Ableism and (Neo)Racism in School Placement Processes in Quebec: School Personnel Interpretations of Immigrant Student Difficulties — A Secondary Publication

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Abstract: The school placement processes of students from immigrant backgrounds considered to be in "difficulty" is an international concern at the intersection of works relating to special education and those concerning the school experiences of students from immigrant backgrounds or racialized groups. The research problem of this article concerns the identification of these students as disabled or as having adjustment or learning difficulties. From a perspective anchored in Disability Critical Race Studies, this ethnographic study documents different interpretations of perceived difficulties made by school actors with regard to seven primary school students from immigrant backgrounds. Five interpretation types are presented: (1) medicalization by dismissal of cultural markers, (2) medicalization by professional constraint, (3) medicalization by cultural deficit, (4) precautionary wait, and (5) cultural differentialism. Our results help to shed light on the special education overrepresentation phenomenon regarding these students and to understand how ableism and (neo) racism contribute to it.

Keywords: Categorization in education; Learning difficulties and students in difficulty; Immigration and ethnicity; Educational inclusion and exclusion; Canada

1. Introduction

This article presents some of the findings of a research project, one of the aims of which was to document the interpretations made by those involved in the school classification processes (PDCS) of students from immigrant backgrounds (EII) with regard to the latter's "difficulties." We use the expression "students from an immigrant background" and its abbreviation (EII), despite the risk of fueling a certain essentialization of this population. On the one hand, by focusing on the country of birth of the student or his parents, this expression obscures the diversity of experiences of the students concerned, but above all the character constructed of this

designation. On the other hand, we are aware that any categorization emphasizing specific characteristics of a population constructed as other, is likely to contribute to its exclusion. After discussing the processes involved in classifying EIIs at school, we will focus on defining the theoretical and methodological apparatus involved. Based on our analyses, we will then present a typology of the interpretations made by school practitioners. These results will help us to question and shed light on the phenomenon of overrepresentation of EIIs in special education, and to understand how ableism and (neo)racism contribute to it.

2. EII school placement process

Although defined differently by Quebec education policies, and likely to benefit from services that respond to distinct educational measures and authorities, EII and students identified as handicapped or as having social maladjustments or learning disabilities (EHDAA) are not mutually exclusive populations. While the Ministry of Education, Leisure, and Sport [1] puts forward an individualized approach to organizing services for students with special needs, PDCSs constitute a space where a categorical approach, based on the student's designation to a predefined category of difficulty, would still be favored [2]. Thus, when these PDCSs are deployed with EIIs considered to be in "difficulty," they represent a junction point between interventions belonging to special education and those aimed at fostering the integration and success of EIIs.

Gaps in representation in the special needs population based on ethnicity have been a concern for several decades in many industrialized countries [3,4]. In Quebec, this concern is shared, though much less documented. According to data from the only statistical study on this subject, three subgroups of EIIs have identification rates as special needs students that are at least 10% higher than those of students born in Quebec to Quebec-born parents: students from Central and South America, South Asia, and the Caribbean and sub-Saharan Africa [5]. The overrepresentation of these racialized groups is not without effect on their educational trajectories, with this identification often contributing to the specialized classification or relegation of these students to general adult education [6,7]. These findings, albeit partial, are consistent with recent federal data on graduation rates for these subgroups [8], and demonstrate the importance of focusing on the problem of identifying EIIs in the special needs school population.

Beyond work on the identification rates of EIIs considered to be in "difficulty," few have focused specifically on the implementation of this identification within PDCSs [9-11]. In the Quebec or Canadian context, a few studies have focused specifically on the practices of school practitioners, notably speech-language pathologists [12,13], while others have focused on the ways in which practitioners look at EIIs and their families [14,15]. In this respect, despite an overall positive assessment of EIIs' school situation and their families' valuing of education, Quebec research reveals that practitioners' interpretations of students' difficulties would be marked by an essentializing and deficit logic, based more on their cultural or family characteristics than on systemic and institutional dimensions [6,16]. As spaces of socio-school categorization through which a new identity is attributed to the student, PDCSs constitute key moments in the school career of EIIs that deserve to be documented, even more so in the Quebec context.

Thus, the present contribution seeks to answer the following questions: in the context of EII PDCSs, what are the different interpretations by school stakeholders of the following? What are the perceived "difficulties?" How do they fit together and unfold over time?

3. A perspective rooted in Disability Critical Race Studies (DisCrit)

To answer these questions, we will draw on DisCrit to analyze institutional procedures and discourses and their

consequences for people who are simultaneously racialized and designated disabled [17-19].

On the one hand, based on a constructivist perspective, DisCrit can be used to design "school difficulties" as a social object constructed through PDCS [20,21]. The use of quotation marks ("school difficulties") aims to recall our constructivist posture, refusing any substantialism [22]. Likewise, we use the expression in/ability to highlight the constructed nature of "difficulties" from a boundary between the normal and the abnormal [17]. Research into EII PDCS highlights their iterative nature, made up of overlapping phases, and their negotiated character. Indeed, the school stakeholders involved face various constraints, including restricted access to resources, work overload, the absence of clear professional orientations, and the organization of services based on the need to identify the student as disabled in order for him or her to benefit from certain services [13]. These constraints contribute to practitioners' interpretations of students' "difficulties" [23].

On the other hand, the DisCrit allows us to think about these interpretations in the light of the various markers mobilized, defined as dimensions of the social that make it possible to draw "demarcation lines that imply the existence of distinct systems of social relations and the mechanisms designed to maintain them" [22]. Within EII's PDCS, these markers are linked to two systems of social relations: ableism and (neo)racism [24]. Ableism prioritizes people and social groups according to their in/capacity, constructed as an essentialized, even medicalized, biological fact, leading to "the exclusion of non-conforming bodies and the people who inhabit them" [25]. For its part, (neo)racism prioritizes people and social groups according to their differences constructed as a cultural fact, leading to the exclusion of certain groups on the basis of cultural incompatibility, or even their "pathological, irreducible or 'natural' differences" [26]. Acknowledging the interdependence of these systems of social relations, DisCrit seeks to shed light on the articulation of cultural markers (these plural formulations of the markers analyzed must be taken in their broad sense, including other markers [for example, linguistic or religious, in the case of cultural markers]) and those linked to in/capacity, in line with what some refer to as an intersectional approach [27-29]. It is from this perspective that we seek to document the different interpretations that school practitioners construct regarding the "difficulties" of EIIs.

4. Methodological approach

Consistent with these theoretical choices, this study borrowed an ethnographic approach to describe and understand interaction situations, the meaning of which is obscured by their routine nature [30-32]. To do this, it used a prolonged presence in the field, a variety of data sources, and the adoption of a reflexive posture by the researchers. The research took place over two school years in two multi-ethnic elementary schools (é1 and é2) in the same Montreal school board. In the two participating schools, allophone students represent three-quarters of the total population. Moreover, the first-generation EII represents 40% of the é1 workforce and 27% of the é2 workforce. In addition, the population of racialized and vulnerable students according to region of origin [6] is lower in é1 (9%) than in é2 (23%).

The methodology was based on network sampling [33] of school stakeholders involved with EIIs considered to be "in difficulty," whose teachers had already sought or intended to seek help for the student. Among the seven EII cases, two are first-generation (Camilo and Keerah) and five are second-generation (Céleste, Danish, Jahvon, Lester, and Mateo). They differ in terms of regions of origin, mother tongues (English [n = 4], Spanish [n = 2], Urdu [n = 1]) as well as their educational level (preschool [n = 1], first grade [n = 2], second grade [n = 3], fourth year [n = 1], at year 1 of the research). Two of them (Danish and Mateo) did not only participate in year 1. Based on the seven EII cases, we collected data from all the school professionals involved throughout the documented PDCSs, corresponding to 21 stakeholders, including directions (dir, n = 3), teachers (ens, n =

4), language support teachers (sl, n = 2), complementary services professionals (refers to staff whose action aims to "perfect the action carried out within the framework of teaching services" [34]), providing services in orthopedagogy (opéd, n = 3), speech therapy (opho, n = 2), psychology (psy, n = 3), social work (ts, n = 1), and special education technicians (tes, n = 3). Four types of data were collected: students' school records (D, 108 documents) (including requests for access to EHDAA services, intervention plans, evaluation or monitoring reports and classification forms, totaling between 4 and 17 documents per student), consultation meetings (including consultation meetings between school stakeholders or with parents, totaling between 2 and 14 observations per student) documented by observations (O, n = 49), as well as *in situ* (I, n = 15) and individual semi-structured interviews with school staff involved in Year 1 (E, n = 15). Observations and interviews were audio-recorded and transcribed in full.

All the data collected was organized chronologically, by student, according to the sequence of the PDCS. This initial temporal analysis enabled us to identify four phases defined in line with other literature on the subject [23]:

(1) The referral phase, which corresponds to the request for professional services by an inter-schooler.

(2) The phase of involvement of a complementary services professional, characterized in particular by the implementation of the student's needs assessment process and related steps (obtaining parental consent, for example).

(3) The professional report phase, in which the various evaluation conclusions are drawn.

(4) The decision-making phase concerning the identification of the student as having special needs and the choice of schooling measures or groupings, where applicable.

Given the duration of the research (two years), the variability of PDCS implementation and their iterative, negotiated nature, these phases are distributed differently for each student (**Figure 1**).
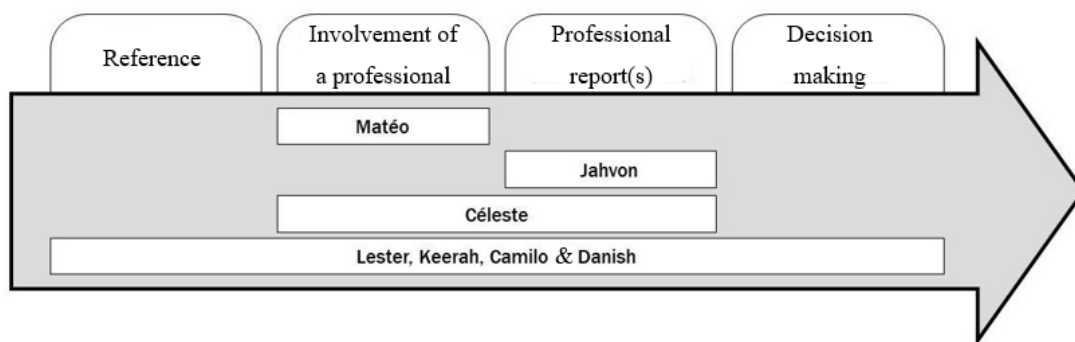

Figure 1. Documented PDCS phases by student

Subsequently, the data were analyzed using a thematic analysis approach [35] following an inductive method [36]. Thus, in order to document interpretations of the "difficulties" perceived by stakeholders, the analysis first focused on the origin or nature of these "difficulties," and was then enriched and complexified by an emergent analysis of the markers mobilized to do so. To develop our typology, we sought to identify the essential characteristics or kernels [37] of each interpretation of "difficulties" according to the students, stakeholders, or PDCS phases concerned, which we then grouped together to identify five typical interpretations.

5. Typology of interpretations of "difficulties" perceived among EIIs by school practitioners

The analytical approach has enabled us to identify five typical interpretations of EII "difficulties." These will be illustrated using empirical data to highlight the cases of the students concerned, the stakeholders involved, and the phases of the PDCS in which they were documented, and to propose a definition.

5.1. Medicalization through exclusion of cultural markers

In the light of our analysis, this first standard interpretation marks the PDCS of five students. Within it, cultural markers, although recognized, are not mobilized in the discourse of the interveners to explain the "difficulties," while in/capacity occupies a central place. The discourse of Camilo's (the names of all students have been changed to ensure confidentiality) management for whom an autism spectrum disorder (ASD) is presumed, bears witness to this: "[...] whether he comes from immigration or not, if there are ASD manifestations, even if he were at home in his country, he would have these manifestations" (dir, é1, E). Still for this student, when named, cultural markers are put in the background, minimized and perceived as irrelevant to understanding "difficulties": "At the very least, there are certain cultures that exist, I am thinking of cultures where there is shamanism or voodoo where you have aspects that seem supernatural that would be very important, but that is not the case. It comes from Colombia. And what's more, the aspects outside of reality and his own themes are not cultural. It is things like Batman, Superman, very North American or Western. [...] I really do not see anything that can be explained in a cultural way... the language difficulties." (psy, é1, E).

This interpretation is particularly evident when professionals from complementary services formulate hypotheses about disorders, thereby ruling out explanations based on other markers. This was the case for two professionals when they took part in consultation meetings involving several other staff members (opho and psy, é1, O). Following these observations, one of them returns to the subject: "I think it [learning French as a second language] could be a factor, but I think the difficulties he is having are so great that it could not be explained by that. That is what I told the doctor. I said 'because his parents, even on a social level, say he is embarrassed because all school is in French and he does not speak French.' What I said to the parents, and I tried to be delicate, was that I do not think it makes sense, unfortunately. I understand that it would be reassuring, but it does not hold water because he is in a reception class. So all the children are in the same situation as he is. French is not their mother tongue. But he is the only one in the class who does not communicate like that. That makes me think it cannot be because of that. Of course it can contribute a little, but not to that extent." (psy, é1, E).

The number of students whose "difficulties" have been interpreted through medicalization by setting aside cultural markers increases between the phase of involvement of a complementary services professional (two students concerned) and that of professional reports (five students concerned). This increase seems to be linked to the weight of the process of assessing students' "difficulties," which leads staff to decide on the nature of these difficulties. Furthermore, the participants who can be associated with this standard interpretation belong to various categories of stakeholders. In fact, once the professionals have reached a diagnostic conclusion, other school staff take it on board. This is particularly true of Céleste's teacher, whose comments testify to the impact of the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) on her view of the student's "difficulties": "She was diagnosed with ADHD. I was a little surprised; I was thinking more of ADD [attention deficit disorder without hyperactivity]. I have been watching her ever since . [...]. It is something I had not noticed all that much. She moves in place, she's disorganized and her school results have dropped." (ens, é2, I).

Medicalization by setting aside cultural markers, which is the typical interpretation found among the largest number of practitioners in our sample, consists of defining the "difficulties" of students as intrinsic and diagnosable deficits. Cultural markers are deemed to have little or no impact on these deficits. Thus, the

associated discourses tend to omit or attenuate these markers in favor of others based on those associated with inability/capacity.

5.2. Medicalization by professional constraint

The second standard interpretation, called medicalization by professional constraint, covers the PDCS of five students in the corpus. Here, cultural markers are recognized as tending to make the identification of "difficulties" more complex. In other words, they make the participants' work more difficult, thus acting as a constraint.

This constraint stems from competing hypotheses. For example, in the case of Céleste, who is under medical supervision for a genetic condition (neurofibromatosis), the remedial teacher wonders what might explain her "difficulties." In one of her intervention reports, she mentions, among other things, the student's multilingualism: "Learning French. English most spoken at home, Tagalog for mother. [...] Neurofibroma disease. Dyslexia? Attention deficit? Maturity?" (oped, é2, D). This typical interpretation is mostly adopted by professionals in complementary services, in the various phases of the PDCS, except at the referral phase. In this respect, Danish's speech therapist shares her doubts about the conclusion of language impairment she reached following her assessment: "I break my head for Danish [...] I put a language disorder, I thought a lot. It took me a week to think about it with my trainee. I put in a language disorder because the difference between a delay and a disorder is the persistence of the difficulties. So, I put in a language disorder because the difficulties are persistent, and there is a context that needs to be taken into account. It is the stimulation, it is the multilingualism, it is a child who lacks autonomy because mom and dad do everything for him, even spoon-feeding. [...] I think he has his own characteristics that are also part of his disorder. [...] Danish, the principle I see with him is that if we continue with stimulation and continue to give him services and support, he will improve, but the disorder will remain." (opho, é2, E).

This complexity is also evident in the psychologist's comments about this student, who expresses concern that her professional report be consistent with that of her colleague, despite the fact that she has other hypotheses: "[...] I think it says in my report that Danish does not always eat alone. Well, who am I to say that he has to eat alone at 8? Well, the literature here... I mean, it is definitely better for him to eat alone at 8, and the more he does on his own, the more confident he will feel. The more confident he feels, the more he will try things out on his own. That is it... but that is touchy" [...] that is it, it is cultural sometimes. Taking good care of your child means pampering them. Here, taking good care of your child means developing self-esteem, and we are big on that. You have to be so careful when you work on that. [...] Well, actually, I was saying that it goes in the direction of language difficulty. It is easy when everything has been done before [refers to her colleague's evaluation report]... So, I am going in the direction that... and here I am choosing my words... [her learning difficulties] are largely explicable by language difficulties, of the order of the disorder as said. [...] On the other hand [...] what I see is that autonomy is not worked on at all at home. It is not even encouraged." (psy, é2, E).

In the case of the five students for whom the interpretation of medicalization by professional constraint was proposed, the latter translates into a certain recognition of the cultural markers influencing the participants' practices more than the student's "difficulties." In other words, the complexity of the student's situation limits the decision-making freedom of those involved. In fact, while cultural markers raise doubts and questions about the complexity of the decisions they have to make together, "difficulties" are always conceived as being deficits intrinsic to the student, based on markers linked to their inability(ies). Finally, this would be more of a transitional interpretation, with complementary services professionals adopting other standard interpretations in subsequent phases of the PDCS.

5.3. Medicalization through cultural deficit

The "difficulties" of five students in the corpus were interpreted through a medicalization of cultural deficit. In this case, the student's cultural markers are seen as contributing to the student's "difficulties," acting as deficits. This mobilization is most evident in parental practices, particularly in terms of language, stimulation, and supervision.

Within this interpretation, some practitioners attribute an aggravating effect on the student's "difficulties" to the parents' linguistic habits. In the orthopedagogue's opinion, the closed, even "anti-French" attitude of Keerah's mother would reduce her daughter's learning opportunities: "She has like the indicators of a specific disorder [...] but at the beginning, [the mother] was not for French. She was already closed, so [Keerah] was not exposed. So, in a way, I blame her... the responsibility, it is a burden on the parent. I am not sure it is her language. Some parents come from a different background, and they will expose the child to the language, they are even proud that they speak more languages. But she did not want French." (oped, é1, E).

This stance is also evident in the words of this student's teacher, for whom the variety of languages spoken at home seems to contribute to her "difficulties." At a consultation meeting with his colleagues, he stated that "the language spoken at home 'leaves something to be desired'" (ens, é1, O).

In a similar sense, in the face of Danish's "difficulties," the teacher discusses with the parents the recent finding of a language disorder, but also expresses concern about the quality and quantity of stimulation offered to him at home, which "would not help him at all" (ens, é2, O). Still on the subject of Danish, the director mentions the family's religious characteristics and their effects on the student: "It is under-stimulation in that family...at Danish, they do not read books very often, that is for sure. There cannot be many books apart from the Koran. It cannot be fun for these kids." (dir, é1, E).

Finally, in the cases of Céleste and Jahvon, in addition to these considerations, other parental practices, including the absence of supervision, act as a catalyst for "difficulties." In this respect, the principal of School 2 says of Jahvon: "I do not know what he sees at home, but sometimes he dances or he hints or he kisses girls in the schoolyard. I do not know. [...] It is true that he is ADHD, [but] his family is special. It is a funny family, sometimes the kids keep each other. The oldest one has mental health problems. I know these kids, it is not obvious. Homework is not always done. Parental supervision is special. It is a strange family [the parents] have chosen to speak to them only in English at home. So when they come here, they do not speak French, they go through the kindergarten reception. I do not understand." (dir, é2, E).

For one student, our data reflect the occasional, infrequent nature of this interpretation, salient in the phases of involvement of a complementary services professional and professional reports, where various hypotheses concerning the student's "difficulties" are in competition. For the other four, this way of interpreting "difficulties" is adopted later in the process and shared by a greater number of participants.

This standard interpretation mobilizes cultural markers deemed problematic, even deviant, and reinforces the medicalization of "difficulties." It manifests itself in two ways. On the one hand, these markers amplify the student's existing "difficulties." On the other hand, they play an explanatory role, creating an environment conducive to the emergence of intrinsic "difficulties." The speech therapist who works with Lester points out this nuance with regard to his parents' linguistic habits: "When the parents do not speak the mother tongue, language stimulation is less rich. And we have young people who may perhaps have a profile similar to that of a language disorder, and then maybe it becomes one too." (opho, é1, E).

5.4. Precautionary wait

This fourth interpretation, which concerns four students in our corpus, is characterized by the bracketing of

markers linked to inability or culture in the view of the student's "difficulties." In this sense, two cases have been documented: either these markers are absent from the discourses collected, or they are both mobilized, without however being prioritized.

Those involved with Mateo, who was now in the process of repeating his second year following a decision to repeat the year, emphasized the importance of giving the student time to demonstrate his skills or competencies: "I think we have done a good thing in this case. You have to consider that this is a very young child [...]. He was very small, his language at home...it was not going well at all: failure in French and mathematics. We are giving him a chance, he is gaining maturity, in terms of language, and it is going very well." (oped, é2, E).

This interpretation, shared by the teacher, the orthopedagogue, and the principal, is part of a context in which Mateo is succeeding, leading them to apprehend his "difficulties" as transitory, based on a lack of maturity explained by various considerations.

For other students, this interpretation seems to manifest itself differently. In addition to being the one adopted by teachers during the referral phase, it is also evident during certain meetings with parents. In the case of Lester, Keerah, and Camilo, while the data testify to interpretations of medicalization in individual interviews or *in situ*, during meetings with parents, the participants offer plural explanations, evoking both markers linked to inability or cultural differences, thus nuancing the view of "difficulties" and reassuring parents. This was emphasized by the principal when she spoke with Lester's parents (dir, é1, O), as well as by Camilo's teacher, whose parents are in the process of assessment: "When he speaks in French, he often speaks part of it in Spanish [...]. I realize that it is not just in French that he speaks, and since his sentence structure is not quite in French yet, it is often hard to follow him...but it will come..." (ens, é1, O).

In a similar sense, the principal of School 1 explains the importance of adopting an open and nuanced position on Keerah's "difficulties" in front of her mother: "I tell myself how many times we say to a parent, 'Your child is not at the right level... he should be sent to a special class,' and the parents get put off and all that, and then the child stays in regular school until 6th grade. I say to myself, I do not want to get involved in this... the child is progressing. The teacher who is going to take her in 3rd grade is going to know where she is, he is going to accept her as she is, he is going to help her progress. Then, at some point, the mother will be more open, she will trust us more [...]" (dir, é1, I).

Thus, the typical interpretation of an expectation of caution is suggested in a variety of contexts: at the start of the process by teachers, in the context of the student's success, or even in the presence of parents. It manifests itself in different explanations of the student's "difficulties," mobilizing several markers. Moreover, the fact that in some cases it occurs at the same time as a medicalizing interpretation, and that it emerges much less in the decision-making phase, testifies to its contextual and strategic nature.

5.5. Cultural differentialism

In the final interpretation of our typology, practitioners use cultural markers to explain the "difficulties" of three students. The family context and parental practices, which deviate considerably from school expectations, take pride of place. This standard interpretation manifests itself above all in contextual explanations focused more on the lack of learning opportunities offered to the student. This is the case of Lester's teacher, who, when asked about his "difficulties," suggests that this is the first time the student has had the opportunity to develop his autonomy and social skills: "But when I talk about stimulation and all that...Lester arrived at school, he did not know how to do anything. His mother put a juice box in his lunchbox, and he did not know what to do with it...tuck in the straw, because she always did. I mean, at some point, kids have to...I do not understand how she

can think like that, but that is the way it is. I have to accept that. There are lots of everyday things that I have taught Lester [...] Difficulties with communication and social skills, but not because he touches his friends and does disturbing things. Because it looks like he does not know how to reach out to friends. We have to help him reach out to the kids." (ens, é1, E).

In this typical interpretation, the manifestations observed in the students do not necessarily reflect "difficulties" per se, but rather their previous experiences. The comments of the remedial teacher working with Jahvon illustrate this distancing from his diagnosis of ADHD: "Does the fact that he comes from a different cultural background [...] affect the way attention is paid? Yes, that is possible. Because attention is not necessarily neurological. It can be emotional. You are going to medicate for ADHD a child who is not ready to learn because things are not going well at home, the family is breaking up, it is disorganized, he is not well supervised, he cries all the time, he cannot sleep, he has all the signs of ADHD, but it is not that." (oped, é2, E).

This typical interpretation, present in only three of the participants' reports on the "difficulties" of three students, seems to be more marginal among the participants. It coincides with a context of success, or at least significant progress made by the student, in the phases of involvement of a complementary services professional or evaluation reports, where medicalizing interpretations are in the majority. Unlike the standard interpretation of medicalization by cultural deficit, where cultural markers reinforce the medicalization of students' "difficulties," in this case they lead those involved to question the presence of markers linked to inability/capacity in the explanation of "difficulties."

