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The discourse of special education in Sweden – history and trends in in policy and practice

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Access to public education that provides equal opportunities for all is a democratic right for every person living in Sweden. Schools are obliged to meet the needs of all individuals and provide a suitable and democratically organised education of high quality for everyone. In addition, every child should as far as possible be included in the mainstream school. However, some pupils have difficulties in adapting to life in school, and schools continuously have to handle dilemmas in this respect. This implies that schools have to develop certain institutional practices in response to such problems in order to prevent school failure and in order to handle various concrete dilemmas. In this process categorization has become a necessity in the process of bringing order to the daily practices. An official story that is taken for granted in Sweden is that only an extremely low proportion of children are being in need of special support, since there is no categorization system in the official statistics. However, the results from the interviews of a number of key informants in the Swedish school system and several research studies show the opposite; the proportion of children categorized in practice as being in need of special support has increased dramatically, especially the group of children assigned with neuropsychiatric diagnoses such as for example ADHD or ASD (about 10%). Furthermore, excluding children from regular school and place them into special teaching groups have become a common solution when offering remedial support to these groups. In the analysis, there is a gap between policy and practice and this has always been the case historically. The question is what implication this will have on the inclusive education system in the future?

Introduction

Sweden is a country internationally recognized as a nation performing well in the area of education, well-being and health providing well developed support services when needed. The narrative of Sweden further includes that this is a country, which has moved away from the labelling of children in school. Thus, a policy prescribing access to public education that provides equal opportunities for all, without labelling children, has become a democratic right for every person living in Sweden. The catchword - one school for all- indicates schools meeting the needs of every individual offering an equal, suitable and inclusive education of high quality. Actually, this has been the main idea in the Swedish society for more than 200 years (Hjörne & Säljö, 2013). Despite these efforts, a significant number of children continue to be labelled as having special educational needs, often leading to some sort of specialist provision in segregated settings (Persson, 1998; Haug, 1998, Hjörne, 2011). Furthermore, alarming results in the latest PISA examinations (2009, 2012), especially pointing to poor results for boys and underprivileged children, show that the story of Swedish education as being exemplary is crackling. In this paper, I will further discuss these issues and elaborate on the following questions:

- 1) How has educational difficulties been understood historically and how has the field of special education developed accordingly?
- 2) How is special education and special needs in school currently understood and enacted in policy and practice in Sweden?
- 3) What narratives of “raising standards” and special needs are influential in the Swedish school system of today?

Historical perspectives on educational difficulties and special education

Ever since compulsory schooling was established in Sweden in the middle of the 19th century, when pupils from all social strata entered the school, there have been discussions of how to deal with the variations between pupils in their adaptation to school practices. In this process of dealing with diversity categorization has become a necessity when bringing order to the daily practices. In fact, the activity of classifying and categorizing pupils is “as old as schools themselves”, as Mehan (1993, p. 243) puts it. Thus, “difficult to teach students” (Mehan, 2013, p. 00) have always existed and they will be found all across the world. As a result, various ideologies arguing for the use of different categories with segregation and exclusion as a consequence have been articulated worldwide (cf. Deschenes, Cuban & Tyack, 2001; Trent, 1994; Tomlinson, 2012; Mehan et al., 2002; Ahlström et al, 1986). Thus, the discourse of school difficulties and special education have changed over time in relation to what discourse has been influential in the society overall.

Towards a moral and religious discourse

Since an overtly moralising and religious discourse had a strong position when the mass education started in the 19th century in the Swedish society in general, children with poor performance in school were described by means of categories that referred to shortcomings in their character. Categories such as vicious, lazy, slow, dull, vagrant child, nailbiters, slipshod, immoral but also poor, and so on were used as accounts of school failure, see Table 1 (Hjörne, 2004; Börjesson, 1997; Deschenes, Cuban & Tyack, 2001).

