

Strategie e Percorsi di Pedagogia e Didattica Speciale

Strategies and Paths of Special Pedagogy and Didactics

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Abstract

This research paper to support a thesis considered especially important today to the development of the inclusive qualities of the Italian school.

Being able to understand the situations of the students through the concept of Special Educational Need (SEN), based on the ICF classification, could allow our school making a significant step forward towards full inclusion.

In this regard we analyze the main strategies and paths of special pedagogy and didactics able to develop an individualized and personalized development plan for students with SEN. We also analyzes that the entire school system must be able to encourage the inclusion of these students.

Questo lavoro di ricerca intende sostenere una tesi ritenuta particolarmente importante, oggi, per lo sviluppo delle qualità inclusive della Scuola italiana.

Riuscire a leggere le situazioni degli alunni attraverso il concetto di Bisogno Educativo Speciale (BES), fondato su base ICF, potrebbe far fare alla nostra Scuola un significativo passo in avanti verso la piena inclusione.

A tal proposito si analizzano le principali strategie e percorsi di pedagogia e didattica specifici in grado di sviluppare un piano di sviluppo individualizzato e personalizzato per gli studenti con BES. Viene analizzato, inoltre, che l'intero sistema scolastico deve essere in grado di incoraggiare l'inclusione di questi studenti.

Keywords

Special Educational Need (SEN); Strategy; Special Didactics; Special Pedagogy; School Inclusion.

Bisogno Educativo Speciale (BES) Pedagogia Speciale; Didattica Speciale; Scuola; Inclusione Scolastica.

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Introduction

At school there has long been an approach to integration of students with disabilities, but we are still far from the inclusion, namely from recognizing and responding effectively to the individualization of all students who have some functional difficulties.

A school able to respond appropriately to all the difficulties of the students, and that knows how to prevent them, where possible, becomes a really and deeply inclusive school to all students, the barriers to everyone's learning and participation are broken.

This is the goal to strive for, a goal that is now well discussed in international scientific literature too (Booth & Ainscow, 2008). But what is the real utility of the concept of Special Educational Need? The concept of Special Educational Need is a macro category that includes all the possible educational-learning difficulties of the students, including both the situations considered traditionally as mental, physical and sensory disabilities, and those of specific clinically significant learning deficit ones, such as dyslexia, attention deficit, and other various situations of psychological, behavioral, relational, learning, social and cultural context-related problems, etc.

All these situations are very different between them, but, in their resounding diversity, there is something that makes them closer and substantially equal in their right to receive a sufficiently individualized and effective educational and didactic attention.

One might object that that it makes no sense to create a macro-category if there are individual categories comprising it. For example, isn't it sufficient to mention mental retardation, dyslexia, depression, etc.? To argue this point, let's go into detail of our reasoning. We must well differentiate our proposal for a fair reading of all students' needs from a recognition-comprehension method for a problematic situation that operates through a clinical nosographic and etiological diagnosis, which detects the signs and symptoms and attributes them to a series of causes that generated them. This type of analysis is clearly useful, but it is a kind of identification that distinguishes students' difficulties based on their cause, in agreement with Law No. 104 of 1992 and the subsequent acts governing the allocation of additional resources to the school to cope with the students' difficulties; these give legitimacy only to the needs that have a clear foundation in the subject's body disability, a disability that must be stable or progressive. Other difficulties are less recognized, legitimated and protected.

A nosographic and etiological diagnosis is obviously fundamental to designing and implementing rehabilitative, therapeutic, preventive, epidemiological interventions, etc., but it does not help us establish real equity policies in our schools. It is a diagnosis that fragments, consolidates identities and categories, in which everybody is played off against each other in a chronic war among the poor for sharing the scarce resources available.

Instead, we need a wider, and therefore fairer recognition that does not distinguish between A-series needs, those evidently based on some bodily disability, from B-series needs, for which a bodily basis is unclear (or absent).

Fair policies are needed to recognize the real students' needs that go beyond the diagnostic labels. It may be that a student with a disastrous social and cultural situation has a much more complicated and functional operation (in a truly inclusive school) than the actual functioning of a student with Down's syndrome, who can boast a very strong chromosomal pedigree. However, the first student will not have, with current legislation and practice, the same protection and additional resources as those of his mate suffering from Down Syndrome, and this is not fair.

This division is the logical consequence of the cultural domain (which becomes political) of the most traditional medical model, where only the biostructural variables matter. But if the body works well, if it is not sick, can we say that the person enjoys good health and lives in a state of well-being?

According to the World Health Organization, health is not absence of disease but bio-psycho-social well-being, the full realization of one's own potential, one's own capability (Sen, 1994). This calls significantly into question social, cultural, economic, racial, religious (and so on) dimensions, which are not biostructural.

