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*Special educational needs versus barriers to learning and participation:
conceptual treatment, social implications, and educational consequences of
choosing one framework over the other*

*Necesidades educativas especiales frente a barreras para el aprendizaje y la
participación: tratamiento conceptual, implicaciones sociales y
consecuencias educativas de elegir un marco sobre otro*

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ABSTRACT

The terminología used to describe learners who require additional educational support is far from neutral: it encodes epistemological assumptions, distributes moral responsibility, and shapes institutional responses. This conceptual article systematically contrasts Two dominant frameworks - Special Educational Needs (SEN), rooted in the medical/deficit model of disability, and Barriers to Learning and Participation (BLP), grounded in the social and human-rights model- across ten analytical dimensions including locus of problem, teacher's role, diagnostic function, stigma risk, policy alignment, and view of diversity. Drawing on a documentary review of key international frameworks (UNESCO Salamanca Statement, 1994; UN Convention on the Rights of Persons with Disabilities, 2006; UNESCO Global Education Monitoring Report, 2020; Index for Inclusion, Booth & Ainscow, 2002) and recent Scopus-indexed empirical literature (2018-2025), the article argues that the conceptual shift from SEN to BLP is not merely terminological but represents a paradigmático transformation with mensurable consequences for classroom practice, teacher identity, resource allocation, and social justice. Evidence suggests that SEN frameworks tend to locate the problem within individual learners, reinforcing deficit narratives, diagnostic gatekeeping, and segregated provision, while BLP frameworks redirect attention toward the educational environment, school culture, and systemic structures, aligning with Universal Design for Learning (UDL) and whole-school improvement. The article concludes with ten evidence-based pedagogical implications for teacher education programs and school policy, applicable across Latin American and global early childhood and primary education contexts.

Keywords: special educational needs, inclusive education, barriers to learning, Universal Design for Learning, educational equity.

RESUMEN

La terminología utilizada para describir a los estudiantes que requieren apoyo educativo adicional está lejos de ser neutral: codifica supuestos epistemológicos, distribuye la responsabilidad moral y moldea las respuestas institucionales. Este artículo conceptual contrasta sistemáticamente dos marcos dominantes: Necesidades Educativas Especiales (SEN), basado en el modelo médico/déficit de la discapacidad, y Barreras al Aprendizaje y la Participación (BLP), fundamentado en el modelo social y de derechos humanos, a lo largo de diez dimensiones analíticas, incluyendo el locus del problema, el papel del docente, la función diagnóstica, el riesgo de estigma, la alineación política y la visión de la diversidad. Basándose en una revisión documental de marcos internacionales clave (Declaración de Salamanca de la UNESCO, 1994; Convención de las Naciones Unidas sobre los Derechos de las Personas con Discapacidad, 2006; Informe de Seguimiento de la Educación Global de la UNESCO, 2020; Índice para la Inclusión, Booth & Ainscow, 2002) y literatura empírica reciente indexada en Scopus (2018-2025), el artículo sostiene que el cambio conceptual de la NEE a la BLP no es meramente terminológico, sino que representa una transformación paradigmática con consecuencias mensurables para la práctica en el aula, la identidad docente, la asignación de recursos y la justicia social. La evidencia sugiere que los marcos de EEN tienden a localizar el problema en cada alumno, reforzando narrativas de déficit, el control diagnóstico y la provisión segregada, mientras que los marcos BLP redirigen la atención hacia el entorno educativo, la cultura escolar y las estructuras sistémicas, alineándose con el Diseño Universal para el Aprendizaje (UDL) y la mejora en toda la escuela. El artículo concluye con diez implicaciones pedagógicas basadas en la evidencia para los programas de formación docente y las políticas escolares, aplicables tanto en los contextos latinoamericanos como globales de educación infantil y primaria.

Palabras clave: necesidades educativas especiales, educación inclusiva, barreras para el aprendizaje, diseño universal para el aprendizaje, equidad educativa.