However, the idea of categorizing and differentiating pupils within education was not a new phenomenon even at this early stage of mass education. Already within so-called popular teaching organised by the churches in the 17th and 18th centuries such strategies were seen as called for. For example, during the 17th century children were divided into three different groups depending on their ability to read and understand Christian texts (Warne, 1929, p. 33-34). Furthermore, in year 1738, Salvius, an editor of an economics journal, debated the motives of rationally sorting out the 'quick-witted' individuals (in Swedish: kvickare ämnena) (p. 128) for enrolment. This was seen as a more profitable strategy than enrolling all children. Therefore, the 'inclinations' (in Swedish: böjelser) and the natural abilities of the young were examined "so that the amount of semi-educated people, who could cause more harm than benefit in the country, not will be enlarged" (Warne, 1940, p. 348).

Thus, the idea of differentiating pupils within educational practices seems to have been an option discussed from the very beginning of mass education in Sweden. The fact that labelling and categorization is consequential is also obvious. Children classified as 'poor' or 'unintelligent' when the compulsory school started were marginalized by being offered a very short period of schooling. However, since the term 'poor' could be assigned to most of the pupils attending compulsory school during these early periods, it resulted in a situation in which most pupils went to school for a short time only (Nordström, 1968).

From a moral discourse towards a psychological-medical discourse

However, this resulted in a widespread political dissatisfaction in the late 19th century and at the turn of the century, a new discourse grounded in a psychological-medical understanding became influential and the testing of intellectual capacities of children and their maturity was introduced (Ahlström et al, 1986). The idea behind the tests developed was to predict pupils' success in school, and thereby provide a mechanism for separating pupils, who did not have the capacity to profit from education, from the normal population of school children. Thus, the idea of segregation was given

weight in the debate by claiming that children who were assumed to have intellectual deficiencies, had a “restraining influence and were dragging down the teaching and consequently deteriorating the results of the school-work to the detriment of children with a normal intellect” (Nordström, 1968, p. 144). This was an argument used not only in Sweden. For instance, in a study in the USA published in 1904, 9 per cent of all children in school were classified as ‘mentally dull’. The question raised concerning these children was whether they should be allowed to interfere with the ‘normals’ and “remain a hindrance to the 90 or more per cent of normal children of the community?” (Monroe quoted in Trent, 1994, p. 147). Thus, it has often been argued that the “pupils in the pedagogical mainstream” have to be protected “from being ‘retarded’ by the nonmainstreamers” (Deschenes, Cuban & Tyack, 2001, p. 533). Consequently, ‘slow learners’ were identified as a group, and the term ‘special child’ was conceived (Trent, 1994). Hence, there is a clearer articulation of a pedagogically motivated differentiation with a focus on pupils who were considered as intellectually less fit for education. It is interesting to note that this somewhat reduced the validity of the category ‘poor’ as an argument for giving pupils special treatment in school. Rather, the psychological-medical arguments referring to intellectual capacity were foregrounded as primary.

During this period of ability testing, new categories based on the intelligence measurement were introduced and put to work in school. These categories diversified and later included a fine-grained set of concepts, especially for describing the lower end of the scale. Terms such as feebleminded, imbecile, idiot, backward, slow, moron and intellectually weak were introduced as relevant accounts (Trent, 1994), see Table 1. The institutional strategies that matched these categories implied streaming pupils and the organisation of a wide range of special classes.

Again, there was a strong political opposition arguing that this social selection, deciding on pupils’ educational careers at an early age, discriminated children from low-income families and from rural parts, where most pupils lived at this time. For instance, the social biases in the recruitment to further education became obvious which fuelled the debate even more. It could easily be seen that children from low-income families and from the rural parts of the country were heavily underrepresented in the grammar school (in Swedish: realskola), as were, of course, the girls (Richardson, 1980).

From a psychological-medical discourse to a social discourse and back again

From this intense opposition in the 1940s, the political debate in Sweden again turned to discussing the possibilities of creating ‘a school for all’, that is, a school for all children irrespective of social

