

Students with disabilities and with Special Educational Needs: A reply to Giangreco, Doyle and Suter (2012)

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Abstract

In the paper “Demographic and personnel service delivery data: Implications for including students with disabilities in Italian Schools” Giangreco, Doyle and Suter (2012) invited Italian colleagues to compare data they found through a study in 16 schools in five Italian regions relative to the demographics of the schools and to the school service delivery, paying particular attention to the comparison between Italy and the United States. In four different contributions (available to us at the time of writing), some Italian colleagues have further expanded the debate by providing additional data and points of view (Di Nuovo, 2012; D’Alessio, 2013; Ianes, Zambotti, & Demo, 2013; Zanobini, 2013). In the present paper, considerations are provided about some questions that Giangreco, Doyle and Suter have raised at the end of their article.

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“What does it mean that the schools in this sample had an average of 3.8% of their students certified as disabled? Is this merely an insignificant artifact of the small sample size, or does it reflect a national trend toward higher rates of identification of students as disabled?”

In our opinion, an average of 3.8% is at least partly an artifact due to the small sample size, but at the same time it reflects a national trend toward higher rates of identification of students as disabled. From 1990 to 2013 (ISTAT data available in the MIUR website), the percentage of students with disabilities out of total students increased over 30%, and in particular in high school. This information merits some considerations.

The decision of operators (in particular, child neuropsychiatrists) of local health units to certify disability has wide-spread consequences, and this makes for substantial differences among different countries, with differences also within the same regions. It is well-known that this factor specifically concerns students with learning disabilities, with attention to deficit hyperactivity disorders, and those with borderline intellectual functioning (IQ score between 71 and 84). In this group, we can consider also those with comorbidity or sociocultural disadvantages and/or cultural differences coupled with borderline intellectual functioning and/or behavior problems.

Some considerations are essential about Special Educational Needs (in Italian: BES, Bisogni Educativi Speciali). It is a not well-defined quantity of pupils, but at least from three to five times the number of students with disability: therefore at least 10-15% compared to 2-3%. In BES we find: children with learning disabilities (3-4%), children with borderline intellectual functioning (from a minimum of 2.5%, pursuant to Ministerial data, to at least 7%; Nini-vaggi, 2001; Ivancich Biaggini, 2004; Vianello, Lanfranchi, & Cornoldi, 2007), children with ADHD, children with socio economic or cultural disadvantages, language difficulties etc.

Recent ministerial regulations and data seem to highlight the fact that the present ministerial policy distinguishes between Special Educational Needs and Disability, and considers that for certification of disability, there is only necessary an appropriate assignment of a specialized support teacher (i.e., ‘in-segnante di sostegno’) to the classroom.

So in Italy, the term “disability” tends to distinguish only some - among other - special educational needs, and we can also say only “the most severe” of these. The fact that, internationally, the expression “intellectual developmental disabilities”, has completely replaced “mental retardation”, reinforces the idea that it refers only to severe situations. In this case, those with an IQ

less than 70-75 (with associated social difficulties) and then to a theoretical 2.3% of the population, but in reality to a real 1% or little more (Baroff, 1989; Vianello, 2008).

The choice to assign the specialized support teacher only to students with disabilities differentiates the Italian situation from many others, and presupposes, de facto, the belief that all other situations of special educational needs are committed to the responsibility of classroom teachers. This represents a very demanding challenge.

On the one hand, the belief that the competence of all teachers should regard also the “special” issues seems clearly definable to all. On the other hand, the viability of this “good intention” seems very much at risk.

“Are more students getting labeled disabled in a benevolent attempt to provide them with access to otherwise unavailable supports?”

The answer is affirmative, as also Di Nuovo (2012) emphasizes. We can say that the number of students labeled as disabled is greater than those with ‘real’ disability, and that they are fewer than those that would have need of further assistance. Perhaps with the new normative regarding BES, the situation might change slightly in the sense of reducing the certifications of disability (e.g., to a more realistic 2%).

