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Inclusive Education as a Support Proposal for Students with a Chronic Illness

Edukacja włączająca propozycją wsparcia ucznia z chorobą przewlekłą

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Abstract

Aim. A student with a chronic disease, due to frequent recurrences of the disease or its long-term and dynamic course, requires systematic tests, often associated with the need for several days of hospitalisation. Therefore, a student diagnosed with a chronic disease may be excluded from classes in which the class participates. Considering the changes related to the implications of inclusive education for the Polish education system, an attempt was made to reflect on the proposed solutions in relation to students with chronic diseases. By reflecting on selected literature on the subject and changes resulting from the implementation of inclusive education in Polish schools, special attention was paid to those solutions that could contribute to improving the class's access to school activities. The aim of the article is to present inclusive education as an example of a solution that would make education more accessible to students experiencing long-term health problems.

Methods and materials. Analysis of subject literature and legal regulations.

Conclusion and results. In light of the implemented changes resulting from the impli-

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cations of inclusive education principles within the Polish educational framework, opportunities emerge that could enhance the accessibility of students with chronic illnesses to classroom lessons, current knowledge, and subsequently, potentially improve their learning outcomes. This domain necessitates comprehensive explorations, and the resultant findings could open new directions for modifications to improve the instructional efficacy for students with elevated absenteeism resulting from their chronic illnesses.

Keywords: support, inclusive education, inclusion, student with chronic illness, access to compulsory education, remote participation in classes, student access to school lessons during illness

Abstrakt

Cel. Uczeń z chorobą przewlekłą, z uwagi na częste nawroty choroby albo jej długotrwały i dynamiczny przebieg, potrzebuje systematycznych badań, niejednokrotnie związanych z koniecznością kilkudniowej hospitalizacji również poza okresem zaostrzenia choroby. Z tego powodu uczeń, u którego rozpoznano chorobę przewlekłą, może być wyłączo-ny z zajęć, w których uczestniczy jego klasa. W świetle zmian związanych z implikacją edukacji włączającej do polskiego systemu oświaty podjęto refleksję nad proponowanymi rozwiązaniami w odniesieniu do ucznia z chorobą przewlekłą. W wyniku analizy wybranej literatury przedmiotu oraz zmian wynikających z edukacji włączającej wdrażanej do polskich szkół, zwrócono szczególną uwagę na te rozwiązania, które mogłyby sprzy-jać poprawie dostępności do zajęć szkolnych wraz z klasą. Celem artykułu jest ukaza-nie edukacji włączającej jako rozwiązania, które czyniłoby edukację bardziej dostępną dla ucznia doświadczającego przedłużających się problemów zdrowotnych.

Metody i materiały. Analiza w oparciu o dostępną literaturę i zapisy prawa.

Wyniki i wnioski. W związku ze zmianami wynikającymi z implikacji założeń edu-kacji włączającej do polskiego systemu oświaty pojawiają się możliwości, które mogłyby poprawić dostępność zajęć z klasą i bieżącej wiedzy dla uczniów z chorobami przewle-klymi, a w efekcie – być może – zwiększyć szanse na ich osiągnięcia szkolne. Aspekt ten wymagałby pogłębionych eksploracji, a uzyskane wyniki mogłyby wskazać kierun-ki potrzebnych zmian podnoszących efektywność nauczania uczniów z wysoką absencją spowodowaną chorobą.

Słowa kluczowe: wsparcie, edukacja włączająca, inkluzja, uczniowie z choroba-mi przewlekłymi, dostęp do obowiązkowej edukacji, zdalny udział w zajęciach, dostęp uczniów do lekcji w szkole w czasie choroby

Introduction

In the context of the ongoing discourse concerning inclusive education and the observation of applied inclusive strategies aimed at “high-quality education” (Dycht, 2021), a reflection was undertaken regarding inclusive education as a mechanism to support students with chronic illnesses. Consequently, this article focuses on the research inquiry: what solutions facilitating access to school activities are viable for students with chronic illnesses within the paradigm of inclusive education? The conclusions were sought through a review of relevant literature and the current educational legislation in Poland. Owing to the insufficient availability of resources that synthesise solutions within this specific area of inquiry, this study endeavours to provide a comprehensive overview. The analysis of selected sources from the past two decades enabled a compilation of various authorial perspectives and their critical evaluation, forming a basis for identifying and advocating for effective solutions in the contemporary context of students with chronic illnesses.