class and ability, which resulted in a comprehensive school in the 1960s. However, this idea of having ‘a school for all children’ again was immediately connected to the necessity of having some strategies for differentiation/segregation. Already in the 1940 investigation of school (SOU 1945:60, p. 11), the following could be read: ”everybody cannot be pushed in the same speed, in the same ways and towards the same goal”...some are ”developing slower, are slow on the uptake and work more heavily and with restraints”. Thus, individual differences became arguments for differentiation and streaming and compensatory strategies were suggested. A range of factors that relate to social background and upbringing of children came to be used when explaining school difficulties. In this more social or sociological understanding of children’s adaptation to school, family conditions came to be seen as important determinants that have to be attended to when trying to improve school performance. Categories such as aggressiveness, disorderly behaviour, concentration difficulties, immaturity, truancy, shoplifting, and rejected children now came to play a prominent role (Hjörne, 2004), see Table 1. Consequently, different special classes, at this point eight classes, were arranged for diverse problems. For example, special classes intended for maladjusted children or special classes for immature children etc. were organised. Furthermore, the proportion of pupils referred to special education at this time increased dramatically and statistics from this period show that about one-third of all pupils in a year cohort received some kind of special provision during their schooling (Emanuelsson & Persson, 1997). In addition, research shows that 50 per cent of those who dropped out had been pupils in a special class (Emanuelsson, 1976). Another interesting finding in this study, was that the placement in a special class usually was permanent. Consequently, when pupils were placed in a special class of any kind, they tended to stay there throughout their school years. Very few returned to regular classes. They simply left school as ‘educated special pupils’, as Emanuelsson (1986, p. 146) puts it, rather than as regular school graduates (cf. Thomas & Loxley, 2007).

Studies of this kind started a new, rather intense, debate in Sweden concerning issues surrounding ‘a school for all’ and equal access to education. The dramatic increase in the number of pupils in special needs education reported, about 40 per cent of the pupils in school came into contact with some kind of special provision (Lindensjö & Lundgren, 2000, p. 65) resulted in a new curriculum again heavily emphasising equality of opportunity in the sense that all pupils “independent of gender, geographical residence and social and economical conditions” should “have equal access to education in the compulsory school” (Lgr 80, p. 14, my translation). In this curriculum, the descriptions of disabilities and school difficulties were less specified, and special classes were not mentioned at all. Instead, it was argued that problems of different kinds should be solved within mainstream classroom. However, this renewed policy of having ‘a school for all’ was once again

complemented with ideas that implied assigning students to “special teaching groups”, (small teaching groups with few pupils and more than one teacher) when this was deemed necessary. The curriculum prescribed that if pupils had extensive difficulties - in the form of “intellectual or physical handicaps, emotional or social disorders” (p. 55) - some compensatory strategies were recommended. The local school itself had to decide what kinds of problems or difficulties should be considered relevant for placing pupils in the special programs suggested.

During this period of time, a new medical diagnosis, MBD - Minimal Brain Damage, later the acronym had been redefined to refer to Minimal Brain Dysfunction - was introduced. It was to have a growing impact on the interpretations of learning difficulties. The use of this diagnosis spread, and in the 1970s, the concept of MBD served as an accepted and well-established diagnosis when accounting for school difficulties in Sweden as well as in many other countries (Rydellius, 1999). Consequently, MBD-classes were organised for children having this diagnosis.

However, it was not long before criticism of the concept of MBD began to be heard in various parts of the world. For example, a Scottish doctor of neurology early on claimed that “[m]inimal brain damage’ is not a diagnosis; it is an escape from making one” (Ingram, 1973, p. 527). The acronym changed and at present, ADHD has become a worldwide and predominant disorder, estimated to affect about “five million school-aged children” in USA have ADHD (Rafalovich, 2005, p. 307) and in England there has been a “700 % increase rate in the diagnosis of ADHD in children during the past ten years” (Lloyd, Stead, Cohen, 2006, p. 3).

Table 1: Categorizing school difficulties during the years

Moral/ religious discourse (19th century)	Psychological/ medical discourse (early 20th century)	Social/Sociological discourse (1960's)	Psychological medical/Neuropsychiatric discourse (from 1990's)
vicious	feeble-minded	Rejected	ADHD
nailbiters	backward	Aggressive	ADD
naughty	intellectually weak	bad home	Aspergers
slow	idiot	immature	Tourette
dull	deficient	left-handed	CD (Conduct Disorder)
lazy	slow learner	word-blind	Dyscalculia
poor	imbecile	disorderly	Dyslexia
vagrant	moron	behaviour	ASD
		truancy	

Thus, it is observable from the end of the 20th century and onwards that the psychological-medical discourse, which has always played a part when discussing and handling diversity in school, has once again become influential. Within the cluster of neuropsychiatric diagnoses a whole range of categories emerge such as ADHD, ADD, dyslexia, dyscalculia, CD (Conduct Disorder), ASD (autism spectra disorder) etcetera (Hjörne & Säljö, 2012), see Table 1.

