
Special Educational Need (SEN): An innovative Didactic Approach

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Abstract

The Special Educational Need (SEN) increasingly represent a very important challenge for all pedagogical and didactic sciences. In this regard, the purpose of this research contribution is to analyze and propose an innovative didactic approach for subjects with SEN, which through motor and sports activity, is able to rise to the indispensable educational role for these subjects.

Keywords: *Special Educational Need (SEN), Didactics, Innovative Approach*

Deepening of the concept of SEN

This chapter intends 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, to make our school a significant step forward towards full inclusion.

In our 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 that knows how 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 the international scientific literature too (Booth & Ainscow, 2008).

But what is the real utility of the concept of Special Educational Need? As you will see in detail in the following pages, 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, but in their clamorous diversity there is something that brings them closer, and which makes them, in my opinion, substantially equal in their rights to receive sufficiently individualized and effective educational-didactic attention: all these people operate with some problematic aspect, which makes it more difficult to them to find an adequate response to their needs.

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. It is obviously useful to well carry out this kind of diagnosis where possible (think of dyslexia, autism spectrum disorders, etc.) but it is a kind of identification that divides and distinguishes students' difficulties based on their cause, as our legislation does with Law n. 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).

We need fair policies 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 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 n. 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 who? Of those who do not want the "tide" of the support teachers to be too extended? Of those who want to retain the "privileges" of the skills of students with traditionally protected disabilities? Of those who see in the appeal to the easy certification the school's inability to deal with the students' difficulties with its own skills? Of those who see 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, as it will be seen in the following pages, is radically bio-psycho-social, forcing us to consider the globality 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 psycho-pedagogical 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 clearly 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 Diagnosis 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).

Another evidence of the strength of the Special Educational Needs recognition trends is the Provincial Law n. 5 of August 7, 2006, entitled "Educational and Training system in Trentino," a comprehensive reform law of the Schools of this Province, which speaks explicitly of students with Special Educational Needs: 'Activating services and initiatives for the support and integration of students with special educational needs arising from disabilities, disorders and learning difficulties or from disadvantage situations due to particular social or environmental conditions' (art. 2, paragraph 1, letter h).

I therefore believe that at least some of the conditions are necessary so that we can work fully with the concept of Special Educational Needs.

Individual's overall functioning

There are more and more students who, for some difficulties in their "functioning", make teachers and families worry about them. About the (good and less good) shapes that this concern takes on we will talk later. Let's now deal more closely with these various and diverse difficulties.

There are many students in the classrooms with difficulties in learning and developing skills. In this great category we can include various difficulties: from the more traditional specific learning disorders (dyslexia, dysgraphia, dyscalculia), attention-deficit disorders with or without hyperactivity, difficulties in understanding the texts, visual-spatial difficulties, motor difficulties, clumsiness, evolutionary dyspathy, etc.

We also find students with mental retardation and retardation in their development, originating from the most diverse causes. They have learning, psychological and didactic development difficulties, as well as naturally physical and biological development difficulties, if necessary. In this case the intervention responds to a strict ethical obligation (Smith et al, 2015).

In conclusion, it is quite clear that this idea of Special Educational Needs, based on the individual's global functioning as defined by the World Health Organization in the ICF model, leads to a clear overcoming of the traditional diagnostic categories in the recognition phase of a situation in which the student has the right to individualized and inclusive intervention.

This does not obviously mean ignoring or rejecting the nosographic and etiological clinical diagnoses, which have a profound meaning for the cognitive aspects of therapy, prevention, etc. (Odomo & Diamond, 1998).

In our case, we look for a global method, so to speak, downstream of the diagnosis, which is wider, more inclusive and more responsive to what is a real SEN and difficult situation. In our Special Educational Needs model there are also students who cannot be diagnosed with any of the traditional pathological conditions, but who sometimes have significant Special Educational Needs that need to be recognized in time and precisely, even though they are out of the traditional classification systems.

Therefore, this type of Special Educational Needs assessment is not related to some nosographic or etiologic classification, but it is intended to grasp globally all the problematic functioning conditions, so that we can develop a well-individualized inclusive didactics (Schwab et al, 2015; Smith et al , 2015).