A student with a chronic illness, as interpreted by Konieczna (2010), is a child within the developmental age range. More precisely, they are not merely sick children, but children with an illness, who experience health challenges for durations exceeding three months (Chrzanowska, 2015; Ziółkowska, 2010). This implies that their health status may be characterised by prolonged school absences, influenced by the dynamics, progression, and severity of their illness. Bochenek and Grabowiec (2020), in their analysis of Polish and international research, identify a persistent increase in the prevalence of students with chronic illnesses. This observation is corroborated by data from the *Główny Urząd Statystyczny* [Central Statistical Office], which indicates a rise in disability certifications issued to individuals aged 9–14 and 15–19 (including students with chronic illnesses) between 2014 and 2019. The emphasis on students with chronic illnesses is driven by the need to identify effective educational interventions. These interventions present novel perspectives while also urging caution against the replication of the assertion of Doroszewska (1963), a pioneer in therapeutic pedagogy, “that a child with a chronic illness lacks the capacity, unlike their healthy peers, to accumulate diverse personal experiences and achieve autonomy and independence”¹ (Konieczna, 2015, p. 182). The author considers inclusive education as a systemic solution, offering a counterpoint to Doroszewska’s observation.

The concept of the “education system” refers to the organisational framework of the education system, as defined in Article 2 of the Act of December 14, 2016—Educational law (Ustawa z dnia 14 grudnia 2016 r. – Prawo oświatowe, 2016 [Act of December 14, 2016—Educational law]). It encompasses the structural arrange-

¹ Author’s own translation.

ment of institutions from preschool to post-secondary education, as well as the aggregate of institutions that, through the dissemination of scholarly knowledge and educational-care interactions, foster holistic personal development and facilitate successful existence and cultural integration, connecting society with its historical and contemporary contexts, thereby shaping a prosperous future (Okoń, 1998). Nurseries, children's clubs, and institutions of higher education are excluded from this definition.

Polish Education in the Process of Legislative Changes and Pragmatic Solutions

Currently, one can observe a process of transformation which the Polish education system is experiencing. One of the directions of these changes is the transformation of education into an inclusive system. Inclusion encompasses changes and modifications in content, approaches, structures, and strategies. It is a shared vision for all children in the appropriate age range and the belief that the education of all children is the responsibility of the regular system (UNESCO, 2003). Inclusive education concerns teaching focused more on the child than on the curriculum (Twardowski, 2019). This approach is based on the recognition that each child learns and develops individually, at different rates, and that they should be provided with teaching conditions that meet their needs and serve greater independence in the future.

Support may include, for example, classes developing abilities, learning skills, or emotional and social competencies; corrective-compensatory or remedial classes; speech therapy classes; an individualised learning path or program, or individual organisation of home education for students who, due to their health condition, cannot attend school. (Kolanowska, 2021, p. 92)

The primary goal of education in Poland, as determined by recommendations from legal provisions and inclusive education, is to ensure every learner's right to inclusive education (Ministerstwo Edukacji Narodowej [Ministry of National Education], 2024, Recommendation 4). Furthermore, in Poland, the inclusive education system must be guided by the principles of equal treatment, effectiveness, efficiency, and raising the level of achievement of all stakeholders associated with this system, while creating conditions for multi-specialist cooperation and developing innovative approaches to the student (Ministerstwo Edukacji Narodowej, 2024, Recommendation 12).

In accordance with Article 24 of the *Convention on the Rights of Persons with Disabilities*, adopted by the United Nations General Assembly in 2006 and ratified by Poland in 2012 (Ministerstwo Rodziny, Pracy i Polityki Społecznej [Ministry of Family,

Labour, and Social Policy], 2018), inclusive education at all educational levels is a way to prevent discrimination in the education of persons with disabilities. In this paper, the concept of inclusive education is considered in relation to students with chronic illnesses, as a solution allowing the avoidance of exclusion from the education process when health reasons prevent learning together with the class.

