

Some considerations about inclusion, disability and special educational needs: a reply to Giangreco, Doyle & Suter (2012)

*Mirella Zanobini*¹

Abstract

The paper of Giangreco, Doyle and Suter (2012) introduces a number of interesting questions regarding the policy and practice of disabled students' inclusion in regular classes.

This contribution is aimed at mainly discussing the following topics:

- 1. similarities and differences between us and Italian policies of inclusion*
- 2. definition of disability and special educational needs*
- 3. definition of inclusion and mode of assessment*
- 4. comments on research results in Italian schools.*

Keywords: Inclusion, Disability, Special educational needs

Received: April 27, 2013, *Accepted:* May 07, 2013.

© 2013 Associazione Oasi Maria SS. - IRCCS

¹ Department of Formation, DISFOR, University of Genova. E-mail: Mirella.Zanobini@unige.it

1. Similarities and differences between the USA and Italy

Although during the 1960's and 1970's public policies affirmed a process of deinstitutionalization aimed at ensuring an appropriate approach to public education while also fostering regular class placement of children with disability, in the following decades the USA and Italy followed partially different directions.

The differences outlined by Giangreco and colleagues can be summarized on two principal points:

- capillarity and diffusion of the inclusion process;
- type of human resources employed in supporting the process itself.

a. In Italy, since 1977, the majority of students attending compulsory schooling have been included in regular classes. In 1988, the regulations governing for the rights to study of disabled students were extended to the secondary school level. In the USA, the approach to include students with disabilities in regular classes has been incremental, partial and different according to the state where applied.

One source of variation in placement is the typology of the disability. As reported by Giangreco, Doyle and Suter (2012), by 2010, nationally in the USA 61% of children with specific learning disability, 83% with language impairment and only 16% and 13% of students respectively with intellectual and multiple disability were included in regular classes (see also Lanfranchi & Vianello, 2011). According to these data, a large part of students included in regular classes in the USA would not be considered disabled in Italy. Only recently, with Law October 8, 2010, no. 170 – *New rules on Specific Learning Disabilities in school* – and Ministerial Directive December 27, 2012 *Intervention tools for children with special educational needs and territorial organization for inclusion in schools* – Italian law takes into account the special needs of students with learning disabilities. However, their rights are addressed under legislation different from that concerning disabled students. In this case, I would like to deal with the topic of those students who are categorized as “disabled” and then attempt to explore the real meaning of the reference to “special educational needs” in a further paragraph. It's important to understand how difficult it is making a comparison of policy initiatives coordinated with actual practice in successfully implementing inclusive education, even between European Countries (D'Alessio & Watkins 2009) - because their differing cultures fail to share similar legal definitions of special educational needs and consequently can't establish a common criteria for correct application of resource allocation. Another source of confusion can be incorrectly interpreting the meaning of the term “inclusion”. From a quantitative point of view, it is

usual in the USA to refer to the percentage of time students spend in regular classes and as a result full inclusion is considered only over a certain percentage of time. In Italy the percentage of time students with disabilities actually spend in the regular classes where they are assigned is often not given. In this regard, Di Nuovo (2012, p.77) suggests taking into account three parameters:

- the amount of time spent in the classroom on 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.

Taking into account these suggestions, we have inserted those indexes in ongoing research on school integration in the schools of Genoa, which we will further discuss in the following paragraphs.

However, quantitative indexes are only one side of the coin. We'll also deal with this subject later in this paper and the problem of which features which connotes, in fact, the time spent in school in terms of "time of inclusion".

b. For what concerns human resources, in US inclusion-oriented schools three or four times as many special educational paraprofessionals are employed on average as special educational teachers. Each teacher supervises three or four assistants, and attends to a large number of students who are disabled or with special needs.