If we accept the dominance of the traditional medical model we will be forced to always look for a biostructural etiology or deny the status of actual illness or disturbance, to a problematic operation that is obviously not caused by physical disability or damage.

And what about the problematic situations of which we do not know the causes?

For a reading and acknowledgment of the real students' needs, we are more interested in understanding the current functioning situation, so to speak, "downstream" of some etiology. Thus understanding the interweaving of elements that now, here and now, makes up the functioning of that student in that series of contexts. At school, daily work is carried out with "downstream" functioning, with the most diverse interweaving of personal and social factors that, over time, make the functioning of even "equal" people (for some biostructural aspects) very different.

Are there two students with the same Down syndrome? Until many years ago it was thought so, because the dominance of the traditional medical model was absolute. Now it is no longer so and consequently we need to equip ourselves conceptually and with coherently legislative and implementing practices to give full identity and recognition to all forms of problematic functioning, irrespective of the origin.

Many forces are leading towards this direction. How many times have the Local Health Service's psychologists or neuropsychiatrists certified as disabled (according to Law 104 and the Guidelines of February 1994) students with other difficult situations? For these "unduly" extended and generous certification practices, cries of alarm have been raised... but cries of alarm of whom? Of whom does not want the "tide" of the support teachers to be too extended? Of whom wants to retain the "privileges" of the skills of students with traditionally protected disabilities? Of whom sees in the appeal to the easy certification the school's inability to deal with the students' difficulties with its own skills? Of whom sees in the easy certification the key mechanism for getting jobs? This increase in certifications has to make us think also that there are really many difficult situations for which a truly inclusive school must provide adequate resources for their individualization.

Another force that drives us in the direction we are hoping for is the strong and convinced diffusion that the WHO'S ICF model has been, and is still being spread enormously in Italy, more than other European countries.

The ICF model is radically bio-psycho-social, forcing us to consider the totality and complexity of people's functioning and not just the biostructural aspects. This is why our concept of Special Educational Needs (Ianes, 2005) was based on the ICF, which thus assumes a very different meaning from the one commonly used in the Anglo-Saxon literature. Ianes (2005) supports the importance of using the concept of Special Educational Needs in reference also to the psychopedagogical literature and legislation in the United Kingdom and partly in the United States, where it is widely used. From that analysis of various conceptualizations and normative texts it turned out that the concept of Special Educational Needs included all the various learning, behavioral and other difficulties/disturbances.

This enlargement and this official recognition are obviously positive in relation to our most restrictive biostructural legislation, but they are not yet sufficient as they do not include some forms of disability or particular conditions (such as being migrants and not speaking Italian,) which should instead be considered as a Special Educational Needs if we base this concept on the ICF's basic model of human functioning.

In Italy, the ICF has spread strongly in the world of education and in the School, thanks also to the fact that it has found a strong affinity with the Italian pedagogical culture and with its anthropological vision, which is very social and linked to the life contexts. This is not the same in other European countries, where the pedagogic culture has developed differently than ours, where the ICF is endangered by those who follow a cultural and social vision of the difficulties and disabilities because it is considered to be too "medical" wrongly (Terzi, 2008). In this regard, the State-Regions agreement, signed on March 20, 2008, on the global burden of students with disabilities, provides for the first time the use of the ICF as an anthropological model on which to carry out the functional diagnosis for students with disabilities: "The Functional Diag-

nosis is drawn up in accordance with the criteria of the bio-psycho-social model underlying the World Health Organization's ICF" (art.2, paragraph 2).

Therefore, it seems that the assumptions and conditions required to understand and deal with the concept of Special Educational Need are developing.

1. Intervention measures for SEN students

Students with disabilities are within an increasingly diverse context, where the traditional discriminating pair - disabled students/non-disabled students-does not reflect fully the complex reality of our classes. Indeed, it is appropriate to take an educational approach, for which the identification of students with disabilities is not based on any certification, which is certainly useful to a range of benefits and guarantees, but at the same time risks enclosing them in a narrow frame. In this connection, the contribution of the diagnostic model of the WHO's ICF (International Classification of Functioning), which considers the person as a whole, in a bio-psycho-social perspective, is relevant also in cultural terms. Relying on operational profile and on the context analysis, the ICF model helps identifying the student's special educational needs (SEN) regardless of exclusionary typings.

- Special Educational Needs (SEN)

The area of the school disadvantage is much bigger than the one that refers explicitly to the presence of deficits.

In every class there are students who require special attention for a variety of reasons (Ianes & Macchia, 2008):

- Social and cultural disadvantage;
- Specific learning disorders and/or specific developmental disorders;
- Difficulties caused by lack of knowledge of Italian culture and language, because of different cultures of belonging.