In educational law, a student with a chronic illness belongs to a group for which psychological and pedagogical assistance is to consist of recognizing and meeting their individual developmental and educational needs, as well as recognizing psychophysical capabilities and environmental factors affecting their functioning in preschool, school, and institution, to support developmental potential and create conditions for an active and full participation in the life of preschool, school, and institution, and in the social environment (Dycht, 2017). A student with a chronic illness, therefore, belongs to a group at risk of developmental difficulties and therefore requires support, so these regulations will serve as a point of reference. Also, when talking about solutions for students with disabilities, it will be synonymous with solutions applied to students with chronic illnesses.

The 2020s have activated a conceptual discourse on inclusive education, which is increasingly replaced by terms such as “education for all,” “high-quality education,” or “high-quality education for all learners based on inclusive education assumptions” (Dycht, 2021, p. 92). The author discusses models of education and support for students with diverse educational and developmental needs in the context of contemporary terminological and conceptual frameworks, and presents inclusive education through its pragmatic values (Dycht, 2017).

Inclusive education developed on the foundation of integrated education, but it is not the same (Plichta, 2012). According to its assumption, every student has the right to be with others regardless of the type of disability, and it is not the student who is to be reformed (as in the case of integrated education) to fit into the system (Mudło-Głagolska & Lewandowska, 2018), but the environment is to be friendly to them. In the seventh volume of the *Encyclopedia of Pedagogy of the 21st Century*, Zacharuk explains that inclusive education is an approach based

[...] on the recognition that each child learns and develops individually, at different speeds, and should be provided with teaching conditions that meet their needs, taking into account children with various dysfunctions. Inclusive education is a process of increasing the participation of all students in school life, including students with disabilities.² (Zacharuk, 2008, p. 170)

² Author's own translation.

It is a model that takes into account the diversity of students using educational institutions operating in the formal education system. Inclusive education emphasises the acceptance of diversity by a conscious society and the pursuit of overcoming barriers to the participation of students with disabilities in the mainstream education system (Szumski, 2010).

Inclusive education is therefore understood as including students with disabilities—by eliminating existing barriers, *e.g.*, architectural (but not only)—into learning in mainstream schools and mass education institutions (together with able-bodied students) and enabling all students to use assistive devices according to individual abilities (Pańczyk, 2002; Pomirska, 2021). At the foundation of theoretical assumptions—as we read in Szumski—“is the thesis formulated many years ago by Aleksander Hulek that the educational needs of able-bodied people and people with various types of disabilities are largely common. It does not mean [...], that they are the same”³ (Szumski, 2019, p. 20). The author emphasises that significant differences also exist between students who do not have disabilities. Such education is to be open to diversity and the individual developmental needs of each student, is to promote obtaining appropriate education and support functioning in society. In practice, the student is to receive appropriate assistance as soon as the need is recognized by teachers using innovative teaching methods and creating conditions for students to implement personalized learning paths (Neroj, 2019). It is difficult to clearly assess what the real effects are at this moment (Nilholm, 2020).

Inclusive education assumes change because it is a kind of restructuring process on many levels. In addition to education, politics, and culture, it is to include students' places of residence. A review of articles in European and North American journals by Nilholm and Göransson (2017) is a kind of synthesis of approaches to understanding inclusion in relation to students with special needs. For example, the inclusive early education ecosystem model (Walczak, 2021) means that in education or at school, the needs of a student with a chronic illness should not be considered only in the medical or social aspect, but also polysystemically.

Based on the pragmatic values of inclusive education (Dycht, 2017), the thesis was formed that it is an opportunity for the inclusion of students with chronic illnesses. Students experiencing long-term health problems are often excluded from educational activities with their class. However, the assumptions of inclusive education in a sense oblige a search for solutions so that no student feels excluded from the education system, which in turn can mean from the peer group of their class.