The motivation for this choice is not so evident from the perspective of Italian inclusion practices. Indeed, in Italy the special educational teacher is the only professional who is fully employed in the presence of disabled students. Italian law provides for the allocation of an assistant to autonomy or communication abilities only when the diagnosis explicitly requires this. The personal assistant provides specialist care, working with the support teacher (*"insegnante di sostegno"*) and the curricular teachers to achieve the educational and learning goals. Since in the United States many students with severe disabilities do not attend mainstream schools, one might think that there is less need of assistants than in Italian schools. As Giangreco *et al.* (2012) emphasize, detrimental effects of the assistants' presence can emerge especially in cases in a one-to-one format. But in the past in Italy the dyad support teacher/disabled student, resulted in segregation in many only nominally inclusive contexts. As outlined by Barzagli (2011), Italian law, since 1975, has required the support teacher to be a teacher of the entire class, and the curricular teacher to be responsible for the educative process of all the students. The unique binomial support teacher/

disabled student relationship is not only a source of segregation and of stagnation in the educational relationship, but also a way of taking responsibility away from curricular teachers. This habit, therefore, has led some to judge the Italian model for inclusion as “full of good principles, but not intelligent” (Fondazione Agnelli, Caritas Italiana, Rivista TreeLLLe, 2011). Luckily, on the basis of law 11 (July 15, 2011), the Italian State has given priority to courses in training for all teachers on the matter of inclusion of disabled pupils. Moreover, the Ministerial Directive n. 102 (November 7, 2011) has assigned financial resources to the initiatives aimed at strengthening and qualifying the scholastic offerings on the matter of inclusion, also through the proper qualification of curricular teachers (Ministerial Circular 83 of 4-10-2012).

2. Definition of Disability and Special Educational Needs

Who, in fact, are the “disabled”?

The first consideration that emerges when trying to evaluate a complex process such as that of inclusion of disabled students in schools is the difficulty of their sharing a common language. Especially when considering different options for introducing inclusive education, often policy makers and practitioners are not sure they are talking about the same thing (D’Alessio & Watkins, 2009). A first divergence in outlook, highlighted by the paper of Giangreco *et al.*, is the definition itself of who is considered disabled and conversely the full significance of the concept of normality.

It is important to anchor a discussion - like the one about what can be considered normal, with potential philosophical and ethical implications - to some starting points that have their roots in historical and scientific tradition. From an already dated viewpoint, “handicap” was essentially defined as the condition derived from a triad of physical, psychic and sensorial impairment.

According to the ICF, the demarcation between what is of interest in the classification of the World Health Organization and other kinds of special needs is the “condition of health”. So, in my opinion, it is a source of great concern to read in the recent Ministerial circular that ICF allows one to ascertain the Special Educational Needs that each student can manifest, continuously or limited to certain periods, not only for physical, biological, physiological reasons, but also for psychological and social reasons. It is without doubt that many special needs can arise from severe social and cultural conditions (for instance, the situation of the immigrants), but it must be clear that those conditions cannot be assessed nor faced only with the instruments currently available to the

ICF. Indeed, the functioning limitations in the perspective of ICF are limited to the health connected conditions, as we can also read in the introduction to the Italian version of the classification system (WHO, 2001). The classification refers to wide ranging health issue contexts and doesn't cover circumstances not connected to it, such as those caused by socio-economic factors.

In conclusion, it is important to consider in the framework of ICF all the conditions linked to the health conditions, not only classical physical, psychic and or sensorial, but also others. As outlined by Di Nuovo (2012), "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."

Another scientific anchorage for what can be considered "non-normal", in my opinion, is the statistical point of view: if the percentage of disabled students is too high, it doesn't represent an atypical part of the general population. Following Giangreco's considerations, a key difference between Italy and the USA is the proportion of students identified as disabled and for that reason eligible for special education. In Italy, the definition of what can be considered "normal" is broader. Giangreco refers to the fact that in the USA the percentage of students considered disabled is 13%, compared with 2% in Italy. In my opinion, in the process of classifying a student as disabled, an important parameter, shared by many international Associations dealing with disability, is the real significance of the term "impairment". Not every impairment represents a true disability. For instance, many people absolutely need glasses to enjoy good vision, but we consider *ipovedenti* (near blind) only people with a vision deficit that, also when corrected, actually compromises participation in daily life. From the same perspective, according to Salvador-Carulla and Bertelli (2008), we classify as intellectually disabled those persons belonging to a "metasyndrome" characterized by a deficiency in cognitive functioning that precedes the acquisition of capacities through learning: the intensity of the deficit is likely to significantly interfere with the normal functioning, expressed in terms of limitations in activities and participation restrictions.

