

Facilitating school inclusion

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Abstract: Inclusion implies the overcoming of socio-cultural prejudices and marginalizing social barriers and the solution of technical, organizational, educational, and rehabilitation problems. For inclusion to happen, it is necessary to realize efficacious programs capable of significantly improving the situations of individuals that need help, but also of changing the attitudes stirred up by their presence within the social context. Research studies showed that when parents of disabled children start to experience the advantages of school inclusion, they also start to have consistently more positive attitudes to this condition than parents of children in special education schools. Also significant is the role of parents of non-disabled children, their attitudes seem able to characterize their children's attitudes, mediating, and facilitating the inclusion. As to teachers, although they do show agreement on the value of inclusion, they also tend to lament a number of difficulties that tend to increase in presence of severe disability. Lastly the simple insertion of children with difficulty does not by itself produce satisfactory interactions with peers. The efforts of researchers and professionals aiming at decreasing perplexities and increasing competencies should be channelled toward these colleagues and significant others who, by sharing some educational, habilitation, and rehabilitation responsibilities, have the task of implementing inclusion. Their action should also focus on guaranteeing the collaboration of the school children without disability and their parents, that is to say those individuals that can have a role of mediation of and facilitation to inclusion.

Keywords: School inclusion, supports, disability, parents, teachers, peers, Italy

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Submitted: September 20, 2006. **Revised:** October 14, 2006. **Accepted:** October 15, 2006.

INTRODUCTION

Inclusion implies overcoming sociocultural prejudices and marginalizing social barriers, strengthening active participation and the presence of technical, social and organizational solutions; however, it also involves rehabilitative and training actions able to confront the different educational needs that characterize a heterogeneous group of students (1). School inclusion can occur only if associated to the fall of the social and teaching barriers that are typical of 'separate' school situations and set up exclusively to allow learning at the fringes of school institutions and at some distance from peers and regular teaching staff. This is what happens when the student is entrusted to few teachers, perhaps the holders of some specialization, and when teaching takes place in 'special environments' different from the classrooms that regularly house the student's peers. From this perspective, efficacious inclusion must go beyond the objective of doing away once and for all with the risk of segregation by setting up whatever is required to guarantee also to individuals with more difficulties the necessary supports and levels of participation and decisional power at least analogous to those allowed to others.

Inclusion requires living with, doing, and deciding together. Inclusion requires insertion as a condition because significant interactions between individuals with and without disability can hardly occur if they cannot 'see' one another, by living apart or by living in separate contexts. Inclusion witnesses consideration for diversity and the recognition that students with disability have the same

rights as their peers. However, this does not mean, although it has sometimes superficially occurred, that these students have to be treated in the same way as their peers from a methodological and didactic point of view. In order for the logic of the 'same rights' to be advantageous for individuals with difficulty, emphasis must actually be placed on the 'differences', as Minnow (2) maintains. Having the same rights does not necessarily mean having to benefit from the same interventions, as they might turn out to be totally inappropriate.

The members of any group show a more or less marked variability and, from a psychopedagogical viewpoint, the people that make it up would need different attentions and personalized interventions, which require high professionalism and rigorous planning operations. Inclusive schools cannot confine themselves to privilege students with greater difficulties through sophisticated assessment procedures and programs of 'special' supports in their favor. These schools must aim at respecting everyone's educational needs on the one hand, and, on the other, at realizing an "included community" project that comprises all those that, albeit not personally experiencing the effects of impairment or disability ('normal' students, parents of children without disability) and not having a specific professional responsibility (regular teachers), actually determine the 'climate' for and attitudes to these issues: tolerance or retaliation, acceptance or refusal, 'passive', charitable, pietistic insertion or real participation.