According to a research review made by the Swedish Research Council (2007), about 7 % of pupils in grade three have dyslexia (Wolff, 2005) and between 5-12 % of the children in the Swedish school have ADHD (Ljungberg, 2008; Holmberg, 2009). The relative proportion of boys and girls is four to one, that is, it is four times more boys who receive the diagnosis, but the amount of girls who receive a diagnosis rapidly increases (Kopp, 2010; Velasques, 2012).

The rapid increase of the diagnosis has caused an intense debate. The discussion is primarily about causality between experts from medical and social sciences. For example, the representatives from the social sciences claim that when using this particular diagnosis, family or environmental factors are hidden from view, and the medical perspective gains primacy over other perspectives relevant for understanding school problems (Kihlbom, 2000)

Furthermore, own studies of the process of being categorized as a SEN-pupil within pupil health team, where experts such as psychologist, school-nurse, special needs teacher, headmaster meet, show that the diagnosis ADHD was frequently used to account for a broad range of problems (Hjörne & Säljö, 2004a; Hjörne, 2005). The results also show that there was an apparent inconsistency in the nature of the relationship between various problems/ behaviours and the uses of the category ADHD as an account for school difficulties. The material consequences of being assigned with this kind of diagnosis appeared to be a placement in a special teaching group especially organised for pupils having ADHD. In yet another own study of educational practices developed in these settings the results show that teaching and learning practices are intimately tied to the symptoms of the diagnosis and the children mainly practise behaviour control and social skills and learn how to master their disability, rather than learning how to read and write, maths etcetera. Furthermore, it seems unclear if the pupils ever return to mainstream class (Hjörne, 2006). However, some studies (for example Hellberg, 2007; Karlsson, 2007) show that the diagnosis *per se* was not experienced as labelling by the pupils, rather the school's way of marginalizing the smaller groups when organising education for these children and putting reduced demands on the pupils ability were stigmatizing for the pupils.

The contemporary context of special education

Policy has changed and at present we have a 'goal and result-oriented school' where decentralisation and deregulation have become the buzzwords of the day. This implies that the responsibilities for running schools, for allocating resources, and for dealing with issues that relate to pupils in need of support, rest with the local school authorities, the schools and their leadership, in particular with the headmaster. It is at the local level that the solutions have to be found, and where the knowledge about the needs of pupils has to be present in the day-to-day practices.

Still, the amount of pupils in need of special support is stable, about 20 % reported by researchers (since there is no official statistics concerning the issue) (Andreasson et al, 2013).

The year 2011 a new Education Act (SFS 2010:800) and a new curriculum were launched, stating the need for inclusion. Neither in the law nor in the curriculum categories for school difficulties are mentioned. However, in the preparatory work for the Education Act different categories for understanding school difficulties are suggested:

Table 2: Categories explaining school difficulties in 21st century

Learning disability	Difficulties adapting to forms of teaching	Violent and aggressive
Functional impairment	From socially underprivileged and other at-risk environments	Silent and passive
Neuropsychiatric impairment	Exposed to maltreatment	Play truant

Source: SOU 2002:121, p. 337.

As can be seen, categories used earlier in the history (cf. Table 1) reappear. The question is how this will be implemented in practice since is now up to local authorities to formulate and handle the issue.

Being assigned with a diagnosis implies in most cases being placed in a special teaching group organised for children having a certain kind of diagnosis (Hjörne, 2006; 2011). However, in Sweden we do not do statistics of the categories used, as mentioned, neither do we statistics concerning these arrangements (with the exception of the new statistic presented 2013, see table 5), which implies that these activities are hidden from being inspected. However, the Swedish national agency reports that the amount of segregating solutions for children being in need for special

support has increased (Skolverket, 2008; 2009). Every municipality has in average four such smaller groups according to these reports.