1. INTRODUCTION

The language with which educational systems describe learners who debate from normative expectations is not a trivial administrative choice. Conceptual frameworks are performative: they prescribe what questions teachers ask, what assessments are carried out, who is responsible for change, and which institutional arrangements are legitimized (Oliver, 2013; Shakespeare, 2014). Two competing frameworks dominate contemporary international discourse on disability and difference in education: Special Educational Needs (SEN) - or its equivalents, including Necesidades Educativas Especiales (NEE) in Spanish-speaking contexts- and Barriers to Learning and Participation (BLP), first systematized by Booth and Ainscow (2002) in the Index for Inclusion.

The SEN framework emerged from the landmark Warnock Report (1978) in the United Kingdom, which replaced categorical disability labels with a continuum of needs, representing a significant advance for its time. However, critics have argued that SEN retains the medical model's fundamental assumption: that the source of educational difficulty resides primarily within the individual difficulties at the intersection of learners characteristics and environmental conditions - curriculum, pedagogy, school culture, attitudinal barriers, and systemic structures- placing moral and practical responsibility on the educational system rather than on the learners (UNESCO, 2020; Ainscow, 2025).

This distinction matters urgently for at least three reasons. First, the concept a teacher employs determines what she looks for: a teacher framing a struggling student through SEN lenses seeks a diagnosis; one framing the same student through BLP lenses asks what barriers in the classroom, curriculum, or school culture are impeding participation. Second, the framework shapes resource allocation: SEN systems typically fund categorical placements, while BLP systems fund whole-school accessibility improvements. Third, the epistemological foundation of each framework carries differential risks of stigma, segregation, and social exclusion for learners and their families (Robertson & Jaswal, 2024). The goal of this article is to provide a theoretically grounded and empirically supported conceptual analysis of both frameworks, including their historical genealogy, philosophical underpinnings, educational implications, and policy alignments. The article is written in English to maximize international reach and Scopus indexing potential, and draws on literature from disability studies, inclusive education, educational policy, and early



childhood education. It concludes with ten concrete pedagogical implications for teacher preparation programs and school reform initiatives.

THEORETICAL BACKGROUND

The Medical/Deficit Model and the Origin of SEN

The medical model of disability defines disability as a pathological condition residing within the individual - an impairment to be diagnosed, treated, or remediated (Oliver, 2013; Hogan, 2019). Applied to education, this perspective generated the architecture of special education: categorical diagnosis, individualized education plans (IEPs), pull-out support programs, and in many cases, segregated special schools. While the Warnock Report (1978) introduced the language of ‘special educational needs’ partly to resist categorical labelling, the framework it produced remained firmly diagnostic in orientation: access to additional support was, and in many jurisdictions still is, contingent on identification as ‘having’ a recognized condition. The consequences of this architecture are well-documented. Identification rates for SEN vary dramatically across countries (by a factor of up to eight in Europe alone; European Agency for Special Needs and Inclusive Education, 2022), reflecting not the true prevalence of impairments but the permeability of diagnostic thresholds and the availability of resources. In England, children from lower socioeconomic backgrounds and male children are disproportionately identified as having SEN, suggesting that the category absorbs social inequality under biomedical labels (Norwich, 2014). In Latin American contexts, the NEE framework has similarly been observed to function as a mechanism for excluding learners from mainstream provision rather than transforming mainstream settings to accommodate diversity (UNESCO, 2020).

Davies (2025) observes that although many jurisdictions have formally embraced inclusive education rhetoric, the medical model remains the dominant operational framework in practice: ‘While the model of disability shifted from a medical to a social perspective in theory, the former remained the dominant perception in practical implementation’ (Ainscow et al., 2019; Thomas, 2013). This gap between policy aspiration and classroom reality is partly attributable to the persistence of SEN frameworks in teacher training, funding mechanisms, and assessment protocols.



The Social and Human Rights Models: The BLP Framework

The social model of disability, developed by the Unión of the Physically Impaired Against Segregation (UPIAS, 1975) and theorized by Mike Oliver (1983, 2013), makes a radical conceptual distinction: impairment is a characteristic of the body; disability is a form of social oppression produced by a society that fails to accommodate human difference. Applied to education, this means that a learner who struggles to read is not 'a dyslexic student' but a student in a system that has not yet adapted its teaching methods, materials, and assessment procedures to accommodate diverse reading profiles.