“Why did the high schools in this sample occupy the furthest ends of the distribution both top and bottom, ranging from 0.4% to 9.8% of their students certified as disabled? Is there something about the transition process to “Secondaria II” schools that results in these wide differences? Similarly, why do some of these high schools that have a high percentage of disabled students also have a high percentage of students with special educational needs and those with a lower percentage of disabled students tend to have relatively few other students with special educational needs? Regardless of why, what impact does a relatively high or low concentration of students with disabilities and special educational needs have on school service delivery, faculty and students? Some US proponents of inclusive education have historically advocated for “natural proportions” in placement (...), meaning that the percentage of disabled students in any given school or classroom should closely align with the percentage of students with disabilities in the local community; thus seeking to avoid congregating students with disabilities. Are the higher percentages of students with disabilities and other special educational needs in some schools: (a) simply a naturally occurring phenomenon, (b) a conscious, desired choice, or (c) a cause for concern and potential action?”

Given that the finding of 9.8% seems to be an exception (though not uniquely) in the Italian overview, there is still the problem of extreme variability in the enrollment of students with disabilities in high school (Secondaria II). In the academic year 2012-2013 in high school only 2.0% of the students are certified as disabled (52.658/2.652.448).

One explanation may be as follows: there are in Italy Secondaria II schools that are more selective and less “welcoming” and schools less selective and more “welcoming”.

This influences the choices of families and may explain why in some schools there are enrolled both more students with disabilities and more pupils with special educational needs. Often it is a question regarding professional schools (e.g., schools for agricultural or catering professions).

A second explanation is linked to the discretion of the diagnosis by the healthcare systems. For example, there are clinicians who clearly claim to certify as students with disabilities (or as “disabled”) also students with learning disabilities or attention or language disorders.

According to ISTAT data relating to 2009-2010, students certified as disabled who also had:

- Specific Learning Disorder (SLD) were 18.3% in the Primary school and 26.4% in the Secondaria I school;
- Specific Language Impairment (SLI) were 25.0% e 15%, respectively;
- Attention Deficit/Hyperactivity Disorder (ADHD) were 19.8% and 17.5%, respectively.

Data relating to intellectual disabilities (useful for comparison) were 43.1% and 44.8%.

These data are not easy to interpret because by not excluding one or the other, some diagnoses were mistakenly characterized by comorbidity. In any case, the sum of specific learning disorders, language impairments and attention disorders is 63.1% and 88.7%, respectively.

The comparison with the 43.1%-44.8% of intellectual disabilities allows us to hypothesize that in many cases there was certification of disability for specific learning disabilities and/or language and/or attention disorders. It seems interesting to note that about 44% of intellectual disability (among 2.6-3.3% of students with disabilities) reflects what is described in literature on the percentage of students with intellectual disabilities in relation to the general population (Baroff, 1989; Vianello, 2008), and that is just over 1%. In conclusion, without incurring risks we can assume that between 10 and 20% of the certificates of disabilities concern students who are now considered with special educational needs and not with disabilities.

We have at disposal the preview of data pertaining to the 2012-2013 school year.

The percentages relating to the types of disabilities are as follows:

- 1.7% visual impairments
- 2.9% auditory disorders
- 66.7% intellectual disabilities
- 4.1% motor disabilities
- 24.6% other type of disability.

Like any summary, even this has its limits. We are interested in knowing, for example, where pupils with autism were placed. Probably the vast majority of them ($\frac{3}{4}$ or more) are comprised within Intellectual Disabilities, given the frequent comorbidity between autism and intellectual disabilities.

In any case, pupils with BES improperly certified with disabilities are in the category, "other type of disability". But not only that: we know from experience that sometimes the diagnosis of disability is "forced" to include students with learning disabilities and ADHD (practice with which we disagree).

