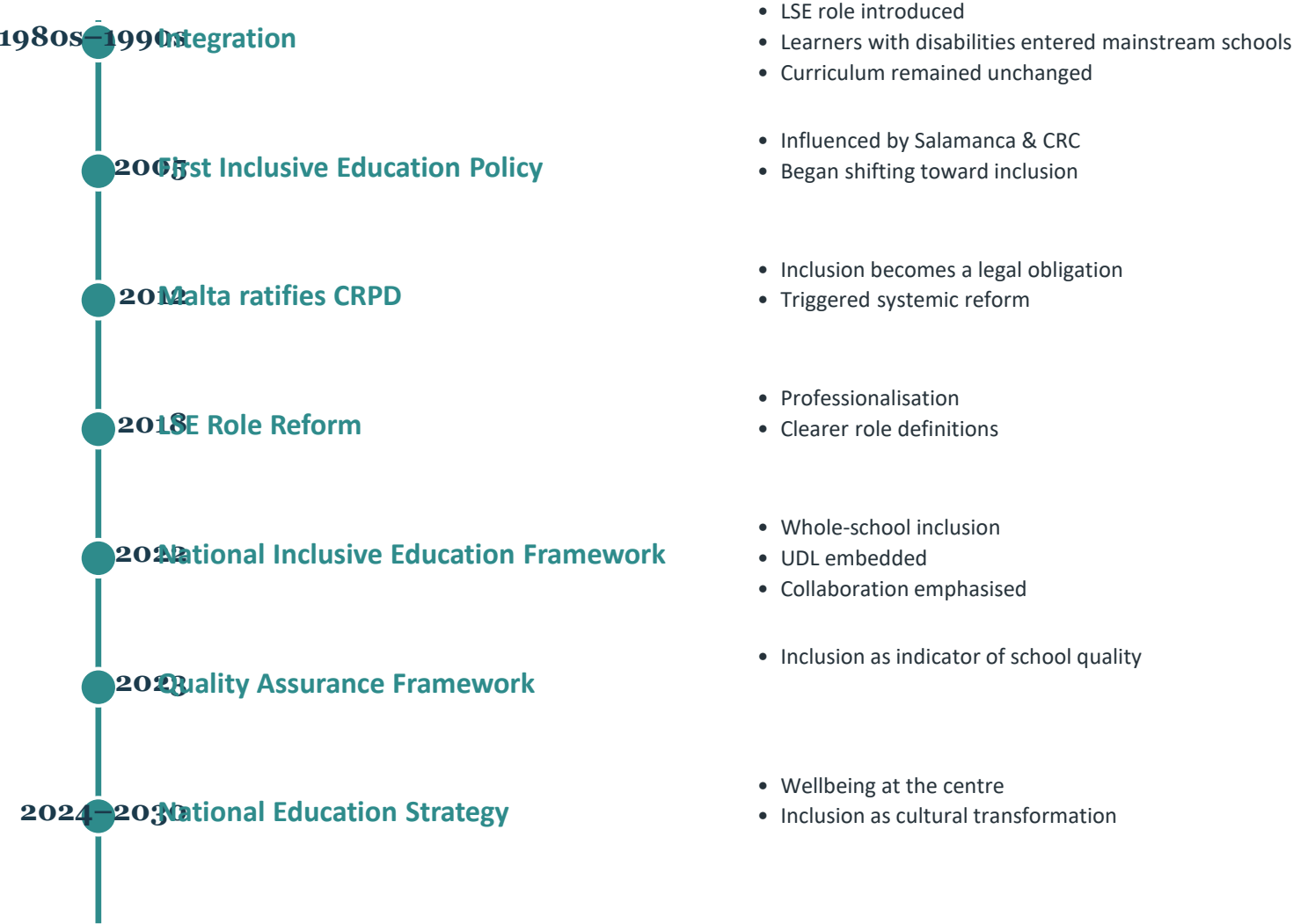
2015

UN Sustainable Development Goals (SDG 4)

Inclusive and equitable quality education for all

Key Insight: *Inclusion is not a placement — it is a culture, pedagogy, and system design.*

How Malta Moved Through the Timeline



SLIDE 10 — CONCLUSION

This timeline shows that inclusion is the result of centuries of change, driven by:



human rights movements



international treaties



disability activism



evolving educational philosophy



global commitments to equity

Models of Disability

Understanding How Societies Have Interpreted Disability Across Time

Models Covered in This Session:



Charity Model

1



**Moral / Religious
Model**

2



Medical Model

3



Social Model

4



SLIDE 12

Why Models of Disability Matter

- They shape how disability is understood
- They influence attitudes, expectations, and school culture
- They determine how learners are supported or excluded
- They explain Malta's shift from segregation → integration → inclusion
- They help educators recognise outdated thinking and adopt rights-based, strengths-based approaches

Early History (Pre-1900)

- Before the 20th century, disability was largely understood through charity or medical models.
- People with disabilities were often cared for by religious institutions or families but were not considered capable of formal education.
- Schools were designed for a narrow group of learners — those who fit expected norms.
- This historical exclusion created long-lasting stigma and shaped early educational systems.