Following on from that, the actors of a school program-

ming that aims at facilitating inclusion should not only be disability specialists but also be school officials, non-teaching school staff, and regular teachers, all the parents and all the classmates. Their involvement is important because the point is to plan changes to the traditional educational praxis to guarantee everyone—be they students, adults, or teachers—a significant and satisfying experience. In other words, what we are thinking of is an educational setting that not only pays attention to the needs associated to impairment but also considers the specificities of each student.

Educationally speaking, personalization is essential even when the individuals dealt with have the same disability or the same etiology. Research has actually shown that, besides differences between individuals with different genetic syndromes that entail intellectual disability, there are also marked specific differences between individuals with the same syndrome (3-6).

In considering what was said above and dealing with the issue of inclusion, it can be important to recall that children with Down syndrome (DS) are much more sociable than are other children with intellectual disability and that their social abilities are somewhat 'spared' compared to their cognitive abilities (7,8). In other words, such children seem able to 'compensate' their cognitive difficulties with their social abilities (9,10), and this certainly allows very early forms of insertion for them and the likelihood of experiencing successful inclusion (11).

THE ROLE OF PARENTS IN SCHOOL INCLUSION

Any modern school organization recognizes the fundamental significance of parents and, at least in Italy, their managerial responsibility. The presidents of board committees are in fact elected parents, and school programs and calendars are drafted with the parents' help, so that consideration may be given to specific territorial conditions and students' needs. All the parents, not only those directly interested in disability issues, are called upon to express their opinions, to promote and support projects that concern insertion and inclusion. Regarding the parents of children with disability, in early research studies on inclusion, it was already clear that parents recognized remarkable advantages of inclusion compared with institutionalization (12-15). They maintained that included settings offered the student with disability more frequent occasions for cognitive development, more significant experiences of the real world, and the opportunity to gain advantages from relationships with peers with typical development (16). It can now be said that parents of children with disability are today aware of the advantages an included setting can offer their children.

Freeman, Alkin, and Kasari (11) involved 291 parents of children with DS and showed that those whose children were in an included school were more satisfied with the school programs. Indeed, most of them expressed the wish for greater levels of inclusion, for their child to continue to study in other included schools, where the child could

continue to benefit from peer interaction, and for such schools to be nearer to where they lived, perhaps even in their own residence block, so that the child's community inclusion could be favored. Another interesting outcome of the study was that these wishes were stronger in parents of children aged between 6 and 10 and less intense in parents of adolescents. The authors maintained that the latter did not have much choice as far as their child's education was concerned, and also that they were more disheartened about having to keep on fighting for their rights. In their analyses, Kasari, Freeman, Bauminger and Alkin (17) involved not only parents of children with DS but also parents of children with autism to check for any differences in attitude toward inclusion. The results showed that parents of children with DS are those who especially consider inclusion more positively and who more clearly express the advantages derived from their child's interaction with peers with typical development. Worries about teachers' insufficient preparation and peers' inadequate reactions were more greatly felt by parents of children with autism, perhaps because of the children's marked social difficulties and their need to benefit from particularly structured learning settings.

We believe that these parents, and in particular the parents of children with most severe difficulties, should be trained to support the importance of integration, to analyze its quality, to make specific requests to school operators, and to establish with them satisfying and fruitful relationships to increase the efficacy of their action in favor of inclusion (18,19).

In this, a great responsibility has to be recognized to teachers: they should be able to establish efficacious and respectful relationships with parents and actually 'recruit' parents and, therefore, also accept their suggestions, wishes, and controls whenever possible. In this connection, Erwin et al (20) maintained that if parents feel esteemed by the school community they are more likely to participate in it actively. To this aim, it is important that such parents are clearly informed of the ways in which the school favors inclusion and that they are asked for their opinion, that they are involved in planning didactic activities like the other parents, and that they are constantly informed of their child's progress. The quality of the school experience will surely be higher if such parents are treated with respect, also in consideration of the greater difficulties they have to face compared with parents of children with typical development, and if their relationship with the teachers is based on trust.