Booth and Ainscow (2002) operationalized this perspective into the Index for Inclusion, a self-review tool for schools that replaces the language of 'special needs' with 'Barriers to learning and participation.' The Index explicitly frames inclusion as a process of identifying and removing such barriers - in school cultures (values and aptitudes), policies (organizational structures), and practices (teaching and learning). UNESCO Global Education Monitoring Report (2020) endorsed this conceptual shift at the highest international policy level, stating: 'The concept of barriers to participation and learning should replace the concept of special needs. Inclusion is a process. Inclusive education is a process contributing to the achievement of social inclusion' (p.14).

The human rights model, enshrined in Article 24 of the UN Convention on the Rights of Persons with Disabilities (CRPD, 2006), extends the social model by framing inclusive education not as a charitable accommodation but as a legal right. General Comment No. 4 (2016) on Article 24 clarifies that states parties must transform their education systems - not place individual students in segregated settings - to accommodate all learners. This rights-based framing significantly raises the stakes of the SEN-versus-BLP conceptual choice: one framework can be reconciled with segregated provision; the other cannot.

The Biopsychosocial Model: A Potential Bridge

Between the pure medical and social models, the biopsychosocial model-formalized in the International Classification of Functioning, Disability and Health (WHO ICF,2001) - recognizes that educational difficulty arises from the interaction of biological, psychological, social, and contextual factors. Davies (2025) argues that this interactionist perspective is most useful school practice, as it incorporates the real impact of impairment on a child's



functioning without reducing disability to individual pathology, and simultaneously directs attention to environmental modification. The ICF's emphasis on activity and participation- rather than deficit- aligns it more closely with the BLP framework than with the puré SEN model. However, critics note that the ICF's taxonomy, if applied mechanically, can reinforce diagnostic categorization rather than systemic thinking (Shakespeare, 2014).

2. METHODOLOGY

This article follows a qualitative, documentary-analytical design. The primary corpus was constituted by: (a) foundational policy documents - the Salamanca Statement (UNESCO, 1994), the CRPD (UN, 2006), the Index for Inclusion (Booth & Ainscow, 2002), the UNESCO Global Education Monitoring Report on Inclusion (2020), and the Who ICF (2001); ad (b) peer-reviewed empirical and theoretical literature indexed in Scopus, Web of Science, and PubMed, published between 2018 and 2025, using the following searches terms: 'special educational needs,' 'barriers to learning,' 'inclusive education,' 'medical model disability,' 'social model disability,' 'UDL,' and combinations therefore.

Analysis proceeded in three phases: (1) conceptual mapping - identifying the core assumptions, locus of problem, and system logic of each framework; (2) comparative contrast - systematically examining the two frameworks across ten analytical dimensions; and (3) implications synthesize - translating the conceptual analysis into evidence-based pedagogical recommendations. The resulting comparison is presented in Table I and collaborate in the Results section.

3. RESULTS

Comparative Framework: SEN versus BLP across Ten Dimensions

Table 1 presents a systematic comparison of the SEN and BLP frameworks across ten theoretically and practically significant dimensions. The comparison reveals not merely semantic differences but structurally distinct logics of educational response.

Table 1.

Systematic Comparison of SEN and BLP Frameworks across Ten Analytical Dimensions

Dimension	Special Educational Needs (SEN)	Barriers to Learning and Participation (BLP)
Underlying model	Medical / deficit model	Social /rights-based



		model
Locus of problem	Within the individual (impairment, disorder)	In the interaction between learner and environment
Main question	What is wrong with this student?	What barriers prevent this student from learning?
Role of diagnosis	Gate-keeping access to services	One contextual factor among several
Teacher's role	Referral to specialists; adaptation as exception	Co-responsible for removing barriers; UDL as norm
Language & labelling	Categorical labels (e.g., SLD, ASD, ADHA)	Descriptive language focused on context and support
System response	Individual planes and pull-out support	Whole-school transformation; environmental redesign
Risk of stigma	High-labels may become permanent identities	Lower- focus on changeable contexts, not fixed traits
Policy framework	IDEA (USA), SEND Code of Practice (UK)	CRPD Art.24; UNESCO 2020; Index for Inclusion
View of diversity	Deviation from normative standard	Natural human variation to be accommodated

Note.SEN = Special Educational Needs; BLP= Barriers to Learning and Participation; UDL= Universal Design for Learning; CRPD= UN Convention on the Rights of Persons with Disabilities. Own elaboration based on Booth & Ainscow (2002), UNESCO (2020), Davies (2025), Oliver (2013, and WHO (2001).