In the varied panorama of our schools, the complexity of the classes becomes increasingly evident.

This area of the school disadvantage, covering different issues, is referred to (as extensively analyzed) in the previous chapters as children's Special Educational Needs. It is considered appropriate to further specify that, in this area, three major subcategories are included:

1. Disability.
2. Specific developmental disorders.

For "specific developmental disorders" we mean, in addition to the specific learning disorders, also the language, non-verbal skills, motor coordination skills deficits, including – for the common origin in evolutionary age – even the attention and hyperactivity deficits, while the borderline intellectual functioning can be considered a borderline case between disability and specific disorder. All these different problems, included in the specific developmental disorders, are not or may not be certified according to Law n. 104/92, not conferring consequently right to benefits and measures provided for in the framework law itself, and among these, to the supporting teacher);

1. Linguistic, cultural, and socio-economic disadvantage.

Law n. 170/2010, in this context, represents a turning point as it opens up a different channel of educational care, materializing the study paths personalization principles enunciated in law n. 53/2003, in the perspective of the "taking charge" of the SEN student by every curricular teacher and the whole team of teachers involved, not only by the teacher for the supporting activities.

- Students with specific disorders

Students with normal intellectual or even high skills, who – for specific problems – may

have difficulties at school, must be supported to fulfill their potential. Among them, students with SLD (Specific learning Disorder) have been the subject of important regulatory measures, which have now established a well structured framework of rules aimed at ensuring their right to education.

However, it is worth noting that certain types of disorders, not dealt with by law n. 170/2010, provide the right to use the same measures provided for as they present specific problems in the presence of normal intellectual skills. In particular, it's about disorders with specific problems in the area of language (specific language disorder or – more generally-low verbal intelligence associated with high non-verbal intelligence) or, conversely, in non-verbal areas (as in the case of motor coordination disorder, dyspraxia, non-verbal disorder or– more generally-of low non-verbal intelligence associated with high verbal intelligence, if these conditions affect the realization of the student's potential), or other severe problems that may compromise the school path (such as a minor autism spectrum disorder, if not included in the cases provided for by law n. 104).

An educational approach, not merely clinical, as mentioned in the introduction, should allow identifying strategies and methods of intervention related to the special educational needs, with a view to a more inclusive and welcoming school, without any need for further regulatory clarification. In this regard, Law n. 53/2003 and Law n. 170/2010 are the primary reference standards to refer to for the initiatives to be taken in these cases (Canevaro & Ianes, 2002).

- Students with attention disorder and hyperactivity

A particular discourse should be made about students with attention and/or activity control disorders, often defined with the acronym A.D.H.D. (Attention Deficit Hyperactivity Disorder).

ADHD may also often be associated with a SLD or other problems; it has a neurobiological basis and causes difficulties in planning, learning and socializing with peers. It was estimated that this disorder, in such a serious form as to affect the school path, is present in about 1% of the school population, i.e. almost 80,000 students (Source: Italian Institute of Statistics).

With considerable frequency, ADHD is in co-morbidity with one or more disorders of the evolutionary age: Oppositional Defiant Disorder; Adolescent behavior disorder; Specific learning disorders; Anxiety disorders; Mood disorders, etc.

The best path for taking charge of the child/young guy with ADHD definitely starts when there is a synergy between family, school and clinics. The information provided by teachers play an important part for completing the diagnosis, and the collaboration of the school is a vital link in the rehabilitation process. In some cases, the particularly serious clinical situation – also for the co-morbidity with other diseases – requires the attribution of the supporting teacher, as provided for by law n. 104/92. However, there are many young boys with ADHD who, due to the lower gravity of the disorder, don't get the certification of disability, but have an equal right to have their educational success protected. Therefore, there is the need to extend the statutory measures provided for by law n.170 for students with specific learning disorders to all students with special educational needs.

- Borderline cognitive functioning

Students with non-optimal intellectual potentialities, described generally with the expressions of borderline cognitive (intellective) functioning, but also with other expressions (for example, mixed evolutionary specific disorder, code F83) and specific differentiations-if not included in the provisions of laws n.170-104 - require special consideration. It can be estimated there are around 2.5% cases in the whole school population, i.e. approximately 200,000 students. These are children whose global IQ (intelligence quotient) responds to a measure ranging from 70 to 85 points, and there are no peculiarities. For some of them the delay is related to neurobiological factors and is frequently in co-morbidity with other disorders. For others, it is only a mild form of difficulty for which, if properly supported and oriented towards school paths that are better suited to their characteristics, the subjects involved can carry out a normal life. Educational and didactic interventions have, as always and also in such cases, a crucial importance.