The approach to inclusive education adopted in the article identifies it with a solution that creates opportunities for direct access to learning with the class despite illness,

³ Author's own translation.

e.g., through the use of information and communication technologies (ICT), which in many cases proved effective during remote education (caused by the COVID-19 pandemic), but was also effective in countries where remote learning has a longer tradition⁴. An example is Australia or the countries of the former British colonies. Certainly, the possibility of online connection does not relieve the teacher from the care in preparation and quality of classes. The student's activity or passivity depends on the contribution the teacher makes to the classes (Sobczak & Zacharuk, 2021). However, the observed increase in the student's skills can motivate the teacher to the meaningfulness of the effort made in preparing classes, which in post-pandemic conditions could take the form of hybrid classes.

Unfortunately, despite such widespread experiences of remote education during the COVID-19 pandemic, students with chronic illnesses in the situation of long-term exclusion from lessons with the class do not have guaranteed access to even occasional online school classes. The change introduced in educational law by the regulation of the Ministry of National Education of September 2, 2022, on the organization and conduct of classes using distance learning methods and techniques (Minister Edukacji i Nauki [Minister of Education and Science], 2022) turned out to be a partial fulfilment of the needs of students with chronic illnesses, because it does not guarantee them automatic transition to remote learning when they cannot attend school for health reasons. The aforementioned provision concerns the case of suspension of classes, as referred to in Article 125a paragraph 1 of the Educational Law (Ustawa z dnia 14 grudnia 2016 r. – Prawo oświatowe, 2016). Therefore, there is still a risk of high absenteeism and the risk of lower academic achievement caused by frequent and sometimes long absences (Morska *et al.*, 2017). In the author's opinion, deliberate obstruction of online participation for students with chronic illnesses or the lack of teacher's determination to conduct such classes contradicts the assumptions of inclusive education, which should aim at high-quality education.

Bearing in mind the effectiveness of teaching, it should be emphasised that high-quality education is associated with the necessity to use methods and forms of teacher's work, which should result from the student's needs and capabilities, not the pedagogue's habits. The actual implementation of individualisation aims to optimise the conditions for effective student learning. It is associated with the need to diversify didactic

⁴ A synthetic description of the use of various forms of distance learning prior to the pandemic is presented by the author in the article "Rola rodziców w edukacji zdalnej uczniów ze specjalnymi potrzebami edukacyjnymi w klasach trzecich" [The role of parents in the distance education of students with special educational needs in grades I-III] in a collective publication edited by Domagała-Zyśk, "Zdalne uczenie się i nauczanie a specjalne potrzeby edukacyjne: Z doświadczeń pandemii COVID-19" [Distance learning and teaching and special educational needs: Experiences from the COVID-19 pandemic] (2020).

work, according to the student's needs. In relation to students with chronic illnesses, environments involved in organizing support note that such activities require flexibility and openness of all people creating a given environment. People involved in the didactic process of a student with a chronic illness will include: teachers, management, administrative and technical staff of the school, local government authorities, but also parents (Wdówik, 2009). Everyone should remember that in relation to students with chronic illnesses, there is a need for a particularly individualized approach, because in the case of the presence of a student with a disability at school, such as "blindness, we can easily indicate a range of difficulties and corresponding solutions, while in the case of chronic illnesses, almost every person will function differently, reporting a different level of their abilities"⁵ (Wdówik, 2009, p. 42).

Currently, there is a lively discussion about the concept of inclusive education (Krause, 2023). In relation to the subject of this work, it is assumed that it is not so much the idea of inclusive education itself that is important for a student with a chronic illness, but the solutions proposed on its basis, which are a response to diagnosed needs, the satisfaction of which creates opportunities for academic achievement of students experiencing long-term (more than three months) health problems (Szumski, 2010). One of the important conditions seems to be the lack of restrictions on access to school classes or, more broadly, education. Hence, the phrase "education accessible to a student with a chronic illness" was used not so much to replace the concept of inclusive education, but to draw attention to the goal of inclusion, understood as a process that helps overcome barriers limiting the presence, participation, and achievement of students in classroom and school life (Opertti *et al.*, 2021).