Importance of Sport for the SEN

In the globalized society of the third millennium, all individuals are considered to have educational needs during childhood and throughout their lifespan, including acquiring knowledge and skills to the best of their abilities, developing a sense of belonging, identity, dignity, appreciation and acceptance. People who have difficulties, obstacles and delays affecting learning, development and integration are increasingly visible and present within the society, at a macroscopic level, and school, at a more microscopic level. Their access to a good quality of life (Ianes, 2005), whether globally or only within certain domains (cognitive, affective-emotional, relational, motor), is a particularly pressing concern. Different individuals may have different degrees of impairment: mild, moderate or severe; and such impairments may be characterized by stability or transience. The Special Educational Needs (SEN) concept, increasingly central to social and scientific interest, arises from these considerations, and covers a considerable part of the population: disabled and elderly individuals, very young children, people with debilitating or degenerative diseases, or post-traumatic manifestations, and individuals in difficult situations and/or at socio-economic disadvantage.

The SEN classification is not a clinical or medical definition. In fact, it cannot be found in common disease classification systems, such as the ICD 10 or DSM V. The SEN approach is used for institutional purposes to define situations that entitle students to specific forms of individualization and personalization of individual educational activities. The recent extension of these rights to the personalization of educational path as a whole, not previously contemplated by the Italian legislation (namely, the relevant legislative decrees 104 and 170), is a positive step towards more equitable and inclusive educational policies. This allows many more students in various situations to be identified and protected under the SEN policy. The educational needs of SEN students should not automatically be considered different from regular educational needs; they only need modifications when the bio psychosocial functioning of the individual is prevented or hindered, and it has become difficult to find an adequate response to their needs using standard intervention techniques. The bio-psychosocial functions of an individual can be evaluated through the complex and multidimensional ICF system (International Classification of Functioning, Disability and Health), where interactions between physical aspects, social participation, environmental framework and personal context play a crucial role. A “dysfunction” of the educational process is determined when the individual suffers damage, becomes obstructed or stigmatized through loss of opportunity or freedom of development. The term “special” refers to additional resources, knowledge and skills needed to ensure equal opportunities for development, choice, success and quality of life for such individuals (Ianes & Macchia, 2008). There are three types of SEN resources: 1) Human, both in terms of professional figures that can ensure the achievement of the goals listed above (curricular and special education teachers, other educators, psychologists, communication and autonomy aides etc.) and an appropriate teacher-student ratio. 2) Material (tools, aids, equipment, learning spaces etc.). 3) Financial (forms of funding for individuals with special needs or for their educational environments, or other forms of assistance to cover additional costs for staff and resources). These interventions are also included in the European strategy to combat all forms of exclusion and social marginalization through new inclusion policies. In this context, the term “integration” is intended as an open process of change and mutual adaptation, characterized by the recognition and implementation of an individual’s identity and his/her inherent knowledge. To achieve full integration in the society and at school, it is essential to consider all specialties and differences of the individual as resources and forms of enrichment for all those involved in the educational process: family, school, social and health workers, and peer group (Allender, Cowburn & Foster, 2006). Irrespective of the model used in the different European countries, inclusion is usually accomplished through three stages of the learning process in all disciplines, and motor activity in particular. The three stages are: adaptation, identification, and point of contact. This model can and should also be applied outside the school context, purely to disseminate the message of equal integration within all structures and locations where physical activities and sports are practiced.

The European Sport for All Charter states that adaptation must be of educational-methodological, technical, and structural type.

The process of adaptation is characterized by flexibility, simplification and mediation.

The first aspect relates to didactic approach and practice methodologies; while the second addresses the rules and regulations of each sport; and the third refers to specific motor activities created for specific disabilities. Modifications may be applied at three different levels: minimal, such as guides, facilitated routes, colored signals to delimit the field of play, etc.; moderate, such as the introduction of auxiliary equipment, or specific rules and roles; and significant, such as asking a class mate to assist the disabled student. These adaptations should be carried out in a global manner in relation to: a) space, intended as emotional and physical space, accessible environment, free from all forms of architectural barriers and

