



Editorial: Inclusive Healthy Schools

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Editorial on the Research Topic

Inclusive Healthy Schools

Following international policy, most national school systems are developing inclusive schools that focus on empowerment and participation of all students (UNESCO, 2005; United Nations, 2014). Recent research on special educational needs in inclusive schools tries to identify the characteristics of education and teaching methods that optimally support and promote individual learning and wellbeing of all students within a common learning environment. The success of inclusion, especially in school, can be attached to four outcomes on individual level (UNESCO, 2005; Luder et al., 2014):

- Presence of all students in the same classroom
- Acceptance of all students, regardless of individual differences
- Participation of all students on common social and learning activities
- Best possible achievement of every student

To achieve these outcomes, teachers in inclusive schools face the challenges of valuing learner diversity, of supporting all learners on an individual level, and of enabling cooperative learning and working with others (EADSNE, 2012).

Healthy schools focus on empowering students to take care of their health, to achieve and maintain the best possible physical and mental wellbeing. Based on the Ottawa Charter (World Health Organization, 1986), healthy schools agree on a common perspective of health promotion (Stewart Burgher et al., 1999). A major concern in this area is to enhance the equality of opportunity in health.

Combining the two approaches of inclusive schools and healthy schools, the fundamental tasks of health promotion and special needs education coincide: Inclusive healthy schools aim at the best possible support for every child within a common and caring learning environment. The individual wellbeing and health of all as well as a good individual learning support are paramount goals of teaching. A common understanding of these tasks on a mutual interdisciplinary basis allows to coordinate the respective disciplinary endeavours and to jointly undertake common attempts to enhance the quality of education and teaching as well as the quality of relevant research (Keller et al., 2018). As a common theoretical framework in both disciplines, the bio-psycho-social model of functioning, disability, and health (WHO, 2005) has proved as a viable and helpful basis, for example in the conceptualization of research instruments as well as in the development of tests and procedures for educational and teaching practice. Based on this model, individual wellbeing and successful learning and development depend on the physical and mental functioning and individual characteristics as well as on the contextual factors of the relative (physical and social) environment. Therefore, both sides (individual and environment) must be considered and concerted in the developing of inclusive and healthy schools.

The present special issue reports findings from recent research projects on crucial issues in the intersectional domain of health promotion and special needs education. Combined, they give an overview and an insight in actual and vital developments in fostering inclusive and healthy schools:

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Khaleel et al. used a qualitative design to explore the importance of school leadership. The findings demonstrated the key role of principals and of their awareness of inclusive education in creating and promoting inclusive schools.

Squillaci and Hofmann investigated SEN teachers in an inclusive and non-inclusive setting using a comparative quantitative design. Correlations between variables of collaboration and burnout scores were found. The main findings show different effects of collaboration-related variables on burnout dimensions.

In their contribution to the theory and measurement of emotional aspects of teaching, Pastore and Luder show how important the relationship between teacher and students is. Based on the attachment theory and the research on joint attention, two key-components of teacher-student relationships (emotional resonance and shared intentionality) are identified.

Duraku et al. examined barriers to the implementation of effective inclusive education with a survey study with Albanian Preeschool Teachers. The obstacles to supporting children with disabilities were identified as lack of knowledge, supportive techniques, specific working tools, suitable facilities, and support staff, insufficient cooperation with parents, and inadequate educational programs for children with disabilities.

Satisfaction with the cooperation between family and school was investigated by Paccaud et al.. Based on a nationwide quantitative survey of Swiss parents, the findings indicate that good collaboration between schools and families can create an environment that promotes students' emotional well-being as well as their academic skills.

Kunz et al. show in their study that contact with people with disabilities is significantly related to an higher anticipated willingness to take on an inclusive class. Higher levels on self-efficacy in dealing with disruptive behavior and individualizing teaching structure are identified as central indicators for positive attitudes toward inclusion.

Koskela describes how parents experience their role in enhancing the well-being of their children and what this reveals about parental agency in the context of collaborations between home and school. The parental agency is connected to the given opportunities, and the key role in making the agency possible in the schools is given for the teachers.

Abid et al. used a qualitative design to explore the interplay of factors that contribute to school dropout in Pakistan. Employing Sen's Capabilities Approach, the findings show a relation between freedom and function, whereby a capability can only be a function if there is an opportunity. The authors conclude and suggest that since the basic right of education is denied in Pakistan owing to sociocultural, economic, and political factors, there is a need to make necessary efforts at the parental as well as national policy level to address it.

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