A significant role in school inclusion is played also by parents of children with typical development; we think it is very difficult to say that inclusion is successful unless they are also actively involved in supporting it. If, by some unlucky chance, these parents were to show indifference or even perplexity and hostile attitudes to these issues, successful inclusion would be greatly compromised. In fact, such parents would negatively influence school and community basic choices as well as their children's attitudes

toward schoolmates with disability, that is to say of those who, as we will see, should have an important role of 'mediation' and facilitation in included classes.

Parents' influence on children's attitudes and behaviors is out of the question: they can characterize their children's thoughts, expectations, representations, values, and emotions (21). For instance, parents can talk with their children about what it means to have a child with disability in their class and give information on the causes of the underlying 'differences' between them and some of their classmates. In addition, in the presence of individuals who express themselves with difficulty, who dribble when they eat, whose movements are uncoordinated and awkward, or who suddenly fall to the ground because of an epileptic fit, parents can show feelings of refusal, disgust, fear, and so on, thus, so to speak, 'teaching' their children to have similar feelings, to experience disgust and fear about similar people in similar situations. If, on the contrary, parents' feelings and emotional reactions are permeated with understanding and acceptance, then children learn to have a just as favorable reaction, with possible positive consequences on the behaviors they will show in included settings. Parents are models for their children when they either avoid or turn away a child with disability or go near him/her and offer their help if necessary (21). The onset of positive attitudes seems likely to depend also on the type and severity of disability: the most positive attitudes are observed toward sensory and physical disabilities, whereas they are not so frequent toward individuals with emotional disorders, behavioral problems, and intellectual disability. Regarding the latter, negative attitudes have been observed to increase with the severity of intellectual disability (22,23).

From what was said above, it follows that parents affect their children's attitudes and actually spread information on disability, on the way to deal with it, on how to have helpful, collaborative, and supportive behavior, but also on how to distinguish people into categories, such as search for/exclude or frequent/avoid.

Innes and Diamond (24) examined how 40 mothers of preschoolers talked to their children about a child with physical disability and a child with intellectual disability, and how that affected their children's behaviors. First the mothers and then the children were asked to tell a story about two children shown in two different photos. The mothers made more comments on and asked more questions about the photo that showed children with physical disabilities, and the same was observed in their children when they were reacting to the same stimuli: their behavior was analogous to that of their mothers. Very likely, the presence in the photo of aids like a wheelchair encouraged discussion, which was more heated than with the photo of a child with intellectual disability, as the latter is more difficult to 'comment on' and interpret. We must remember that preschoolers have greater problems in understanding abstract difficulties and have to make reference to salient visual aspects. In any case, the fact remains that descriptions,

explanations, and suggestions on what to do were more numerous when dealing with physical disability. These data are in line with what found by Soresi and Nota (1), who underlined how mothers were better able to explain disability and emphasize a child's ability when they told stories about children with physical disability rather than with intellectual disability.

Parents of children with typical development have control over their child's possibility to have experiences with individuals with disability, they guide contact with peers, choose toys, books, and play material, and control their access to the media. Including or not including individuals with disability in their social network differently affects their children's experiences. In this connection, it must be recalled that many adults know very little about individuals with disability and do not usually have close friends or colleagues with disability and that most adults devote little time to talking with their children about children with disability (21).

All the foregoing can also influence attitudes toward included schools and toward the presence of students with disability in the class. If parents perceive inclusion as advantageous for every child and in particular for their child, then they will be more likely to have positive attitudes and to support inclusion. If this does not happen, as is likely, given the poor quality that typically characterizes inclusive programs, then these very same parents will tend to be in disagreement and show, sometimes even openly, their disapproval.