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This period is important because it shows how deeply rooted exclusion is, and why modern inclusion requires cultural change, not just policy change.



SLIDE 14 — MODEL

Charity Model

Pre-1900s – mid-20th century

Core Idea: *Disability is a tragedy. People with disabilities are “objects of pity” who require charity, care, and protection.*

The charity model dominated Maltese society for centuries.

Disability was framed as something sad, unfortunate, and deserving of pity.

Support was provided through religious institutions, charities, and families — not through rights or education systems.

This model created a culture where people with disabilities were cared for but not empowered.

It reinforced dependency and limited opportunities for education, employment, and participation.

The charity model still appear today in subtle ways:

- Overprotecting learners
- Doing tasks for them instead of with them
- Assuming they cannot participate in mainstream activities
- Treating them as fragile or helpless

Educators must recognise these patterns and shift toward empowerment and autonomy.

Maltese Case Study — Charity Model



Past – 1950s–1970s

A child with a physical disability is kept at home because the family believes school is “too difficult” and “too dangerous.” A local religious organisation visits the home to provide food, prayer, and basic care. The child receives sympathy but no education, no autonomy, and no opportunities for participation.



Present (Charity Model Still Appears Subtly)

A Year 3 learner with autism is always given “easy work” because the teacher feels sorry for him. The LSE does everything for him — writing, organising materials, answering questions — out of kindness. Peers see him as someone who needs help, not someone who can contribute. This is charity thinking disguised as support.



Same Case Study but viewed on Social Model

A Year 3 learner with autism is given the same learning intention as the class, but the teacher removes barriers by providing visual instructions, chunked steps, and a choice of how to show understanding. The LSE supports participation by prompting, modelling strategies, and encouraging independence — not by doing the work. Peers collaborate with him in structured group tasks, seeing him as a contributor. The environment adapts to the learner, not the learner to the environment.



SLIDE 16 — MODEL

Moral / Religious Model

Ancient – early 20th century

Core Idea: *Disability is a moral failing, divine punishment, or a test of faith.*

The moral model is one of the most harmful historical models.

It frames disability as a result of sin, divine punishment, or moral failure.

This created deep stigma in Maltese communities, especially in small villages where social reputation was important.

Although Malta has moved far beyond this model, remnants still appear in subtle cultural attitudes:

- Families feeling embarrassed
- People saying “poor thing” or “miskin”
- Beliefs that disability is fate or destiny
- Avoiding conversations about disability

Highlight that educators must challenge any beliefs that link disability to morality or blame.

Maltese Case Study — Moral Model



Past 1930s–1960s

A child with epilepsy is kept indoors because neighbours believe the condition is “a curse.” Parents fear social judgement and avoid sending the child to school. The child grows up isolated, with no access to education.



Present (Moral Model Still Appears Subtly)

A parent tells an educator: “God gave him this challenge for a reason.” While well-intentioned, this belief can lead to resignation rather than empowerment. The educator must gently shift the conversation toward strengths, rights, and opportunities.



Same Case Study but viewed on Social Model

A parent says: “God gave him this challenge for a reason.” The educator replies: “He has wonderful strengths — he communicates well, he loves building things, and he learns visually. Let’s work together to remove barriers so he can show what he can do.”

20th Century: Medical Model Dominance

- Throughout much of the 20th century, the medical model dominated thinking.
- Disability was viewed as a problem within the individual, requiring treatment or correction.
- This led to the rise of special schools and segregated settings. Learners were grouped by diagnosis rather than by strengths or interests.
- Teachers were trained to “manage” disability rather than remove barriers.
- Malta also adopted this model, with special schools and segregated units becoming common.



This historical context helps educators understand why inclusion requires a shift in mindset — from “fixing the child” to “fixing the environment.”



Core Idea: *Disability is a deficit or impairment within the individual. The goal is diagnosis, treatment, and correction.*

The medical model dominated Maltese education throughout the 20th century.

Learners were categorised by diagnosis and placed in special schools or units.

Teachers were trained to “manage” disability rather than remove barriers.

This model still influences practice today — especially when educators focus on deficits instead of strengths.

The medical model is not “bad” — medical knowledge is essential. The problem is when it becomes the only lens.

Educators must avoid:

- Seeing learners as labels
- Assuming limitations
- Using diagnosis to justify exclusion
- Over-relying on withdrawal sessions

Maltese Case Study — Medical Model



Past 1980s–1990s

A child diagnosed with Down syndrome is automatically placed in a special school. Teachers focus on life skills, not academic learning. The child is seen as “uneducable” in mainstream settings.



Present (Medical Model Still Appears)

A Year 6 teacher says: “He has ADHD, so he can’t sit for group work.” The LSE keeps the learner at the back of the class doing separate worksheets. This is the medical model limiting participation.