The school system and special education – some statistics

In Sweden there are 9,5 million habitants of which about 1,4 million attend to compulsory education. The decentralized school system is divided into preschool (1-6 years old); comprehensive school (7-16 years old) and upper secondary school (ages 16-19) (see Table 3. Numbers from The Swedish National Agency for Education). The last year in preschool and the comprehensive school are mandatory, which means that ten years of education is mandatory. However, most of the children spend eighteen years in the school system including the preschool. In 1992 a free school system was introduced in Sweden. These schools follow the same curricula as the municipal school system and they are free of charge. Overall about 13% of the pupils in comprehensive school (primary and lower secondary) attend to free schools while 26 % of the pupils in upper secondary school do. However, within the big cities as many as about 50 % of the pupils in upper secondary school attend to free schools (The Swedish National Agency for Education).

Table 3: Numbers of pupils enrolled in preschool classes and compulsory school 2012/2013

School sector	Numbers of schools	Numbers of pupils	% of school population (6-16 years old)
Preschool classes	3734	107 662	7,8
Primary/lower secondary municipal	4119	779 490	56,6
Primary/secondary Free schools	790	119 695	8,7
Upper secondary municipal	768	260 104	18,9
Upper secondary Free schools	485	91 537	6,6
Special schools etc, see Table 2		18 878	1,4
In total		1 377 366	100

As mentioned earlier schools are obliged to meet the needs of all individuals and provide a suitable and inclusive education of high quality for everyone, which means that every child should as far as possible be included in the mainstream school. These are goals clearly outspoken in the new Education Act implemented 2011. This further implies there is no categorization system in the official statistics. But there is a clearly definable special educational system, which to a large extent

is in close connection with the general education system. The most segregated educational arrangements are the special programs for children with intellectual impairments (about 1,4 % of the school population), special schools (457 pupils), see Table 4, and special teaching classes in local schools (most often for children with neuropsychiatric diagnoses), see Table 5. However, there are no statistics concerning how many pupils are placed in special teaching groups, but we know from research that these are increasing (see for example...). Municipalities can organise special provision of any kind according to the specific needs of the pupils in their own catchment area. Thus, the only official categories used in statistics when it comes to special education are

- Intellectual impairment
- Deaf
- Hearing impairment
- Visual impairment

Table 4: Pupils enrolled within some kind of special schools 2012/2013

Type of schools	Number of schools	Number of pupils	% of school population (6-16 years old)
Primary/lower secondary for children with intellectual impairments	630	9 643	0.7
Special schools ¹	10	457	0.03
Upper secondary for children with intellectual impairments	302	8 778	0,6
In total		18 878	1,4

However, in the new Education Act implemented 2011 the Individual Educational Plan (IEP) becomes central in order to guarantee that every pupil will reach the outset learning goal. This implies that the child's need should be investigated "speedily" and a decision is made by the head

¹ Including special schools for a) deafness and impaired hearing b) congenital deaf-blindness and pupils with impaired hearing in combination with severe learning disorder c) pupils with severe speech and language disorder d) impaired vision in combination with other disabilities (National Agency for Special Needs Education and Schools)

teacher, with advice from the pupil health team, about special provision if needed. It further implies that the Individualised educational Plan is registered and by that also made official and possible to bring into statistics. From autumn 2012 the Swedish National Agency for Education use this possibility and establish the fact that about 14 % of the pupils in compulsory school (7-16 years old) have an IEP mostly boys. In grade 9 (15-16 years old) as much as 21 % of the boys and 16% of the girls have such a plan (see Table 3). There are only minor differences between the local school and the free school.

Table 5: Pupils with some kind of special provision 2012-2013

Type of special provision	Number of pupils in total in compulsory school	% of pupils in grade 9 in local school	% of boys in grade 9 in local school	% of girls in grade 9 in local school	% of pupils in grade 9 in free school
Individual educational Plan	125 885 (14 %)	19	21	16	17
Special Teaching Group	12 588 (1,5% in local schools and 1,3 % in free schools)	3	3,6	2,3	

Special Education and changes in policy and practice

With the purpose of exploring views of changes in policy and practice within the field of special education semi-structured interviews of key informants within the school system were accomplished. The findings indicate that the attitudes among the interviewees are slightly different depending on what level in the school system their position is located. Not surprisingly, the representative of the government within education points to the goals of inclusion and knowledge to reach stated in the Education Act as the most important to strive against, while the head masters seem to be more concerned about how to implement policy into practice pointing to risks of increasing special provision. In what follows, I will present the main results arising from the interview data to illustrate the policy discourse and practices evolved at present within special education.