It is indeed for this reason that the results on these parents' attitudes found in the literature are contradictory. Gottlieb and Corman (25), for instance, detected in them acceptance of inclusion in principle but poor agreement with the idea that students with disability might be included just in their children's school or class. Hayes and Gunn (26) observed that parents who had had the opportunity to experience inclusion at school had more negative attitudes than those who had not. Turnbull (27), instead, reached completely opposite results: the parents of children without disability who attended an included nursery school supported inclusion as much as did the parents of children with disability and agreed with them on the advantages and disadvantages of this type of experience. For example, both groups of parents recognized the importance of inclusion from a social and educational point of view and agreed that the major problems were associated to poor teacher's training and to the children with disability not always getting what they needed.

Gottlieb and Leyser (28), in a very interesting research, tried to verify whether family members' attitudes tended to change over time. The authors collected the opinions of about 800 parents at two different times, with a gap of 10 years: the first time in 1981 when the first mainstreaming efforts were recorded, and the second in 1991. In their study the authors considered: (a) attitudes toward inclusion of parents of children with disability; (b) attitudes toward

inclusion of parents of children without disability; and (c) attitude changes over time. Their 1991 results indicated that the attitudes of the parents of children with disability were more positive than in 1981, whereas no significant differences were found regarding parents without children with disability. The change found with the parents of children with disability seems to indicate that their fears and worries about the new situation had diminished; on the contrary, the absence of change for the parents of children without disability could be due to the failure of inclusion to produce the advantages they expected. If, on the one hand, aspects such as increases in tolerance, sense of normality, and self-concept and the decrease in prejudice were not perceived as improvements, on the other, at least the results do not suggest increased worries about possibly negative effects. This position was recently supported also by results obtained by Sharpe, York and Knight (29), who showed no decline in school performance and behavior of students without disability attending included classes.

In this connection, interesting is what Stoneman (21, p. 122) says when she underlines that:

“...those who implement inclusionary programs have a great responsibility. If we are complacent and accept low-quality services, then parents of typically developing children can be expected to exert their influence and compromise the future of inclusionary programs. It is important that we develop inclusionary programs that are of high quality, providing facilitative learning environments for all children. If we succeed at this task, then the potential barriers to inclusion posed by parents of typically developing children will fall and these parents will become supporters of inclusion.”

An included setting should also arrange for the involvement of parents of children without disability not only for the didactic planning but also for the training activities on disability and ways of interacting with it and on school inclusion. Proposing specific knowledge about the individuals with disability that attend the school, giving indications on the heterogeneity of the class and on the importance of personalized interventions, and showing the advantages that an included setting, can guarantee everyone in the class, making them aware of the role they can have in passing on positive attitudes to their children, stimulating them to approach the most efficacious educational issues, and strengthening their relational competences, besides letting them realize for themselves the advantages of an included school, can make parents precious ‘allies’ in the construction of an included school (1,19).

THE ROLE OF TEACHERS

A significant role in school inclusion is played by teachers and by school officials, their evaluations, attitudes, and opinions. Several research studies have highlighted that

school officials, albeit professing agreement with the ‘philosophy’ of inclusion, seem to worry especially about environmental barriers, lack of experience in dealing with disability, the amount of time teachers may need to deal with such individuals, and the disadvantages that it could procure children without disability in the class (30-33).

Teachers, albeit agreeing on the value of inclusion, similarly tend to lament a series of difficulties, such as not having the necessary competence, needing longer ‘teaching time’, or needing rarely available aids and supports. Perplexities toward inclusion, but even toward mere mainstreaming, tend to increase in the presence of severe disability and marked forms of maladjustment (34-36).