Knowledge about the implications of inclusive education assumptions is constantly growing due to, among other things, many foreign and Polish projects. This is evidenced not only by the increasing number of publications presenting inclusive education in the light of theory often supported by research results (Chrzanowska & Szumski, 2019; Domagała-Zyśk, 2018; Gajdzica, 2016; Kołodziejczyk, 2020; Pomirska, 2021; Sekułowicz & Sekułowicz, 2016), but also by conferences on the assumptions of inclusive education, including for the preparation of staff who could implement it at all levels of education.

There is an increasing number of examples of measurable commitment to inclusion, especially in the area of education. Among them, one can mention the so-called *Specjalistyczne Centrum Wspierające Edukację Włączającą* (SCWEW) [Specialised Centres for Supporting Inclusive Education], most often concentrated at centres specialising and having experience in special education (for example, special schools, but not only). SCWEW-s as part of pilot programs often provided the main support for schools

⁵ Author's own translation.

and other institutions that were not adapted to accept a student with a specific disability at that moment. This form of support seems particularly important for children with various special needs, but it is also an opportunity for students with chronic illnesses or more broadly understood health problems. These students can temporarily function like children with disabilities, *e.g.*, due to the severe course of the disease, resulting procedures, complications, or the implemented treatment plan. It also happens that disability is the result or source of health problems. In the case of children, with, for example, kidney diseases, in addition to pharmacological treatment, surgical procedures, biopsies, or renal replacement therapy, medical procedures related to another medical speciality may be necessary. Therefore, the possibility of using aids that improve access to classes can increase the chances of academic achievement. This solution can be an effective antidote to exclusion due to illness, which was often the reality of students. These children—despite normal intellectual development—could not learn with their peers.

Finding optimal solutions is possible through dialogue. Providing sufficient, diverse, and individualised support requires perseverance and resilience in long-term activities. It is not about designing changes in the education system or an obligation that everyone must unconditionally submit to. As the aforementioned report shows, the goal is to identify barriers and remove them first from the mentality of society (Global Education Monitoring Report Summary, 2020).

Perhaps the use of the transition from individual teaching to an individualised learning path is not widely undertaken, because a patient in a children's hospital most often has access to a hospital school and can fulfil the obligation of schooling or learning there (Moszyńska & Antoszewska, 2019). However, it is worth noting that they are not always provided with individualisation (often the teacher individualises teaching in terms of content due to students having different textbooks and different thematic scope or class level). They may also not be provided with additional classes that they may need and that are available when attending school. Younger children can conduct semi-educational activities during the so-called after-school activities, but this is not a systemic solution, but an *ad hoc* one. There is therefore a danger that children with chronic illnesses belong to a group that in early childhood is at risk of being deprived of the opportunity to support development, *e.g.*, linguistic or motor (results of unpublished own research of the author conducted in a group of children with nephrotic syndrome), at the optimal moment. Grabias, Panasiuk, and Woźniak (2015) emphasise that until the age of 10, intensive linguistic development takes place, and the child should acquire a full inventory of sounds before starting school. Until then, they can also use early development support if disharmonious development or neurodevelopmental disorders are diagnosed (Minister Edukacji Narodowej, 2017). Obtaining this type of assistance also requires a decision from a psychological and pedagogical clinic, and parents of children with chronic illnesses often do not even have the opportunity

to apply for this form of assistance, especially at the beginning of the disease. Access to this information is not complete. Only longer experience and exchange of experiences with other parents (based on unpublished own research material) brings knowledge obtained, for example, from other people.

It seems reasonable to consider a solution that would entail the continuation of support received by the student at an earlier developmental stage, sometimes following a re-diagnosis to enhance the relevance of support to the current situation⁶. For children with chronic illnesses diagnosed later than the prenatal period or birth, such a solution would expedite the implementation of necessary psycho-pedagogical assistance.

It is not always a matter of actions requiring special financial outlays. These could involve changes in applied didactic methods, assessment procedures which can be modified based on internal directives from the director, or resolutions of the pedagogical council, and even action plans resulting from teacher team meetings, which should evaluate students at least once per semester. This evaluation should focus on analysing academic achievements, potential for further development, and any difficulties, with a primary emphasis on determining strategies to overcome them, rather than on semester-end grading. The assistance that a child should receive at this stage should stem from genuinely implemented individualisation, a concept discussed in Polish schools long before the advent of inclusive education.