As one can see from the recent document of MIUR (ministerial directive December 27, 2012), the Italian school system is converging on a point of view that is already consolidated in the USA; that is, not only disabled students, but also students with special needs, namely due to specific language or learning impairments or to social-cultural disadvantages, need particular attention from the school.

In this statement we can see some positive innovations but also, a number of matters of concern.

For instance, it is important to recognize that nowadays Italian schools face a series of problems that encompass the presence of disabled students. It is usual, working with teachers, to hear that often they encounter more difficulties managing cultural, linguistic and social differences than differences linked to the presence of some disability.

Nevertheless, in facing this reality, we are, in my opinion, committing errors that are likely to set us back to earlier, already superseded attitudes:

1. The definition of “special needs”. If they concern 30% of the population, as Giangreco shows for the United States, how is it possible to call them “special”? This expression should be substituted by one that better outlines how it is normal that personal and cultural differences coexist in school. Those differences perhaps put teachers and other professionals in front of “non standard”, but not “special”, needs. As outlined by Barzaghi (2011), in the past decades the presence of non standard needs in disabled students have forced teachers to cope with the diversity inside classrooms: indeed, in the introduction to the programs of the primary school in 1985 a theoretical model based on equality was substituted by an approach based on diversity considered as an individual resource. The solution is not in finding new labels for what is difficult to cope with by traditional means, but rather in applying a true individualized approach in teaching for all students. For example, the theoretical basis and the proposals of the cooperative learning model seems functional in organizing the didactic process on the basis of individual differences, but within the context of a unitary project.
2. As we have seen, the reference to ICF often seems inappropriate. ICF is a classification of functioning based on one’s current state of health. Moreover, the individuation of special needs from a pedagogical source of information advocated by some authors (D’Alessio, 2011), in my opinion, involves the risk that the identification itself can become very inhomogeneous in different scholastic or territorial situations. Who sets the criteria? Who assumes the responsibility?

In my above-mentioned experience in organizing a study of the quality of scholastic inclusion in the schools of Genoa, the research group had to cope with the extreme variety of diagnostic codes—and different combinations of these codes—attributed by clinical services to the disabled students belonging to all the school grades. This fact made it difficult to bring together students in larger more inclusive categories

for the purpose of sampling. It is easy to imagine that the inclusion of non clinical professionals in decisions about who is eligible for special provisions would only add confusion in a very sensitive area. In my opinion, the educational professionals should not count among their tasks that of identifying people with special educational needs. At least in the Italian context, teacher training does not provide the proper range of instruments that allow them to identify the nature and the source of problematic individual situations and to distinguish between them. A good teacher must acquire a solid competence on the subject of evaluation, but this competence alone is not “diagnostic” in its nature.

3. Definition of inclusion and mode of assessment.

The third question concerns what proper definition is intended for “inclusion”, and in what way one can quantify and qualify the effective participation of disabled students in the life of the scholastic community.

As I stated before, it would also be important in terms of the Italian reality to acquire data about real time of inclusion of disabled students. Nevertheless, I am not sure that time spent outside the class represents the principal source and indicator of exclusion.

I would like to briefly describe at least two conditions of regarding exclusion, not strictly connected to the temporal variable:

The first is exclusion from the assessment procedures of the learning goals. The so-called ‘Moratti reform’ (Law no. 53/2003) placed emphasis on the process of assessment for all students, with the purpose of guaranteeing standardized student performances. Students with disability, contradicting this and other legal norms, were basically excluded from official assessment procedures. As described by D’Alessio (2011), the tests taken by disabled students were created locally by support teachers and never sent to ministerial departments along with the other students’ tasks. Subsequently, the *National Observatory for Integration of Disabled People* worked to produce national tests that could be adapted to meet the requirements of disabled students, but this process was not yet concluded so the assessment of the learning goals for disabled students has remained a separate aspect of the educational system.

All too often it has been found that teachers interpret the omission of the assessment procedures with regard to pupils with intelligence disability as a charitable act, so as not to underline any shortcomings or insufficiencies. This behaviour results contrary to both the principles that can inspire integration,

and to the act of enforcement itself. Indeed, the Ministerial Decree no. 90 of 2001, art. 15 par. 2 states that for pupils in a situation of psychic disability, the assessment- for its educational and formative nature and for the action of stimulus that it has on the pupil- must in any case take place (Barzaghi, 2011). This principle is in line with the call for an effective personalisation in the manner of teaching: for disabled pupils, through personalised strategies and pathways, the school must guarantee the maximum opportunities, even when dealing with complex cases.