In studying 231 future teachers and their attitudes toward school inclusion of children with DS, Wishart and Manning (37) found that although the majority of them stated that school inclusion facilitated these children’s learning and their social and emotional development, they had reservations about the advantage of having a child with DS in their own class. These teachers had also a poor knowledge of disability and pessimistic expectations on these children’s likelihood to develop. The teachers significantly underestimated the life expectancy of individuals with DS, the ages at which such children could achieve significant developmental changes, and the level of independence they could actually reach. Always in this connection, Gilmore et al (38) involved 538 experienced teachers and 2,053 members of the teachers’ living community. The authors showed that the majority of teachers had more correct information regarding the origin of DS than did the members of the community (94% of the teachers declared that DS was a chromosomal alteration versus 85% of the community members; 89% of the teachers stated that the birth of a baby with DS could be more likely with older parents versus 77% of the community members). However, both teachers and community members underestimated the life expectancy of individuals with DS, with 42% to 44% maintaining that such children could live to a maximum of 30 years of age. Teachers had a clearer idea about these children’s developmental milestones like starting to walk, using the bathroom, understanding and using language. What the two groups had in common had to do with personality stereotypes. From a list of 12 personality characteristics (affectionate, aggressive, lonely, calm, obstinate, trusty, melancholy, music lover, happy, insensitive, friendly, absent-minded), 79% of the community members and 85% of the teachers stated that individuals with DS were more affectionate than other children; about 80% of both groups said that such children were more friendly, and 70% that they were happier. As to inclusion, only 19% of the community members and 24% of the teachers maintained that being in a regular class with peers their age would be the best option for children with DS; 37% of the community members and 28% of the teachers stated that education in special setting would be the most advantageous experience.

The data from that study seem to show that teachers do not significantly differ from other members of their community concerning the stereotyped vision of children with DS nor do they differ concerning their attitude toward school inclusion. We think this is further evidence of the school personnel's poor preparation on disability and on school inclusion and of the continuing predominance of stereotypes. The results are still more worrying if we consider that teachers' attitudes seem to be related to the educational practice actually carried out in class (39). Buell et al (40) showed a positive relation between teachers' attitude toward inclusion and their beliefs about the likelihood of influencing the learning and the school achievements of students with disability. Teachers with a more positive vision of inclusion were more confident in their own ability to support students with or without disability and to adapt materials and procedures to students' characteristics. Forlin et al (41) went so far as to say that negative attitudes toward disability lead to low expectations from individuals with disability; in turn, this decreases learning opportunities, triggers the start of increasingly inadequate performances, with ensuing lower expectations both by teachers and children.

From what was said above, the importance becomes apparent of training teachers and stimulating in them positive attitudes and efficacy beliefs in their ability to realize efficacious educational interventions in included settings. Devising specific training activities both for future and for in-service teachers with the aim of strengthening knowledge on typical and atypical development, on issues associated to disability, on abilities to analyze differences, and setting up personalized interventions in an included setting, can promote more efficacious actions in favor of inclusion. Campbell et al (39) clearly underlined that interventions of this type can actually promote the revision of teachers' opinion about the advantage of including individuals with intellectual disability in regular school settings.

Following specific training on inclusion of a group of nursery, elementary and middle school teachers, Soresi and Nota (1) found that those involved reported a greater knowledge on disability and were better able to realize activities of specific observation in different learning, linguistic, mathematical, and social areas and personalized interventions to the advantage not only of included individuals with disability but also of the other students.

CLASSMATES

Mere mainstreaming of students with difficulty cannot, by itself, create satisfying relationships with peers, as the former, because of their disability, do not often encourage the activation and maintenance of gratifying interpersonal relationships. There is ample evidence of this in the literature. It would seem that in a class in which a child with disability has been included,

- Children with typical development do not 'spontaneously' tend to interact frequently with the students with disability included but rather tend to avoid them as play and study mates (1,42,43).
- Students with disability are usually less accepted than their peers and, on the basis of sociometric measurements, take on a 'social status' similar to that of classmates who, albeit without disability, experience serious achievement failures (44-46).
- Length of inclusion (number of school years spent with the same class) does not favor satisfying relationships: the level of acceptance often decreases, and, in any case, stays low even after long spells of inclusion (47).