It is now opportune to consider how many students, compared with the total number of pupils who attend schools, were considered with disabilities in the year 2012-2013:

- 1.3% in kindergarten (a total of 21.283 pupils of 1.686.095)
- 3.0% in primary school (a total of 83.892 pupils of 2.825.400)
- 3.7% in high junior school (a total of 65.084 pupils of 1.779.758)
- 2.0% in high school (a total of 52.658 pupils of 2.652.448)
- 2.5% in all (a total of 222.917 pupils of 8.943.701).

Compared to the previous year, there is an overall increase of about 5% per annum.

There are various considerations and hypotheses.

- In kindergarten the problems posed by the number of students who subsequently will pose problems so significant as to lead to a certificate of disability, are underestimated in importance.
- Students certified as disabled in primary school are more than twice the number of those certified in kindergarten.
- Even to a greater extent are those certified in junior high school (Secundaria I).
- Just over half of students with disabilities in primary school are those in high school. How many are enrolled and then dropout in the following years? How many of these because they reach the age of 16 years? Where are they now?

In any case, in light of these data the above mentioned statistic of 9.8%

(compared to an average of 2.0%) is even more exceptional.

For completeness, it is also opportune to report the data relative to support teachers. In 2012-2013 they numbered 101.265. The ratio of pupils with disabilities / special teachers was 2.0 students, on average, to support teachers.

A third explanation has to do with the amount of social pressure classroom teachers and school heads can adopt so that there is an active policy of disability certification requiring the presence of a special education teacher. It is not the same in all the Italian provinces.

Finally, a fourth explanation, which does not exclude the others, being the fact that school requests are more numerous in number in secondary school than in primary school, because most emerging difficulties of the students occur only later, and therefore some of the students are certified with disabilities only with the passing of the scholastic years, and - in particular - with their entry into high school (Secondaria I or II).

The ISTAT data at our disposal and the aforementioned data confirm this: in 2012-2013 the total number of students certified as disabled in primary school was 3.0%, while in high school (Secondaria I) was 3.7%. It is a relevant difference, i.e. an increase of 23%.

In any case, in Italy, even in high schools (Secondaria II), the presence of more than one student with certificate of disability in the same class doesn't usually happen, but neither is it necessarily a rare occurrence.

We agree that in cases where there are several students with disabilities in the same classroom, the management of the group and the performances are problematic. What is the solution? The answer is not simple, because the alternative to inclusion is a less welcoming school.

Even in situations where the choice is guided and non-random, although we are aware that the highest percentage of students with disabilities or other special educational needs in some schools is a cause for concern, we still believe that even greater would be the concern if students were included in schools which were particularly selective and demanding.

“Are teenage students with disabilities staying in school until age 19, like most of their peers without disabilities?”

The answer to this question seems positive or if existing, with irrelevant differences. We may add that some remain longer than their peers. It is not a rare practice for students with intellectual disabilities in a child care center and/or kindergarten and/or high junior school to stay one more year (Secondaria I).

“A positive feature of the role of the “insegnante di sostegno” (specialized support teacher) is that they are present in classes where students with disabilities are placed to support the entire classroom, not exclusively the students with disabilities. What are the implications of this model for students who have special educational needs but who are considered not disabled (e.g., DSA, learning disabled)? Are they grouped in classes or schools with students who have disabilities in an effort to offer them support? If they are not in a class where an “insegnante di sostegno” is assigned, what supports are available to them?”

The Italian situation is characterized by great organizational and didactic autonomy on the part of teachers when compared with that of other countries. This means that one must distinguish between the guidelines of the Ministry of Education, and the indications of the researchers, also relative to the many differing Italian situations. The Ministry of Education and researchers, despite the variety of individual positions, tend to agree on many critical points, such as the following:

- Consider the specialized support teacher available to the entire class and not as the teacher of the student with disabilities.
- Avoid as much as possible the creation of small special classes in schools.
- Keep as much as possible in the classroom the student with disabilities and especially those with special educational needs.
- Consider the support for pupils with special educational needs as relevant in the normal role of teachers.

What happens in the several Italian situations that are cited? Frequent (difficult to tell if they represent a minority or a majority of occurrences) are the situations that could be summarized in the following sentences.