equipped with equipment that facilitate the movements of the disabled; b) time, which refers to duration, frequency and intervals of the activity; c) intensity and difficulties, taking into account the motivational level and degree of cognitive attention necessary to perform a specific physical activity; d) group activities, or the opportunity to work individually, in pairs, and in small or large groups; e) rules, also within the organizational sphere. Identification takes place every time interventions are designed based on the needs of a single individual, taking into account the limitations that determine their specific difficulties, and identifying the potential that could be exploited. Diversity thus becomes a resource, a possibility to reduce disadvantage, not denying its existence, but highlighting the strengths and enhancing the skills and capabilities of the individual. The identification interventions require the involvement of various professionals (psychologists, curricular and special education teachers, other educators, instructors etc.), and thus usually entail a transition from a technical formality to informal practices of varying durations. Point of contact, finally, is intended as the moment when, during the integrated teaching-learning process, an activity is planned for the individual, class and or team, through the selection of objectives that reflect those of the class or team, taking into account the potential of the individual. In practice, the adaptation, identification and point of contact interventions must be considered as an integral approach carried out at different levels.

So, minimizing the Impact of Disability is currently one of the current key aspects of interest in the field of adapted physical and sport activity. This concept entails cultivating the disabled or disadvantaged individual's perception of feeling loved and accepted despite their condition, through minimizing the effects of any potential difficulties. Teachers, trainers, educators, psychologists and all the people with a significant relationship with the individual with special needs should direct their attention and actions towards this goal. These experiences can, in fact, affect the individual's personality in a variety of ways, potentially promoting or compromising the functional development of their identity. Negative experiences, in particular, can affect the performance of an athlete; moreover, a child or an adolescent who practices one or more recreational sports disciplines could develop, as a result of his or her condition, a disturbed and unhealthy relationship with the discipline. For these reasons, teachers, psychologists, trainers and family members should set up procedures or situations that aim to stimulate the individual in terms of their self-awareness and sense of dignity through improving their psychological status, by encouraging good self-knowledge, awareness of their real potential and limits, towards a realistic awareness of their life circumstances. Sport can be a valuable tool to combat the negative aspects of disability, such as fear, anxiety, anguish, and depression that can determine frustration and closure to the outside world (Rethorst, Wipfli & Landers, 2009). In fact, in the form of recreational motor activity, promoting a sense of accomplishment and mobility, sport can enhance self-affirmation, development of a good level of self-esteem and a more positive self-image in children, in particular those with special needs. Such development takes place through the interwoven relationship with the sports group and instructor, who provide the positive feedback necessary for the acquisition of a new sense of belonging and identity that would be unlikely to develop without taking part in the sports activity. Children and adolescents also learn how to control themselves psychologically through sports. In fact, workouts, exercise, and the efforts to improve one's performance often act as motivational stimuli and push the individual to achieve higher goals and objectives. Finally, sports activity allows individuals to learn how to manage anger or negative feelings that often derive from the state of frustration that originates from sense of defeat. Sport also allows to experience ritualized aggressiveness while waging a metaphorical "fight" with the opponent while following rules, leading them to learn to tolerate the frustration that arises from defeat. Therefore, sport can be seen as a means of psychological growth, allowing the individual to develop his or her

personality through physical training. In the light of these notions, sport becomes a therapeutic setting, vessel, and a protected space in which one can connect with other people to confront one's fears, anxieties and frustrations, as well as learn through play, set oneself new goals, discover new interests, and, ultimately, reach a better level of autonomy and psychological maturity that will be carried over to other contexts of everyday life. To this end, the relationship with the instructor or physical education teacher is fundamental; these authority figures must possess sufficient flexibility to foster developing personalities while adapting to the requirements of the specific situation and group, integrating knowledge on the rules and technical/tactical aspects of the discipline with that related to specific impairments, aids and communication, in order to form a complete view of the group and address potential difficulties and resources. The importance of the sport psychologist is often highlighted; this figure acts as a privileged intermediary between the individual with special needs and their physical education teacher/instructor and family, in order to help them develop practical attitudes towards the subject that are neither overly concerned nor disregarding towards the difficulties he or she faces.

In particular, the sport psychologist must be able to bring to light any invisible disabilities, establishing a thorough understanding of the individual in order to intervene appropriately and overcome his/her personal defenses in a potentially anxiety-inducing situation, thus transforming disability into opportunity and possibility.

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