A second form of exclusion is represented by a kind of psycho-social barrier still present in some school settings: the inclusion of students with disabilities is considered the responsibility of support teachers and the process in all its aspects (programming, teaching, testing) is almost completely delegated to this professional. This approach not only implies the above-mentioned distortion of the typical characteristics of the educational relationship between teacher and pupil, but also involves the failure to develop a sense of the student's belonging to a class. Students with disability are often excluded from the mindset of their teachers. Consequently, even before being excluded from joint activities, these students fail to share with their classmates a common psychological environment.

We can summarize, following D'Alessio (2011), that various forms of micro exclusion are perpetuated in ordinary settings. A really inclusive education needs to create a deep transformation of the educational system, based on a cultural change, which still has not been realized even in the Italian school system, despite decades of experience in scholastic integration. In this direction, the above mentioned Ministerial Directive on special educational needs, despite the limitations highlighted before, potentially opens the way for general cultural growth, and for a new step towards an inclusive scholastic system, where all teachers are directly involved in a personalized response to all kinds of special needs.

A useful construct for the assessment of the inclusion process is that relative to the quality of life (Crispiani & Giaconi, 2009). In the evaluation of the quality of the scholastic inclusion of disabled students, it is very important to consider various kinds of indexes, some more oriented to explore organizational and structural aspects, others concerning personal components, such as the level of satisfaction and the results in terms of achievements in different competences.

Taking inspiration partly from the ISIS (*Indagine di Soddisfazione dell'Integrazione Scolastica – Survey of Satisfaction with Scholastic Integration*) system proposed by the authors, and in the work in progress in the genoese schools already mentioned, we have tried to involve the different protagonists directly in the inclusion process (pupils, parents, teachers, referees, managers) so as to

compare the perception of the various protagonists and to study the relationships between indicators of quality, levels of satisfaction and the results obtained.

4. Comments on the results of the research in Italian schools

The results derived from Giangreco and colleagues' analyses represent an important contribution to the knowledge of scholastic integration in the Italian context.

The authors highlight both differences and similarities between the schools examined: first of all, the percentage of students with disability belonging to regular classes ranged from 0.4% to 9.8%, and high schools were those located at the two extremes of the distribution points. In an analogous way, and in connection with the preceding result, students with special needs varied from 1% to 15%. Of course, the authors are concerned about the reasons for this phenomenon. regarding high schools, it is probable that the kind of school represents the principal source of variation. Disabled students, but also students with other special needs, more often attend technical schools and the licei (Scientific, Linguistic or Grammar high schools) are often not considered adequate to include students with learning problems, mainly because of their emphasis on personal study activity and the acquisition of formal knowledge. The differences between schools of the previous levels (primary and middle) are less easy to explain. In some cases, the reason can be found in the location of the school, at least for what concerns students with special educational needs. Particularly in large towns, a high density of inhabitants with socio cultural disadvantages tend to be concentrated in some zones, and schools in these areas are likely to accommodate many students with special needs. But in many cases, Italian schools differ from one another in the level of acceptance towards diversity. Consequently, often on the basis of word of mouth from family to family, parents who know the difficulty of their disabled child choose the school where they are likely to meet a more favourable environment, both in terms of human resources and of organization. It is difficult to find a simple solution for this problem, but there is no doubt that it should be necessary to favor, if not necessarily a proportion in the placement (mentioned by Giangreco and colleagues), at least a more homogeneous distribution of the population with special needs. Only in this case, would it be possible to consider the allocation of support teachers according to the total number of enrolments.

Another difference, even more relevant, is the dramatic variability in the proportion of special needs in comparison with certified disabilities. It is important in this regard to remember that in Italy disabled students are not identified

by the school, but by the health services. As mentioned before, this identification must be anchored to a clinical situation and codified on the basis of International Systems of Classification (namely ICD10 and ICF). The fact that the professionals interviewed by Giangreco and colleagues evaluated the proportion of pupils with special educational needs represent from 1/6th to 3 or 4 times the number of students with disabilities should make us think about the necessity to better clarify how students with special needs have to be identified. Again we pose the question: who is responsible?