The key informants consist of a representative of different levels in the school system:

- the Government, the ministry of Education, (GE)
- the National Agency for special education (NASP)
- National Agency for school inspection (NS)
- The local authority - Head of school development in a bigger city (LA)

- the local schools – three headmasters from different schools and municipalities (LS)

Policy discourse and direction of travel

In Sweden there is a new Education Act (EA) and a new curriculum implemented in year 2011. All the interviewed persons (IP) point to these changes as the most important when it comes to policy discourse and direction of travel. In unison they claim that most important for the special educational field from the new policies is the intention of *inclusion*, the *right* to receive support for learning and a possibility to *appeal* against decisions concerning special needs support. Within the law the word inclusion is not explicitly used but the intention is clear, according to the IP's.

“the point of departure itself is that pupils in need of special support remain in their regular classes” (GE).

Thus, every child shall as far as possible be included in mainstream classes and only in exceptional cases be excluded and placed into a special teaching group, according to the EA. However, the interpretation of how to implement this statement varies among the IP generally and among the head teachers especially. One of the headteachers interprets the policy as no special teaching groups are permitted at all and the children placed in these groups today shall be moved into mainstream class as soon as possible as a result of the new policies. At the same time he argues that this is an impossible task, which will lead to exclusion of not abled children in the future. Another of the headmasters presents an opposite view of inclusion and point to the benefits of the idea since

“everybody can contribute in their own way and all can learn from each other, everybody can make a contribution to the group” (LS)

and

“we do not only want goalkeepers in the team but mixed groups” (LS).

However, the understanding of inclusion in practice seems to be blurred not only in Sweden. Armstrong et al (2011) describes inclusion as an expression of discursive change, i.e. a “feel-good rhetoric that no one could be opposed to”, (p. 30), rather than a change in practice.

In addition, the policy states that every child should reach the same goals of learning. If the child not reaches the goal the headmaster is in duty bound to investigate the issue and create an IEP, which the parents could appeal against. Thus, the EA strengthening the rights, not only of the child, but of the parents as well.

“It’s become a more clear and distinct law of rights and especially the right to appeal against decisions made is new in the world of the school and one of the most important changes of today” (GE).

In addition, reaching the same goals of learning is a matter of raising standards within the Swedish school, according to the representative of the Government. The head teachers claim that reaching similar goals for everyone is not possible rather there is a risk that this will result in that the field of special provision will increase. However, one of the head teachers points to that increasing goals of knowledge for children in need of special support is important since today the goals for these children often is way beyond what is expected from their peers (see also Hjørne, 2006, 2012 for a discussion).

In order to reach the goals stated in policy the politician recommend more of clear and distinct teacher-led lessons and less own work for the children. He also mentioned that the government is planning to open an institute for developing methods based in research and best practices for teaching. The school inspector, on the other hand, point to the necessity of formative assessment for raising standards in school. The headmasters were worried about that fulfilling the goals of knowledge for all immediately will put demand on an increasing need for special education in school. Once more, there seems to be a risk that mass education is “underpinned by an expanded and increasingly expensive ‘SEN-Industry’”, as Tomlinson (2012, p. 268) puts it. The head of school development (HS) expresses the same concern

“the use of diagnoses are back and is increasing....the association for Aspergers and Autism for example want to discuss the educational conditions for these groups and what they really want is special schools” (LA).

Categorization system and compensation for inequalities

As mentioned before, in Sweden there is no categorization system for school difficulties in the official statistics. The only official categories used in statistics are categories, which are closely connected to the special schools offered.

- visually impaired or blind
- hearing impairments or deaf
- learning difficulties (intellectually impaired).

However, in practice several other categories are used, according to research but also according to the key informant interviews. All IP refer to neuropsychiatric diagnosis, for example ADHD, and in own research the results show that these categories are among the most frequently used when explaining school difficulties.