Summary and Recommended Solutions for Students with Chronic Illnesses

Currently, the education system is undergoing another transformation, which may also impact students with chronic illnesses. It is therefore unsurprising that inclusive education has both proponents and opponents. Children with chronic illnesses, disabilities, and those with special educational needs (Gajdzica, 2011) require immediate solutions upon diagnosis or relapse, particularly in mainstream schools where inclusive education may not be favoured.

The changes brought about by inclusive education can open new perspectives not only for students with disabilities or chronic illnesses but also for those with non-harmonious development, fragmentary disorders, or other conditions often misconstrued

⁶ Similar ideas, such as the *Standards of functional assessment and educational-specialist support planning*, have been developed by Otrębski's team (2022) and the *School functional assessment: Process in the aspect of activity and participation assessment*, by Domagała-Zyśk's team (Domagała-Zyśk et al., 2022).

as temporary or minor. This highlights the dual aspect of inclusive education: high-quality education (Dycht, 2021).

The 2020 UNESCO report, *Inclusion and education: all means all*, indicates that inclusive education is not a compulsory mandate but an educational option for students with special educational needs⁷ (SEN). It is important to note that, according to educational law, Ministry of National Education directives, and scholarly works (based on a review of inclusive education perspectives by Jachimczak, 2021), the forced transfer of all students to mainstream schools is not the goal of inclusive education. Evidence from institutions implementing these principles, including SCWEW, suggests a strong emphasis on educational quality, enhanced teaching standards, and the provision of tools that facilitate student inclusion (including internet access), while respecting individual needs and abilities. The proposed solutions aim to create environments that cater to students with disabilities, diverse needs, and chronic illnesses. In this context, inclusive education can be viewed as an opportunity for students with chronic illnesses, protecting them from exclusion from the educational process.

Recommending a flexible approach to inclusive education focused on enhancing educational quality, adaptations made by students and their environments to accommodate medical conditions must yield maximum benefits for the student. Therefore, the following solutions are proposed to support the accessibility of students with chronic illnesses to school activities: 1) Polysystemic development of effective support solutions tailored to the student's needs, including developmental assessments, continued support, and evaluation of stimulation outcomes and processes, 2) Provision of adequate conditions for hybrid learning, including institutional procedures and access to necessary equipment (following the SCWEW model), 3) Continuous professional development for educators in organizing and conducting remote learning, addressing any mental barriers resulting from adverse experiences during remote instruction, such as those during the COVID-19 pandemic, 4) Openness among educators to adopting new methodological and legislative approaches, technologies, and a willingness to learn from both external and personal experiences, 5) Development of remote learning procedures as a standard educational modality, rather than a reactive measure to crises. Increased flexibility in accessing school activities via ICT, in hybrid formats (synchronous or asynchronous), should reflect actual student health needs and capabilities, not merely institutional readiness.

⁷ Special Educational Needs (SEN) refer to situations where a student cannot meet school learning requirements without specialized pedagogical assistance. According to Szumski (2006), this concept has inherent weaknesses due to its widespread use.

Conclusion

In summary, providing opportunities (rather than mandates) for online participation, even from the point of diagnosis, can significantly support students with chronic illnesses by enhancing their access to classroom activities and potentially maintaining optimal learning outcomes. This form of instruction must be of high quality to sustain student engagement, while adhering to digital hygiene principles, allowing students with chronic illnesses to view online classes as a viable alternative to less productive online activities.

Following the analysis of the subject literature and legislative solutions, the author concludes that a comprehensive evaluation of inclusive education's efficacy in supporting students with chronic illnesses requires nationwide scientific research. This research should focus on the types of interventions implemented in educational settings to improve access for students with chronic illnesses, and the effectiveness of solutions aimed at enhancing access to high-quality education, such as hybrid learning. The resulting data would either validate or refute the perception of inclusive education as a viable means of "education accessible for students with chronic illnesses" or any student at risk of high absenteeism.

The author hopes that the analysis presented herein will serve as a reference for researchers in this field and that the recommendations will inspire further empirical studies.

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