“It’s easy for you to say these things... We would like to see you in our class! What you say is valid and we can agree, but it is not achievable”.

“We are not prepared to deal with these students. No one taught us this”.

“I’d keep this pupil in class, but he’s never settled in one place!”

We may add that the academic Master (o Master’s Degree), financed by the Ministry of Education, is currently activated in Italy on learning disabilities, ADHD and Intellectual Disabilities, which should progressively answer some of these objections by teachers.

“A couple of fundamental issues were raised by our simple data collection in reference to percent of time students with disabilities spend in the regular classroom. What constitutes 100% and what constitutes a regular class? It turns out these seemingly obvious questions are not quite as straightforward as they appear. Here are some ambiguous examples we encountered where respondents interpre-

ted the same phenomena differently. Consider the example of a student with a severe disability who spends the first 25% of each typical school day at a local therapy center receiving specialized services (e.g., physiotherapy) before being transported to school. From the moment the student arrives at school mid-morning she is in regular class with her nondisabled peers the entire time. What percent of time is she in regular class? Is it 75% because she is in class 75% of the time available to her classmates, or 100% because during the time she is at school she is in class the entire time? None of the schools we visited had any designated special classes. Yet in some cases small groups of students, all with certified disabilities, were taught together for varying periods of time in separate rooms at school where no nondisabled peers were present or away from school (e.g., community recreation center). In other cases individual students were taught in a one-to-one format by either an “insegnante di sostegno” or assistant for varying periods of time in a separate room. Are these examples considered participation in regular class? If there are no designated special classes, is everything else considered regular class?”

It is evident that different interpretations are possible. It seems to us that a replication of research should provide guidance so that both absences from school for habilitation or rehabilitation interventions, and also a “way out “ of the class for a one to one ratio/format, are subtracted from the total elapsed time.

More problematic seems to be the situation of working in small groups. Our suggestion is that these hours should be subtracted if it is a working method implemented only when there are students with disabilities or special educational needs, and not a normal way of working that would be implemented -in a logic of cooperative learning- even if in that class there were not students with disabilities. Therefore, we believe that in the vast majority of situations, the time should, indeed, be subtracted.

References

- Baroff, G. S. (1989). *Mental Retardation: Nature, Cause and management*. Second Edition. U.S.A.: Hemisphere Publishing Corporation.
- D’Alessio, S. (2013). Inclusive education in Italy: A reply to Giangreco, Doyle & Suter (2012). *Life Span and Disability*, 16 (1), 95-120.
- Di Nuovo, S. (2012). Rethinking inclusion and its conditions. A reply to Gian-

greco, Doyle & Suter (2012). *Life Span and Disability*, 15 (2), 75-83.

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*, 15 (1), 97-123.

Ianes, D., Zambotti, F., & Demo, H. (2013). Light and shadows in the inclusive Italian school system: A reply to Giangreco, Doyle & Suter (2012). *Life Span and Disability*, 16 (1), 57-81.

Ivancich Biaggini, V. (2004). Funzionamento cognitivo borderline in età evolutiva: un rischio sottovalutato? *Psicologia Clinica dello Sviluppo*, 8, 29-45.

Ninivaggi, F. J. (2001). Borderline intellectual functioning in children and adolescents: reexamining an underrecognized yet prevalent clinical comorbidity. *Connecticut Medicine*, 65 (1), 7-11.

Vianello, R. (2008). *Disabilità intellettive*. Bergamo: Edizioni Junior.

Vianello, R., Lanfranchi, S., & Cornoldi, C. (2007). Disabilità intellettive: ritardo mentale e funzionamento intellettivo limite. In C. Cornoldi, *Difficoltà e disturbi dell'apprendimento* (pp. 199-222). Bologna: Società editrice il Mulino.

Zanobini, M. (2013). Some considerations about inclusion, disability and special educational needs: A reply to Giangreco, Doyle & Suter (2013). *Life Span and Disability*, 16 (1), 83-94.