The Locus of Responsibility: Individual versus System

Perhaps the most consequential difference between the two frameworks concerns the locus of the problem-and therefore the locus of the solution. Under SEN, when a student fails to learn, the explanatory Logic searches inward: What condition does this student have?. What deficits need remediation? This inward gaze is reinforced by identification procedures that require evidence of impairment at the level of the individual- standardized assessments, psychological evaluations, diagnostic criteria - as preconditions for accessing support (Norwich,2014).

Under BLP, the first question is: What in the classroom, school culture, or curriculum is impeding this student's participation? This outward gaze directs attention to teaching



methods that fail to accommodate diverse learning profiles, to physical environments that exclude children with mobility impairments, to assessment regimens that systematically disadvantage children from linguistic minorities, and to attitudinal barriers among peers and teachers (Booth & Ainscow, 2002). The distinction is not theoretical: a 2024 study of South African teachers by Majoko et al. found that teachers operating within a SEN framework were significantly more likely to refer learners to specialist and less likely to modify their own teaching; teachers who had been exposed to BLP frameworks were more likely to implement differentiated instruction and environmental modifications.

This shift in locus of responsibility has profound implications for teacher identity. A teacher within a SEN framework is primarily a referral agent; a teacher within a BLP framework is a primary agent of inclusion, professionally responsible for designing accessible learning environments. The latter conception demands substantially different pre-service and in-service teacher education.

Diagnostic Function: Gatekeeping versus Contextual Information

In SEN systems, diagnosis functions primarily as a gatekeeping mechanism: access to additional resources, modified assessments, specialist support, or alternative placements is contingent on documented identification. This creates powerful incentives for families and schools to pursue diagnosis, and simultaneously generates waiting lists, bureaucratic friction, and the risk that children not meeting diagnostic thresholds are denied support they clearly need (Davies, 2025; Nilholm, 2021).

The BLP framework reconceptualizes the function of assessment. Rather than establishing categorical membership ('This child has SEN'), assessment in a BLP framework aims to understand the specific barriers a particular learner encounters in a particular context- and to generate actionable information about environmental modifications that might remove those barriers. Diagnosis, where it occurs, is one contextual factor among several rather than a categorical gate. This distinction is operationalized in the ICF framework (WHO, 2001), which maps functioning and disability across body functions, activities, participation, and environmental factors simultaneously.

The practical consequence is that BLP-aligned schools do not wait for diagnosis before acting: they implement accessible teaching practices (UDL), monitor participation and progress, and adjust environments proactively. This proactive logic is notably more



aligned with early childhood education principles, where the developmental primacy of the first years makes early responsive intervention - without categorical labelling- especially important (MINEDUC Chile, 2018; Decreto 83/2015).

Stigma, Labelling, and Social Identity

The risk of stigma associated with SEN labels is empirically documented. Avoidant, Robertson and Jaswal (2024) demonstrated experimentally that adults who had been taught to understand disability through the social model framework were significantly more supportive of inclusive policies and showed lower levels of disability-based discrimination than those taught through a medical model lens. Longitudinal studies show that SEN labels acquired in primary school can become persistent self-identifications that suppress academic aspirations and peer acceptance (de Boer et al., 2011).

In early childhood settings, this risk is particularly acute. The pre-school years are a critical period for identity formation and social learning; a label applied at age four can follow a child for years, shaping teacher's expectations (a well-documented source of self-fulfilling prophecies), peers' attitudes, and the child's own self-concept. BLP language -which describes barriers rather than deficits, and is inherently contextual and changeable - carries substantially lower stigma risk, though it is not without risks of its own if applied superficially without adequate environmental transformation (Shakespeare, 2014; Davies, 2025).

