‘Special needs’ refer to institutionalised cultural value judgments about functioning and health that result in particular human differences being recognised as deserving of social policy attention, in such fields as *rehabilitation and special needs education. Implying *deviance from social norms, ‘special needs’ categories change continuously and are socially, politically and historically relative. In European Union countries, for example, the proportion of pupils identified as having ‘special educational needs’ ranges from less than .5 to over 10 per cent. With compensation as a primary goal, ‘special needs’ policies provide specialised or additional resources. However, by categorising individuals into recipients (‘special’) and non-recipients (‘normal’), such policies have often produced *stigma, *exclusion and *discrimination.

In ‘norm’ (as opposed to ‘ideal’) societies, some people will, by definition, be considered to deviate from policy-determined, institutionalised norms (e.g., the United States government maintains nearly 50 different definitions of ‘disability’ and ‘special needs’). The cultural ideology of normalcy has been enshrined in social policies since it developed at the nexus of industrialisation, developing nation-states and *statistics (‘political arithmetic’). Whereas some societies make no such distinctions or revere disabled individuals, Western welfare states and science together placed primacy on ‘normalcy’, which has come to dominate policies affecting each stage of the ‘life course.

Across Europe, early special education institutions ensured that many children who were previously excluded from public schooling altogether gained access to education, a major achievement of progressive policy initiatives. Developing in tandem with the disciplines of education, medicine and psychology from the mid-1800s, these structures provided specialised teachers and resources. Following often contentious reform efforts, educational provision in segregated special schools or regular schools’ separated classrooms gradually replaced residential asylums for children and youth classified disabled.
National societies’ massive educational expansions, driven by compulsory schooling, greatly increased heterogeneity among pupils. School systems responded by implementing age-grading and special education to homogenise learning groups. In many countries, the proportion of pupils receiving special education has increased dramatically, especially in the *learning disabilities category (now most countries’ largest). Unintended negative consequences of institutionalised boundaries between ‘regular’ and ‘special’ education are incentives to separate pupils and redirection of resources to special education without accountability or research needed to evaluate these programmes’ results for individuals and society.

Mechanisms that stabilise and legitimate stratified school systems’ sorting and selection processes include standardised testing that distributes pupils’ ‘intelligence’ along a bell curve, continuous assessment by professionals, and highly differentiated classification systems based predominantly on medical-psychological models of disability. Social-political and minority-group models of disability instead emphasise the structures and contextual barriers that disable people and hinder their full participation in society (see *disablism). Since the 1960s, disability activists, disabled children’s parents, and civil rights policymakers have fundamentally challenged the provision of special education services outside of regular schools and classrooms.

‘Mainstreaming’ or integration and inclusion advocates, national anti-discrimination legislation and international declarations calling for inclusion demonstrate that special education too often increases rather than decreases the risk of school failure for pupils served. Furthermore, economically disadvantaged and ethnic and racial minority youth have consistently been over-represented in special education. Despite lower pupil-teacher ratios and specialised teacher training, participation in these programmes is associated with higher dropout rates, lowered expectations and self-esteem, less qualification and fewer employment opportunities. However, given (special) education’s highly variable institutionalisation, provision and efficacy, some pupils needing intensive individualised support still choose to attend special schools.

Inclusive education is a process schools undertake to respond to each pupil as an individual learner within a diverse group, requiring schools’ restructuring of personnel, resources and curricula to accept and utilize diversity. Among Western countries, unitary educational systems, aiming for ‘full-inclusion’ of all children in regular classrooms, educate nearly all pupils in regular schools (e.g. Italy, Norway). Some countries maintain a continuum of settings, from full-inclusion to segregated special
schools (e.g. England, France, United States), while Belgium, Germany and the Netherlands are gradually moving their highly-differentiated, separate educational systems toward the continuum model. Segregating or separating pupils with special needs remains part of policies and praxis in most countries. But increasingly over the twentieth century, special schools were closed in favour of pupils sharing in the mainstream of school life, with the ultimate goal of inclusive education—teaching all pupils in neighbourhood schools’ regular classrooms.

Further reading: