

## Rethinking inclusion and its conditions: a reply to Giangreco, Doyle & Suter (2012)

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### Abstract

*This paper offers a contribution to the debate raised by Giangreco, Doyle and Suter (2012), regarding the inclusion of pupils with disability and/or other special needs in normal schools.*

*The main issues to be discussed are: the dependence of the number of “disabled” children on the methodology of diagnosis and on the definition of disability; the need to consider the duration of time spent in schools as a relevant statistical variable; the categories of personnel involved in “inclusion” (teachers, assistants, others); the pupils with different special needs, but not certified as having a “disability”, who have to be considered also for inclusion and therefore necessarily require special support.*

*In conclusion, some psycho-social variables interacting with inclusive processes will be outlined that have to be taken into account in research and/or intervention.*

**Keywords:** Inclusion, Disability, Special Needs

*Received:* October 17, 2012, *Accepted:* : November 22, 2012

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## 1. Rethinking inclusion on an empirical basis

The study of variables regarding inclusion of pupils with some form of disability or other special needs in regular schools and classrooms has raised a relevant debate (e.g., Daniels & Garner, 2004; Farrell, Dyson, Polat, Hutcheson, & Gallanough, 2007; McLeskey, 2007). Undoubtedly, when treating such a complex theme, rhetoric and reality have to be kept separate, and data-based evidence has to be accounted for (Kavale, 2000).

The debate has been well-summarized, quoting empirical evidence, by Giangreco, Doyle, & Suter (2012) with particular reference to both Italian and U.S. experiences.

I agree that much of the available research about inclusion has not:

- focused on the unique contexts presented by different inclusion-oriented schools,
- explored a wide array of service delivery parameters,
- examined the interrelationships among service delivery variables within and across schools,
- identified the practices under which successful interventions have been utilized (e.g., hours effectively spent in the classroom or out of the class or in external services).

Some notes in direct reply to Giangreco *et al.* (2012).

(a) The different percentages resulting from the number of “disabled” pupils defined as such in normal schools can depend on the method of diagnosis and on the narrow or expanded definition of the “pupil to be sustained and/or rehabilitated”. This definition can vary among different countries or among different regions, based on different interpretations of similar laws, and (not the least element to consider) on the availability of specialized teachers and/or rehabilitative technical supports in the specific context. This could explain why some schools include a high percentage of disabled students and also of students with special educational needs, while in other schools the situation is very different. This could also suggest an affirmative answer to the question posed if some students with special needs are being labeled improperly as “disabled” to provide them with easier access to otherwise unavailable support programs.

(b) The duration of time spent in schools for rehabilitation widely varies, and in fact has rarely been taken into consideration as a quantitative term, while actual classification is “included / non included”. The pupils may receive some rehabilitative services (e.g., therapy of language; pet therapy; assisted swimming) out of the school in external facilities, or charging families: in these cases the school gives only partial support to the inclusion of the pupil with special needs.

Within the school, the activities carried out in the classroom or outside of it are largely dependent on the availability of technical and personnel support for specialized rehabilitative activities. I think that specific research criteria should be taken into account to treat these activities as separate variables:

- the amount of time spent in the classroom in common activities, monitored by the specialized teacher and/or assistant;
- the time devoted to specialized activities out of the class but within the school;
- the time needed for rehabilitation in external structures, both within or outside school hours.

(c) A very limited number of qualified professional personnel - in contrast to the U.S. - is available in Italy as assistants. The reasons are difficult to ascertain: perhaps this may be caused by the prevalence placed in solely “teaching”, typical of certain cultural ideologies; or a lack of interest for the purely assistive supports; or both. But these hypotheses have to be empirically verified. Proper indices such as “special educator school density” (i.e., ratio of special education teacher to total number of students enrolled in the school), and “special services concentration” (i.e. ratio of assistants to specialized teachers), devised by Giangreco *et al.* (2012), are useful for obtaining a more reliable empirical map of the support system provided for disability and other special educative needs. These quantitative indices could help in explaining why in some nations (e.g., in Italy) the scholastic system gives responsibility mainly to teachers of the special needs of their pupils; and therefore these indices can verify how the teachers’ responsibility may vary in different regions according to local health and social policies, and also in relation to the social perception of teaching and assistance offered in response to the special needs of children and adolescents.

As a typical field of research where the points above mentioned could be applicable, I will refer to the example of inclusion in the school of students with autistic spectrum disorders. In Italy, almost all children with autistic disorders are included in regular schools (93.4%), receiving an average of 19.9 hours/week of support by specialized teachers, homogeneous in all the regions. The support from external services is 5.3 hours/week (educators from Townhall services), 2.0 (assistant for communication), 0.9 (other operators); and these national mean percentages are lower in the Southern regions (data by Fondazione Serono-CENSIS, 2012a). The main responsibility is therefore assigned to the school, and to the families for the hours spent out of school. But on what conditions? And what specific support is supplied to schools and families?

Surely, the debate should start from a fundamental point of view: the support given to the children with special needs has to be centred on the school to avoid

risks of exclusion or segregation; school and its team of specialized teachers should remain responsible for planning the rehabilitative individualized projects. But the school cannot be given responsibility for all the rehabilitative processes, which would include specialistic interventions and/or technical or social assistance often preliminary to both curricular and special didactics (Giangreco & Doyle, 2007). Neither curricular nor specialized teachers may be prepared for a wider form of inclusion.

As Lanfranchi and Vianello (2011, p. 81) have outlined, “If ... in Italy teachers have a positive attitude toward inclusion (in comparison to foreign colleagues), there could exist some “gaps” (apart from some exceptions) in planning teaching methods and in teacher support”.

A main question to be faced in the debate presently taking place in Italy - but also in other contexts - is this: are there, at the present, too few or too many specialized teachers? We have to consider if specialized teaching support is intended as global “assistance” either to a single disabled student, in a one-to-one or one-to-two relationship, or even as a resource assigned to the school, to adapt flexibly to the specific needs of all “different” pupils. In the latter case, more specialized teachers and personnel are needed to fulfil all the requests for integration.

## 2. What should be intended today as “disability”?

More generally, the question to be addressed (e.g., Switzky & Greenspan, 2006) is: what does disability signify today? Consequently, what is needed for rehabilitation in the regular schools?

The *International Classification of Functioning, Disability and Health* (W.H.O., 2001, 2008) takes into consideration the fact that policies contrasting deficits in structures and functions, limitations in personal activities and restrictions in social participation, which characterize disability but also other special needs, should be aimed at supporting the development of cognitive and motivational capacities, reducing social barriers, and enhancing personal and environmental facilitating factors. This process has to be implemented regardless of the nomothetic assignation of an explicit label of “disabled”.

But undoubtedly the needs of autistic children are very different from those who have cerebral palsy or a physical impairment; when emotional disturbances or ADHD are comorbid to other intellectual and/or learning disabilities, a peculiar complex set of special needs is present and has to be addressed. The quality of inclusion is dependent not only on severity of the disability, but also on the way

the specific needs are assessed and treated (Downing & Peckham-Hardin, 2007).

Surely, the didactic component (requiring specialized teaching) is the basic element of the rehabilitative process, but it does not fully respond to all the needs of the student certified as disabled: it has to be integrated and individualized by interventions of a different nature, planned and articulated when the functional diagnosis is formulated. These interventions are specialistic rehabilitative techniques, technological supports, logistical and transportation assistance, etc. to be supplied by other institutions in a school-oriented *network*. Aims of the network are to sustain the development of the disabled person's potential in learning, communication, relation and socialization (art. 12, Italian Law n. 104/1992), encouraging the participation of families and of disabled persons' associations in the scholastic integration process.

It is essential to clearly define the special needs and distinguishing deficits resulting from the cultural (e.g., linguistic) disadvantages, attributable to social deprivation or to specific conditions (e.g., immigrant, adopted child) not fulfilling the W.H.O. definition of disability but still evidencing an impairment of cognitive functions, learning processes, and fully satisfactory relations with others.

Moreover, severe disturbances of emotionality, adaptive functions, behaviours often imply a deficit in personal activity and social participation, without evident impairment of organs and/or specific functions.

The classification in W.H.O. categories of disability is troubling when multidimensional problems such as hyperactivity, self-injuring behaviour, childhood depression, autism, Borderline Intellectual Functioning have to be diagnosed and treated in the school.

Therefore, according to the different criteria adopted for diagnosis and certification, in some contexts the assignation of the specialized teacher is generalized, while in other the certification is released only for evident sensorial or motor deficits (perhaps easily treatable with a prosthesis) or for severe mental retardation (often very difficult to manage within school activities). Other students, whose specific problems cannot be included in the W.H.O. criteria for disability, cannot take advantage of specialized support, even though possibly very useful for them.

A recent Italian normative (Law n. 170/2010) has recognized dyslexia, dysgraphia, dysorthografia and dyscalculia as "Specific Learning Disturbances", existing in the presence even of adequate cognitive capacities, without evidence of neurological pathologies or senso-motor deficits. These disturbances certainly are not included in the W.H.O. formal definition of disability, but constitute a relevant limitation for some daily living activities, including that of academic learning. Therefore, a specific support is needed for these (very frequent) cases, and the law prescribes diagnosis and treatment for enhancing

potentialities and fostering scholastic success.

But, considering the limitation of additional resources due to the financial crisis, a concrete risk is that the pupils with Specific Learning Disturbances may be grouped in classes with students who have disabilities in order to offer them support by the specialized teacher assigned to the class; otherwise, no valid support could be made available to them. The alternative solution is the assignment of the specialized teacher not to the single subject or class, but to the school itself for specific projects, addressing both certified and non-certified students with specific needs.

### 3. What happens after inclusive schooling?

Another problem I would like to submit for discussion pertains to the “after-end-of-schooling” of disabled persons. Giangreco *et al.* (2012) question if many students with more severe disabilities leave school after they reach the compulsory schooling age of 16, and what transition to adult service options is available. Unfortunately, the answer is discouraging relative to statistics regarding our national context. Surely, different guidance services are available for students with disability or special needs: e.g., vocational centers or other supports through universities or other institutions. But, even in the presence of persons with some adequate skills, and despite the existence of valid existing laws, very few working opportunities are accessible for most of those with diagnosis of disability, due to the limited availability of appropriate workplaces. In Italy, only 18.4% of persons with disability in ages 15-44 work regularly, 17% among those in ages 45-64. Less than one person out of three with Down Syndrome works in adult age; only 10% of persons with Autism (data by Fondazione Serono-CENSIS, 2012b). The burdensome responsibility regarding adults with disability is mainly assigned to families, along with some support from local social services, when it is available. The alternative, in more severe disabilities or in older age, is an institutionalization in structures specialized for general (including psychiatric) disabilities, contrasting the de-institutionalization process occurring during schooling age. This problem goes beyond the scope of the Giangreco’s *et al.* (2012) suggestions and will require an important debate, at the appropriate time and place; but it still poses a basic question that must be answered in order to help assure not only a good quality of special education but a good quality of life afterwards.

#### 4. Some psycho-social variables in treating disabilities and special needs

Finally, it is important to mention the existence of some psycho-social variables interacting with inclusion processes that have to be taken into account in research and/or intervention. I refer to assessment (and, if necessary, modification) of stereotyped perceptions toward “disabled” or somewhat “different” persons. The “Disability Equality in English Primary School Project” pointed out the persistence of strong prejudices toward disabled classmates in the UK (Beckett, 2009; Beckett, Ellison, Barrett, & Shah, 2010). It is well-known that simple “contact” does not reduce automatically prejudice (Pettigrew & Tropp, 2008). We demonstrated, in a research project carried out in a Sicilian school context, also by means of focus group methodology (Di Nuovo, 2007), that misperceptions are generalized without clear distinctions among physical and psychical deficits, presence or absence of disability: e.g., hyperactive or aggressive children are perceived often as representing a kind of problem similar to autism or cerebral palsy. Perspectives of rehabilitation are often not appropriately congruent with the real severity of deficits. These stereotypical perceptions of the persons with special needs, and consequent prejudices regarding their integration in normal schools, attain emotional more than exclusively cognitive levels of information processing, and are present in different forms and qualities in teachers, assistants, personnel and families, but also in the pupils’ school classmates. Stereotypes and relative prejudices should be studied accurately in each specific cultural and social context where the school is located. Their importance in mediating the effectiveness of integration activities exists far beyond the quantitative presence of teachers and other personnel supporting pupils with special needs.

#### 5. Some final remarks

In conclusion, an increasing awareness that *special* interventions are requested for *special* needs can lead us towards the goal of planning appropriate and individualized treatments to be implemented both partly by teachers and assistants in the schools, and partly in specialized rehabilitative or socializing activities. Perhaps these activities will take place outside the school itself, but under the supervision of the school “équipes” who plan and verify the overall effects of the treatments.

More attention should be devoted to these special interventions, to the psychosocial correlates of integration, and to the processes that make integration effective, i.e. classmates', teachers' and parents' perceptions and attitudes toward disabled persons and their inclusive rehabilitation, also beyond strict school hours. Without focusing on these processes, the "integration" – reduced to the quantitative presence of personnel supporting disabilities – cannot be truly understood and realized.

The appropriate network combining specific actions focused on supporting pupils both certified as disabled and others not disabled but with special needs, and taking into account other psychological and social variables, internal and external to the school, represents the challenge our formative system has to cope with to fully realize the inclusion of all "different" students in a scientific rather than ideological perspective.

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