However, the interview person representing the government point to the fact that we have reintroduced the special needs teacher education and this time with different specializations and by this a new categorization system will be built up.

“We do have the new special needs teacher education directed towards certain categories so to say, this is very limited groups”

The specializations are directed towards:

- deaf and hearing impairment
- learning disability
- maths-difficulties
- reading- and writing difficulties
- probably one new will be implemented this year, directed towards neuropsychiatric diagnosis

“The idea behind these changes is to improve the results of the pupils in school”, according to GE.

Still, a strong idea in the Swedish school policy is striving towards an equal school where children in need of special support should as far as possible be included in mainstream class and every child should give the opportunity to reach the goals of knowledge for their age and receive support if this is not possible. Furthermore, the assignment of the school is to compensate for low SES. The IP's claim that in the bigger cities about 25% of the school budget is allocated to areas with low SES.

How to reach the intentions in the Education Act in practice?

International comparisons and achievement seems to be important for IP on some levels. For example the representative of the government claims that PISA tests and to “raise standards” “that’s what our politics is about”. Furthermore, he claims that the background of the new EA was the poor results from earlier international comparisons. The headmasters, on the other hand, claimed that the results from the PISA tests were of no importance.

However, the IP's expressed the same intentions concerning how to improve school results overall and for SEN-pupils in specific. In particular, they stress that an increased knowledge about successful teaching methods is important in order to reach the goal of having an inclusive school. And this further puts demand on teachers and teachers competence. "Teachers need to be prepared for meeting diversity", as one of the headmasters pointed out.

Furthermore, the school inspector and the politician also point to the needs of grades in early years and formative assessments as important pedagogical strategies in order to raise standards.

Discussions

The historical review above and the contemporary trends show that in the context of schooling and understanding school difficulties, categorizing is, has always been, and will most likely always be, ubiquitous. In own studies of the pupil health team in school, (referred to above) which is at the heart of the process of finding, defining and categorizing school problems, the results show that the focus in the problem-solving is almost entirely on the individual child, whose inability to function in the existing pedagogical practices is accounted for by invoking categories that point to various types of shortcomings. Thus, there is a strong tendency in school to locate school difficulties '[b]eneath the skin and between the ears' (Mehan, 1993, p. 241) of the child.

Furthermore, an important function of categories throughout the history of schooling has been 'to control difficult children, divert them away from schools (. . .) into institutions or regimens of treatment' (Hacking, 1999, p. 111).

However, the categories used varies over time depending on what discourse is dominant in the society at a specific time. Thus, the discourse of special education in Sweden could be described as a competition over the representation of pupils who are difficult to teach in mainstream classroom. A moral and religious discourse, in which school difficulties are seen as shortcomings in pupils' character has competed with a psychological-medical discourse in which educational difficulties are attributed to genetic and organic causes and a social discourse where school problems are seen as caused by environmental, socioeconomic and familial factors. At present, a psychological-medical discourse is once more dominant supported by measurements techniques such as IQ tests, categorizing pupils' as *having* "learning disabilities", "ADHD", "ASD" and so on.

Thus, the narrative of the Swedish school- system taken for granted is that only an extremely low proportion of children are being in need of special support, since there is no categorization system

in the official statistics. However, the results from the interviews of a number of key informants in the Swedish school system and several research studies described above show the opposite; the proportion of children categorized in practice as being in need of special support has increased dramatically, especially the group of children assigned with neuropsychiatric diagnoses such as for example ADHD or ASD (about 10%).

The widespread acceptance of neuropsychiatric categories as viable means of understanding children's problems suggests the grip of a diagnostic culture on the school system. The individualization – and medicalization – of problems implies that the focus is on the child and his or her alleged shortcomings. This has obvious implications for the child, the school and for society. For the school, established practices and structures may be left more or less as they are, since the consequences that follow imply that children are taken out of their regular classroom and placed somewhere where their problems are seen as expressions of their condition and diagnosis.

Hence, in the analysis, there is a gap between policy and practice and this has always been the case historically. The question is what implication this will have on the inclusive education system in the future?

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