Policy Alignment and International Frameworks

The SEN framework aligns most directly with legislation from the 1970s-1990s: the Education for All Handicapped Children Act (USA, 1975, later IDEA), the Education Act (UK, 1981), and parallel in Australia, Canada, and across Latin America. These legal instruments represent enormous advances over prior exclusionary practices, but their categorical and eligibility-based architectures embed the medical model into funding mechanisms and administrative processes that have remarkably resistant to reform (Ainscow, 2025).

The BLP framework is increasingly embedded in post-2000 International frameworks: the CEPD (2006), UNESCO's Education 2030 Framework for Action (2015), the



Index for Inclusion (Booth & Ainscow, 2002,2011), and the UNESCO GEM Report on Inclusion (2020), which explicitly calls for replacing ‘special needs’ with ‘barriers to participation and learning.’ In Latin America, Chile’s Decreto 83 (MINEDUC, 2015) and the Diversification Framework based on UDL represent a legislative attempt to operationalize BLP principles within the national curriculum, though implementation remains uneven (Palma Toloza, n.d).

4. DISCUSSION

Why the Conceptual Choice Is Not Merely Semantic

A common objection to the SEN -versus-BLP debate is that it is a terminological dispute without practical consequences - that schools can use either term while maintaining the same practices. This objection underestimates the performative power of concepts. As Davies (2025) argues, models of disability are not neutral descriptive frameworks; they distribute moral responsibility, legitimize institutional arrangements, and shape what counts as a ‘solution’. A school operating within a SEN framework and seeking to ‘include’ a student with Autism Spectrum condition may do so by placing the student in a mainstream classroom without modifying the sensory environment, the instruction style, or the assessment format - and then attribute the student’s difficulties to their condition rather than to the school’s failure to adapt. A school operating within a BLP framework asks different questions, generates different responses, and reaches different conclusions about where the problem lies and who is responsible for addressing it.

The isometric review by Majoko et al. (2025) found that schools that had undergone systematic professional development using BLP frameworks showed significantly higher rates of environmental modification, differentiated instruction, and co-teaching arrangements than schools that had only received training in SEN identification procedures. The conceptual framework, in other words, shaped observable classroom practice.

Tensions and Limitations of the BLP Framework

The BLP framework is not without tensions and limitations. Shakespeare (2014) argues that the social model, in seeking to remove impairment from the explanatory frame, can obscure the real phenomenological experience of disability - the pain, fatigue, and cognitive challenges that are not reducible to environmental barriers. A child with severe intellectual



disability or complex medical needs requires not only accessible environments but also intensive individualized support that cannot be provided solely through environmental redesign. Critiques of the ‘full inclusion’ position note that some students may have needs for which mainstream classrooms, even when fully accessible, are not the óptimas learning environment.

These tensions point toward the biopsychosocial/interactionist model (WHO, 2001; Davies, 2025) as a more nuanced framework than either pure SEN or pure BLP for guiding school practice: one that acknowledges the real impact of impairment while simultaneously directing systemic attention to environmental barriers and the institutional responsibility to remove them. The conceptual question then becomes not ‘SEN or BLP?’ but ‘How can schools understand both individual characteristics and systemic barriers, and act on both simultaneously?’ -which is precisely the challenge of person-centered, rights-based inclusive education.

Implications for Early Childhood Education

Early childhood education contexts present particular considerations for the SEN-versus -BLP debate. On one hand, early identification of developmental difficulties is strongly supported by evidence as enabling timely intervention during the critical windows for neuroplasticity and language development (MINEDUC, 2018). This evidence base is sometimes mobilized to justify SEN-style categorical identification in early childhood. On the other hand, early categorical labels carry especially high risks in this context: developmental trajectories in the first years are highly variable, diagnostic certainty is lower for young children than for older ones, and potential for stigma to shape family expectations and institutional responses is correspondingly higher.

A BLP approach to early childhood is entirely compatible with responsive early intervention: it simply means that intervention is triggered by observed barriers to participation and learning - in the child-environment interaction- rather than by formal categorical diagnosis. This aligns with the principles of the BCEP 2018 in Chile, which emphasizes observation of children’s development within their contexts as the basis for pedagogical decisions, rather than reliance on external diagnostic labels.