Concerning peers' acceptance, teachers are usually thought to have a mediating role. Their 'educational styles' seem to be very important: educational styles centered on frequent warnings, reprimands and disciplinary actions seem to correlate negatively with observed peers' acceptance, whereas educational ways centered on friendliness and attentions aiming at reinforcing helpful and selfless behaviors would seem to improve the atmosphere in the class and increase acceptance (1,48). The recent specialized literature has offered indications on the types of interventions to be actuated in class to favor the beginning and the maintenance of positive relationships between peers at different levels of development and autonomy.

Weiserbs and Gottlieb (49,50), for example, suggested great caution in how children with disability are 'introduced' in the class, as information on their difficulty and on the help they will need may stimulate negative attitudes. In other words, such information seems to focus the attention on the difficulties and the extra burden that might ensue from inclusion and on the disadvantages associated to it.

In this connection, Nota et al (51) involved 160 elementary school children, aged 6 to 10 years, randomly distributed over four experimental conditions: physical disability – no risk; physical disability – risk; intellectual disability – risk; intellectual disability – no risk. The 'risk' condition envisaged telling the would-be friends of the included child/children that they would have to give them some help. The participants were shown a picture of a hypothetical future classmate with either motor disability, in the two 'physical disability' conditions, or Down syndrome in the other two conditions; the difficulties that these children might encounter in the school setting were then described. The participants in the 'risk' conditions were also told that they might be called upon to do some activities together with the child with disability (push the wheelchair, stay together during the break, give help in doing the homework, give examples). Then two questions were asked individually: one about the wish of becoming a friend of the child with disability and the other about willingness to give help. Collected data clearly underlined that the participants,

regardless of age, tended to declare more often willingness to give help rather than friendship. Furthermore, in line with the existing literature (52,53), attitudes were more positive when the participants imagined interactions with children with physical disability rather than with children with intellectual disability. Very likely, the children perceived the intellectual disability as more difficult to manage and more demanding. To justify their answers, those who had stated they did not want to be friends with or help the future classmate with intellectual disability reported to be worried about his/her not understanding, and in some cases, expressed their discomfort about the 'illness' or even the fear of 'possible contagion', that is the fear of becoming little able to understand the teachers' explanations. Differently, considering the idea of becoming friends with or help a child with physical disability was related to the notion that, even if in a wheelchair, such a child was in any case able to "think" normally.

The data are in line also with results from studies on the school friendships of children with intellectual disability. Field (54) for instance, underlined that only 2 of the 16 participants interviewed had friends without disability and Guralnick et al (55) found that often children with disability considered as friends some schoolmates, who however did not see the relationship in the same way; in fact, in most cases, the latter did not say they were friends with the former. Carr (56) observed that about half the 11 year olds with DS involved in the research thought they had a friend, but in most cases it was either a relation or a family friend.

Slightly different data were collected by Freeman and Kasari (57), who involved 54 children, 27 with intellectual disability and 27 friends of theirs. Most playmates of the children with intellectual disability were children with typical development, but they were at least one year older and did not attend the same class. The latter considerations raised doubts on the authenticity of the friendships and on their likely duration. It is then clear that specific interventions are necessary to stimulate positive attitudes toward classmates with disability, increase knowledge not only on their difficulties, but especially on their abilities and strengths, and improve classmates' abilities of interacting with them efficaciously and in a socially positive way.

In this connection, some very interesting suggestions can be found in Corrisio's (58) study, in which the author, after an observation activity, established that the increase of supportive relationships activated by the classmates is possible only after they have been adequately instructed on the "rules for help giving". The most important essentially concern who, how and when to help. Regarding "who to help", it is only a matter of 'looking around'...and observing whether, although school activities should usually be done independently and autonomously, there are some classmates who might be more likely to have great difficulties because of sight, hearing, or other similar problems, for whom the rule of "doing it by themselves" may not be applicable. Soresi and Nota (1) sustain that this

"difference of treatment" is generally accepted by the other classmates, even if perplexities may arise as to "how fair it is" to give help to some and actually deny it to some others.