Same Case Study but viewed on Social Model

A Year 6 teacher says: “Group work can be challenging for him, so let’s remove barriers and support him to participate.” The teacher adapts the task with clear roles, visual steps, and predictable routines. The LSE supports regulation and prompts participation rather than isolating him. The learner works in a mixed-ability group and contributes meaningfully.

Shift to Social Model (1970s–1990s)

- The social model revolutionised thinking about disability.
- Instead of seeing disability as a deficit, it viewed it as the result of barriers in society — inaccessible buildings, rigid curricula, negative attitudes, and discriminatory policies.
- This shift was driven by disability rights movements, parent advocacy, and emerging research.
- The social model laid the foundation for inclusive education by emphasising that schools must adapt to learners, not the other way around.
- Malta began moving toward integration during this period, influenced by European developments and global rights-based discourse.



Barriers, not people, are the problem to be solved.



Core Idea: *Disability is created by barriers in society, not by the individual.*

The social model revolutionised disability thinking.

It shifts responsibility from the learner to the environment.

If a learner cannot access a lesson, the lesson must change — not the learner.

Malta's modern policies are built on the social model: CRPD (ratified 2012), National Inclusive Education Framework (2022), QA Framework (2023), National Education Strategy (2024–2030).

Barriers include:

- inaccessible buildings
- rigid curricula
- negative attitudes
- lack of flexibility
- poor communication
- deficit-based expectations

Maltese Case Study — Social Model in Action

Present

A Year 4 learner with dyslexia struggles with reading tasks. Instead of withdrawing him, the teacher:

- provides audiobooks
- uses visuals
- allows oral responses
- chunked instructions
- peer collaboration



The learner participates fully — not because he changed, but because the environment changed.

Comparison Table — Models of Disability

Model	Core Belief	How Disability Is Understood	Impact on Education	Maltese Example
Charity Model	Disability is a tragedy	Person needs pity and protection	Overprotection, low expectations	LSE doing all tasks for learner “to help”
Moral Model	Disability linked to morality	Shame, guilt, stigma	Hidden learners, avoidance	Families embarrassed to discuss diagnosis
Medical Model	Disability is an impairment	Focus on diagnosis and deficits	Segregation, separate work, low expectations	Learner withdrawn for all lessons due to ADHD
Social Model	Disability created by barriers	Environment must change	Inclusion, UDL, barrier removal	Teacher adapts lesson instead of withdrawing learner

SLIDE 25

Group Activities

Four Maltese scenarios — one for each model of disability — for small-group reflection and discussion.





Case Study 1 – Charity Model

Scenario:

A Year 5 learner with a physical disability arrives late to class after physiotherapy. The teacher immediately tells the LSE, “Don’t let him get tired — just let him colour quietly today.” The LSE gently pushes his wheelchair to a corner table and gives him colouring sheets while the rest of the class works on a science experiment. Peers say, “He’s lucky, he doesn’t have to do real work.”

Group Reflection Prompts:

- What assumptions are being made about the learner’s abilities?
- How is “kindness” being used to justify exclusion?
- How does this impact the learner’s identity and peer relationships?
- How can the LSE shift from protecting → empowering?
- What strategies could allow him to participate in the science experiment?



SLIDE 27 — GROUP ACTIVITY

Case Study 2 — Moral Model

Scenario:

A parent of a Year 2 multilingual learner says, “She doesn’t speak Maltese well because she wasn’t meant to fit in here... it’s God’s plan.” The parent refuses language support, saying, “If she struggles, it’s meant to be.” The teacher feels uncomfortable challenging the belief and avoids discussing language development further.

Group Reflection Prompts:

- How does this belief limit the child’s opportunities?
- How can educators respond respectfully while reframing the conversation toward growth?
- What strengths can be highlighted to shift the narrative?
- How can the LSE involve the parent in barrier-removal thinking (e.g., visuals, bilingual resources)?
- How does this scenario show the difference between acceptance and resignation?



Case Study 3 — Medical Model

Scenario:

A Year 4 learner with dyslexia is told by the teacher, “Reading is too hard for you — just wait for the LSE.” During literacy lessons, the LSE takes the learner to the corridor to practise phonics flashcards while the class reads stories together. The learner misses comprehension discussions, vocabulary building, and peer interaction. The teacher says, “It’s better this way because of his diagnosis.”

Group Reflection Prompts:

- What assumptions are being made about dyslexia?
- What barriers are preventing participation in whole-class literacy?
- How could the literacy lesson be adapted using UDL?
- What role should the LSE play to support access, not withdrawal?
- How does the social model change the outcome for this learner?



Case Study 4 — Social Model

Scenario:

A Year 9 learner with anxiety struggles with transitions between subjects. Instead of removing him from lessons, the educators co-create a visual timetable, a transition card, and a predictable routine. The learner chooses a peer buddy to walk with him during transitions. He begins participating fully in all subjects and even volunteers to lead a group activity.

Group Reflection Prompts:

- What barriers were identified and removed?
- How did the environment adapt to the learner?
- What strengths became visible once anxiety was supported?
- How did collaboration between teacher, LSE, and peers support inclusion?
- How does this scenario demonstrate the social model in action?