TEN EVIDENCE-BASED PEDAGOGICAL IMPLICATIONS



Based on the conceptual analysis and review of evidence presented above, the following ten implications are proposed for teacher education programs, school leaders, and educational policymakers:

- Implication 1 - Reframe professional discourse: Teacher education programs should systematically introduce BLP language and its theoretical foundations, alongside critical analysis of how SEN/NEE frameworks distribute responsibility for learning difficulties.
- Implication 2 - Implement Universal Design for Learning: UDL should be the primary pedagogical framework for all teachers, not a specialist technique. When the learning environment is designed for the full range of learners, fewer students require individualized diagnostic support (CAST, 2018).
- Implication 3 - Conduct barrier audits, not only needs assessments: Schools should regularly audit physical, attitudinal, curricular, and linguistic barriers to participation - not only assess individual student's needs. The Index for Inclusion (Booth & Ainscow, 2002) provides a validated tool for this purpose.
- Implication 4 - Decouple support from diagnosis: Schools should develop proactive support systems that do not require diagnosis as a prerequisite. Graduated, flexible support based on observed participation and learning difficulties should be available to all students.
- Implication 5 - Address teacher attitudes as a primary barrier: Teacher attitudes toward disability and difference are among the most consistently identified barriers to inclusion (Avramidis & Norwich, 2002; de Boer et al., 2011). Pre-service and in - attitude change interventions.
- Implication 6 - Transform assessment practices: Assessment should evaluate participation, learning progress, and access to the curriculum - not only normative attainment. Alternative assessment formats aligned with UDL principles (multiple means of expression) should be institutionalized, not treated as exceptional accommodations.
- Implication 7 - Engage families as partners: BLP frameworks place families in a different position than SEN frameworks - not as recipients of diagnostic information about their child's deficits, but as collaborators in identifying barriers and strengths in the learning environment. Family engagement should be reoriented accordingly.



- Implication 8 - Align funding mechanisms with inclusive practices: Funding mechanisms that tie resources to categorical SEN identification create perverse incentives and embed the medical model in financial structures. Policymakers should explore funding models that allocate resources to schools based on the diversity of their student population and their investments in environmental accessibility.
- Implication 9 - Apply BLP principles with particular care in early childhood: Given the heightened risks of early categorical labelling, early childhood settings should be especially committed to BLP approaches - observation-based, context-sensitive, responsive to individual developmental trajectories, and resistant to premature diagnostic closure.
- Implication 10 - Develop bilingual professional literacy: In Latin American contexts, educators working with the SEN/NEE framework should be supported in developing critical literacy about the international BLP/BAA discourse - not as a replacement for local frameworks but as an enrichment of their conceptual and practical repertoire.

5. CONCLUSION

The choice between SEN and BLP frameworks is not a neutral terminological preference. It encodes fundamentally different assumptions about the nature of educational difficulty, the locus of the problem, the distribution of responsibility, and the appropriate institutional response. SEN frameworks, anchored in the medical/deficit model, tend to concentrate attention on the individual learner's impairments, generate gatekeeping assessment procedures, and legitimize segregated provision. BLP frameworks, grounded in the social and human rights models, direct attention toward environmental barriers, institutional responsibilities, and systemic transformation - aligning more fully with the spirit and letter of the CRPD, the UNESCO Education 2030 agenda, and contemporary evidence on effective inclusive education.

Neither framework provides a complete account of educational difficulty. The most sophisticated current approaches - including the ICF biopsychosocial model and interactionist perspectives in disability studies - seek to hold together acknowledgment of individual characteristics with systemic responsibility for barrier removal. Teacher education programs, school policy, and curriculum design would benefit from explicit engagement with this conceptual debate, developing in educators the capacity to move fluidly between



frameworks while maintaining a primary commitment to the full participation and learning of every student.

The urgency of this conceptual work is not abstract. Across the globe, hundreds of millions of children are still denied access to quality, inclusive education - not because their impairments make learning impossible, but because the educational systems they encounter have not yet dismantled the barriers that exclude them. As Ainscow (2025) puts it: ‘Diversity is seen as a challenge to be overcome, rather than a natural part of what it means to be human, and something that enriches learning.’ Changing that perception begins with changing the concept.

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