6. Discussion

These different standard interpretations shed light on the issues involved in recognizing the various markers of diversity, and how they are articulated in the context of EII PDCS. On the one hand, we observe the frequent mobilization of markers linked to inability/capacity in the discourse of speakers. This is evidenced by the salience of medicalizing interpretations, which put forward an intra-individual deficit logic of "difficulties" reified using medical vocabulary, and the centrality of the role played by professionals from complementary services. These observations lead us to point out the strength of ableism in the interpretation of students' "difficulties," notably through the categorical approach still all too present in schools. In this regard, the CDPDJ [2] points out that this approach, on which the organization of services for students with special needs is still based today, contributes to "reinforcing the stereotypes and prejudices that certain students have to endure with regard to their educability and social participation. This is a heavy burden, the stigmatizing effects of which they will have to bear well beyond their school experience." In this way, the typical interpretations we have identified are echoed in the political choices made in the field of special education in Quebec, which is still characterized by a hierarchical classification of students according to their intrinsic inability.

On the other hand, while markers linked to inability/capacity occupy an explicit place in the discourses collected, we observe that the mobilization of markers linked to "culture" takes place in a more insidious way. Indeed, the standard interpretations use sociocultural considerations based on their distance from the school's expectations, referring above all to the linguistic choices and educational practices of the EIIs' families. In our view, this is evidence of a certain (neo)racism, "based on differentiation criteria that appear more legitimate," where cultural markers are conceived as "value shocks" explaining students' "difficulties" [26]. This "culturalization of the social" generates a certain blindness to racism, reducing it to a phenomenon of inter-individual incomprehension. This depoliticization of racism, which some associate with concept of "colorblindness" [38],

would not be foreign to the particular sociohistorical context of Quebec society [39,40]. Marie Mc Andrew refers to this through the concept of "fragile majority" which is based, in the case of Quebec, on the duality of his situation. While within Canada, Francophones consider themselves a linguistic minority, they represent the demographic and sociological majority across the province of Quebec, holding the political and educational powers which "allow them to significantly influence, not only their own development, but also that of other communities residing in [the] province" [41]. Indeed, this context, marked by "ambiguous ethnic dominance," hinders recognition of the asymmetrical social rapports that have marked its colonial past and its many waves of migration. The standard interpretations documented here bear witness to these socio-historical particularities by putting forward an essentializing logic, through which the focus on cultural or linguistic distance obscures at the same time the systemic dimensions that may contribute to students' "difficulties."

In each of the standard interpretations emerging from our analysis, ableism and (neo)racism contribute to the process of categorizing the student by situating him or her in relation to a developmental and/or cultural norm. In line with DisCrit, the way in which markers are mobilized within the interpretation-types enables us to better grasp how PDCS participate in the legitimization of these systems of social relations. Although the typology presented here testifies to plural articulations between these systems, it also runs the risk of over-schematizing them, even though they operate in a collusive manner [42]. As a result, the same stakeholder may borrow from several of these standard interpretations, and these may fluctuate over time. Our data have enabled us to identify five typical interpretations, which are not intended to be exhaustive of all the possible articulations between ableism and (neo)racism [19]. For example, the following extract highlights how the articulated work of cultural markers and those linked to in/capability makes it difficult, if not superfluous, to identify the role of each in the construction of "difficulties." Indeed, the pathologization of culture characteristic of (neo)racism [26] plays here hand in hand with the biological essentialization of difference of ableism [25]: "If I extrapolate, and I am really going off on a tangent here, we wondered why there were so many problem children [in this family]. At one point, we even wondered if this father was not a polygamist. We wondered if it was not consanguinity. We asked ourselves these questions because there were so many children in problematic [situations] that we wondered what was so special about them. And even then, we wondered: 'Yet another child? For real? Despite everything?'" (ens, é1, E).

Last but not least, the voices of students and their families have not been considered here. As this is a central principle of DisCrit, these findings would benefit from being informed by the experience of those on whom these interpretations are based.

7. Conclusion

Despite the methodological challenges posed by this type of approach, we were able to document various typical interpretations by stakeholders of the "difficulties" perceived among EIIs, as well as their articulation and deployment within the PDCS. These interpretations, though exploratory and based on a limited number of cases, will need to be refined and even confirmed by further research. Nevertheless, in our view, they contribute to understanding the over-representation of EII or racialized groups in the EHDAA population, by highlighting how ableism and (neo)racism contribute to this identification. They also invite us to consider the conditions under which practitioners work and the training practices intended for them, in order to stimulate critical reflection prior to implementing practices aimed at reducing the exclusion of students from minority groups.

Disclosure statement

The authors declare no conflict of interest.

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