The result on which the authors find the least amount of variability is the caseload of support teachers. In this case, the range is 1.3 to 3.5. In my opinion, this difference is not so small as it seems if we take into account that the second proportion reflects almost exactly the ratio required by law: one specialized teacher for every four disabled students, unless a declared situation that requires greater support. The first listed ratio, on the other hand, is very close to the one –to-one relationship that should be required only when faced with circumstances officially evaluated as of exceptional seriousness. These differences then can mirror the effective presence of a greater number of students with serious disabilities in some schools. Nevertheless, it is important to pay attention to the risk of imposing non homogeneous criteria in the distribution of human resources in different parts of our country (see also Barzagli, 2011).

Finally, the authors' mentioning of a generally accepted sense of "normality" in the Italian situation, also shows, in addition to a sincere appreciation, some concerns for the effective chances of students with special needs to benefit from services and specialized teachers, since the support teachers are assigned to the class only when a student with certified disability is present.

There is no doubt that the scarcity of human resources is a risk for all students, especially for those who need more support to accomplish learning and educative goals. The general financial situation doesn't help any social service in this historical moment. Apart from these considerations, all recent regulations stress the importance of also adopting other tools apart from support teachers.

The above-mentioned Ministerial Directive on special educational needs stresses, in particular, four strategies to strengthen the inclusion policy and to make all the scholastic community, not only some teachers, responsible for the inclusion for all kind of special needs:

1. The training of all teachers in the field of disability, also through the institution of a Master's degree dedicated to didactics and psycho-pedagogy for the various forms of disturbance or disability;
2. The enhancement of territorial centres (CTS) with specialized teachers that can support schools in the inclusive policy and promote good practice;

3. The personalization of learning paths for all students;
4. The extension of the compensatory tools and dispensatory measures provided by law 170/2010 for the DSA students to further include all students with special educational needs.

As regards the last point, the intent of enabling all pupils to express their own potential at the highest level risks being blurred by a too generalised recourse to such measures, especially the dispensatory ones.

If I may be outspoken about this, since presently we don't have the resources and we are waiting to reach the optimum levels of training, don't we run the risk of not tackling the hurdles represented by various kinds of learning difficulties, so we simply say that for that specific pupil at the moment it's better to give up?

References

Barzagli, C. (2011). *L'integrazione scolastica: una questione di relazioni*. In M. Zanobini & M. Carmen Usai (a cura di), *Psicologia della disabilità e dei disturbi dello sviluppo. Elementi di riabilitazione e di intervento*. Milano: Franco Angeli.

Crispiani, P., & Giaconi, C. (2009). *Qualità di vita e integrazione scolastica. Indicatori e strumenti di valutazione per le disabilità*. Trento: Erickson.

D'Alessio, S., & Watkins, A. (2009). International comparison of inclusive policy and practice: we are talking about the same thing? *Research in Comparative and International Education*, 4 (3), 233-249.

D'Alessio, S. (2011). *Inclusive Education in Italy. A Critical Analysis of the Policy of 'Integrazione Scolastica'*. Rotterdam: Sense Publishers.

Di Nuovo, S. (2012). Re thinking inclusion and its conditions: a reply to Giangreco, Doyle & Suter (2012). *Life Span and Disability* 14 (2), 75-83.

Fondazione Agnelli, Caritas Italiana, Rivista TreeLLLe (2011). *Rapporto su: "Gli alunni con disabilità nella scuola Italiana: bilancio e proposte"*. Trento: Erickson.

Giangreco, M. F., Doyle, M. B., & Suter, G. C. (2012). Demographic and personnel service delivery data: implications for including students with disabilities in Italian schools. *Life Span and Disability*, 14 (1), 97-123.

Lanfranchi, S., & Vianello, R. (2011). Positive effects of the placement of students with intellectual developmental disabilities in typical class. *Life Span and Disability*, 14 (1),75-84.

Salvador-Carulla, L., & Bertelli, M. (2008). ‘Mental Retardation’ or ‘Intellectual Disability’: Time for a conceptual change”. *Psychopathology*, 41, 10-16.

World Health Organization (2001). *International Classification of Functioning, Disability and Health (ICF)*. Geneva: WHO.