2. Strategic dynamics for the SEN

The above highlights, in particular, the need to develop an individualized and personalized path for students with special educational needs, including through the drafting of a personalized teaching plan, an individual plan or also a plan referred to all SEN children in the class, but which is articulated and serves as a working tool in progress for teachers and documents families about the planned intervention strategies.

Schools – with decisions adopted by the class council, resulting from the examination of the clinical documentation submitted by families and based on psycho-pedagogical and didactic considerations – may provide all SEN students with compensatory instruments and dispensatory measures provided for by law n. 170/2010 (M.D. n. 5669/2011).

The guidelines for the right to education of SEN students of 12 July, 2011, state the following:

- Documentation of the educational paths

Individualized recovery tasks, personalized teaching methods, as well as compensatory instruments and dispensatory measures should be made explicit and formalized by school in order to provide a useful tool for pedagogical continuity and for the sharing of the initiatives with the family.

In this respect, the school, in the forms considered appropriate and not exceeding the first trimester of school year, issues a document that must contain at least the following entries, articulated on the basis of the disciplines influenced by the disorder:

- Student's personal data
- Type of disorder;
- Individualized didactic activities;
- Personalized didactic activities;
- Compensatory Instruments used;
- Dispensatory measures adopted;
- Personalized forms of testing and assessment.

In the issuing of the documentation in question, the cooperation with the family is fundamental, which may inform the school about any observation on the experiences lived by the student independently or through extra-school paths. Based on these documents, within the limits of the current legislation, methods of testing and assessment are set out during the year or at the end of the cycle.

This documentation may take the form of a personalized didactic plan.

The guidelines on the school integration of disabled students of August 4, 2009, state the following:

- The educational and training co-responsibility of teachers

It is now a well-established belief that there is no inclusive education if there is no real co-educational widespread co-responsibility within it, and if there is no adequate teaching competence to develop a fruitful educational relationship with disabled students.

The design of interventions to be adopted involves all the teachers, because the whole school community is called to arrange the curricula according to different styles or of different cognitive skills, manage alternatively classroom activities, promote and strengthen learning and adopt the materials and teaching strategies in relation to the students' needs. Not otherwise it would be possible for students to exercise their right to education, understood as educational success for all, so that the provision of non-differentiated instructional interventions immediately highlights a difference of treatment in the educational service for those who are not included in the concretely implemented educational and didactic practices. Consequently, the teaching staff will have to implement all the actions aimed at promoting the school and social inclusion

of disabled students, by including the inclusive choice of the educational institution in the School Programme, and by indicating educational practices that promote effectively inclusion (heterogeneous level groups, cooperative learning, etc.). Thus the class/Interclass councils will:

- Coordinate educational activities,
- Predispose materials
- Help the student with disabilities, on the basis of his wills and needs, full participate in the school life of his class.

All this implies working on three directions:

1) The classroom climate

Teachers need to take non-discriminatory behaviors, be attentive to everybody's needs, accept the differences showed by disabled students and enhance them as enrichment factors for the whole class, facilitate the structuring of the sense of belonging, build positive socio-emotional relationships.

2) The teaching strategies and tools

Educational planning oriented towards inclusion implies the adoption of favoring strategies and methodologies, such as:

- Cooperative learning,
- Work in group/pair
- Tutoring,
- Learning-by-discovering,
- Time partition,
- Use of educational mediators
- Use of computer equipment and aids,
- Use of specific software and subsidies.

It is worth mentioning the need for teachers to draw up the documents for studying or doing homework electronically, so that they can be easily accessible to students using supporting devices and computers to carry out their learning activities.

In this respect a widespread knowledge of new technologies for inclusive education, particularly in view of the potentialities offered by electronic textbooks, is useful. So it is important that curricular teachers, through the many specific centers dealing with these issues of the Ministry of Education and local authorities, acquire the knowledge necessary to support the activities of the student with disabilities even in the absence of supporting teachers.

3) Learning-teaching

An inclusive system considers the student as the protagonist of learning, whatever his abilities, potentialities and limits are. So the active construction of knowledge, occurring by activating the personal strategies of approach to "knowledge", by respecting the learning rhythms and styles and by "supporting" the self-regulation mechanisms, must be fostered. The use of the *cooperative learning methodology* is suggested.

Conclusion

This research work has enabled us to highlight the main strategic actions and development plans that are essential to guarantee an efficient program of Didactics and Special Pedagogy for students with Special Educational Needs (SEN). This analysis revealed the importance of putting in place in the school system a multidimensional action; In fact, on the one hand we must provide custom maneuvers to educate these students and on the other side it must instead be educated also all the stakeholders of the school system to promote a process of automatic inclusion in respect of all.

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