Most of the children observed by Corrisio attended elementary school and were quite willing to take on the role of tutor, by carefully following their teachers' indications and encouragements on how to give help in handling materials, push the wheelchair, or holding the classmate's hand while moving about in class and out of it. Regarding "when to help", it is important that help be given when it is actually necessary. Although the observed teachers encouraged and praised the children that helped their classmates with disability, the teachers had also imposed rules and restrictions to avoid disturbances and continuous interruptions in the didactic activities of the class. Useful in this connection was the appointment of the "day's helper" and the decision that the teacher had to be asked for permission before the classmate could be helped during the didactic activities. The greatest difficulties were found in teaching "how to help", which, besides being functional to the activity being carried out, must not translate into a mere "doing in the other's place". In other words, it means also to develop the ability to "abstain" from inhibiting the range of possibilities of the child that is going to be helped and to encourage autonomy.

Brunati and Soresi (59) experimented with a program of early involvement that was originally devised for nursery school children, in order to facilitate the early inclusion of a five-year-old diagnosed as an autistic child, and another, also aged five, with DS; subsequently, the same programs with some adjustment were used with elementary, middle and high school children (60). Through the 10 didactic units of the program the authors aimed essentially at: increasing the children's observation abilities to enable them to recognize the differences that characterized the members of a class and people in general; and increasing ability to give help, collaboration and solidarity.

Considered as helpful were the verbal and motor behaviors activated in favor of the included child to allow him/her to carry out performances otherwise impossible for him/her (help in making certain movements, in doing some didactic activities, etc.); collaborative were the behaviors aimed at doing tasks with the included child, as he/she was able to do them; and solidarity behaviors were those activated by the children toward adults and peers for the realization of a setting favorable to school inclusion (asking for and passing on information on the characteristics and needs of the included child; removal of barriers). By means of direct observation it was found that it was especially the children of the experimental group that activated the greatest number of helpful, collaborative and solidarity behaviors toward the included child.

CONCLUSIONS

Efficacious and advantageous school inclusion is a complex process that requires the involvement of many figures:

school officials, curricular and special education teachers, parents of children with and without disability, classmates and, obviously, the child with disability, who must be prepared for this experience. The commitment of all these figures, but especially of those whose job it is to teach, is important and fundamental to overcome the conviction that it is utopian, impossible, or even disadvantageous to create included conditions that allow the real participation in school life of individuals belonging to the weakest and most disadvantaged sector of the population (1,19,61).

Unfortunately, we cannot but agree with Erwin et al (20) that the action taken in schools toward inclusion is still insufficient, fragmentary, and mediocre. Often, interventions are even improvised following the personal convictions of some educator and in the wake of books on inclusion that are not so "sound", to say the least, from a scientific point of view. The resulting actions are hardly efficacious, with a low standard of quality and often even counterproductive that is maintaining or even stimulating inadequate ways of thinking and of dealing with individuals with disability. For example, those situations in which children with disability are introduced to the class by underlining only their difficulties, their weaknesses, and the needs the classmates should assist them with, without any reference to their adaptive strategies of managing difficult situations, and to the ways to be used to ask for collaboration in carrying out tasks and activities. In the absence of all that, discomfort and pietistic and paternalistic attitudes are very likely to arise, and these are feelings that are not at all useful for effective inclusion (62).

Inclusion, besides the sensitive behaviors mentioned above, requires professionalism and specific competences that should be shown first of all by those colleagues and individuals that, by having educational, habilitation, and rehabilitation responsibilities, can support inclusion itself, cut barriers down, decrease perplexities, and deal with those pockets of resistance that may always crop up. To this aim, it is necessary to advocate high levels of quality for inclusion, actual participation of and collaboration between parents, students, and teachers, who should increasingly take on the role of mediators and facilitators of (1,20).

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