Guarantee School Inclusion through Innovative Didactics

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Abstract
To date, the school context is the main educational environment in which the first and fundamental human and social relationships between individuals are established. In this regard, it is very important that this context is a totally inclusive environment and that the relative social relations that characterize it are devoted to inclusion. The purpose of this research contribution is to bring to evidence that through sport teaching it is possible to obtain an inclusive school.

Keywords: *School, Inclusion, Sport, Didactics*

The evolution of the functional diagnosis according to the ICF

The WHO introduces the ICF-International Classification of Functioning, Disability and Health-as a standard and unified language serving as a reference model for describing the health and related states, and that, by facilitating communication between different professional positions and experiences operating in the same field, at the same time, can promote new research horizons. It is a language created from a vision of reality including health status in a person's ecological analysis, according to a bio-psychosocial model involving all the intervention areas of public policies and, in particular, the welfare, health, education and job policies. The reflection we want to propose refers to a way to use this tool that describes particularly significant moments for the education of students, highlighting the importance of the different types of context as determining factors in the person's overall functioning. In this sense, since the information of the ICF should be used within the perspective of development of a political and social change aiming at encouraging and supporting the participation of individuals, the possible positive effects of the use of the ICF in the perspective of school, social and work integration is clear (WHO, 2001).

The WHO itself identifies such interpretation and "understanding" value of the human functioning in the use of the instrument when prefiguring development lines for the near future.

The functional diagnosis should be the indispensable basis for the definition of an individualized education Plan and/or life plan, because this functional diagnostic process explores the student's overall situation, trying to understand his various aspects, the various interconnections, his strengths and weaknesses, the resources, constraints, what helps and what hinders him, it should be a subject of global path of deep and extensive knowledge of the subject and the contexts he lives in. The reason for the change is the formalization of the ICF, it fully responds to our needs to have a way of knowing about the student's overall reality really helps in the individualized planning. This new functional diagnosis binds directly to the school integration, learning and socialization processes, it is expressed not only in technical -health terms and seeks to enable broader collaborations by directly involving teachers and the family including through the use of specific instruments, of course while respecting the professional prerogatives of the various operators.

Like every diagnosis in the most different fields, also the functional one aimed at an educational intervention or an individualized learning path best suited for students in difficulty tries to reach a deeper and more extended knowledge of the various characteristics

of the individual in the situation/relationship he analyses. In addition to having this purpose of "describing" and analyzing the obvious aspects of the situation, it should develop hypotheses (and possibly verify them) on the interconnections and relationships of mutual influence between different factors. For example, between functionality and activity; contextual, environmental and personal factors, between personal contextual factors and social participation, and so on. The analytical and descriptive aspect should therefore be co-present and integrated with the effort to understand the relationships they interconnect. This means that a functional diagnosis is really
«functional» only if it is of immediate use to the teacher, if it is possible to directly guide him when choosing the appropriate targets and effective working methods on the basis of the peculiar characteristics of the students in difficulty.
Thus it is not a little «magnified» clinical diagnosis; in fact, to further clarify our intent, we could propose the abolition of the term «functional diagnostics» and start using the term «functional psycho-educational assessment». These considerations lead us to argue that the functional diagnosis should be a multidisciplinary and collegial task of all the actors involved in the implementation of the I.E.P - Life project and in the school integration process: first of all is a task of the teachers, health and social specialists (educational psychologists and social workers are too often forgotten), of the family and eventually of all those involved in the process of individualized programming and integration. Among these, we must not forget the student himself, naturally in cases where it is possible (for example, at high school) for him to assume the role of "Narrator of himself", of his perceptions, strengths, deficits, aspirations and projects (Ianes, 2015). So it is not possible to delegate the functional diagnosis only to technical specialists, with the illusory expectation that they provide teachers a prodigious ' distillation ' of knowledge and operational guidelines, miraculously able to make them to work properly by resolving any doubts and difficulties. The in-depth knowledge of the student' situation, the exploration of his abilities, his deficit and the various causes leading to this situation must involve a very wide range of people and professionals that naturally analyze the situation from different perspectives and use different methodologies to make assessments which must necessarily integrate and complement each other. The student's family has an immense and precious data amount too: though sometimes inordinately, they are derived from the experiential knowledge (they become stories, biographies and autobiographies, fundamental to fully understand the contexts of the subject's life) and often are matched with incomplete interpretative hypotheses. Health specialists tend instead to make interpretations based on few data of the student's direct knowledge, while teachers are in a situation that could be defined as intermediate, in some ways surely privileged: they live several hours in contact with the student but in a professional relationship, and therefore with less emotional involvement than the family. So the functional diagnosis becomes not only an interdisciplinary task, but something more: it becomes a collaborative information gathering processed by many, where several contributions should be synthesized and made significant from a careful and conscious "direction".
The new functional diagnosis according to the ICF, which aims to be as more complete to school as possible and useful to the school/existential project, must not be carried out with comments, sheets, tests or something like this. It is an articulated process, which is certainly problematic and simplistic to be outlined and included in a template. But in our case the model is the conceptualization of the ICF, which helps us organize the collection of information on the subject and his life contexts. We must bear in mind two general principles: first of all, it is not useful to concentrate on the details and lose sight of the need to distil a global and unitary human reality, of a real person, who is much more than a rational series of objective data on his "functioning". Second of all, we must not try to stop the flow of personal, relational and contextual situations over time by crystallizing our observations as

final and stable, and thinking that they will remain unchanged in the future. The situation of a person is in the interaction of his past with his future projects. With these precautions in mind, let's examine the structure of our new model of functional diagnosis. The overall situation of a person, his health and functioning state in his real life contexts, must be described by this factors:

- Health condition;
- Bodily functions;
- Body structures;
- Personal Activities
- Participation in social life;
- Environmental contextual factors;
- Personal contextual factors.

The functional dynamic profile follows the functional diagnosis and indicates the physical, psychological and social characteristics of the student and highlights both his learning difficulties caused by the situation of handicap, the possibilities of recovery, and his abilities that must be supported, stimulated and progressively strengthened and developed in accordance with the cultural choices of the disabled.

The functional dynamic profile is evidently a document that changes over time in parallel with the student's growth; it is updated at the end of kindergarten, elementary school and middle school and during the course of upper secondary education. The F.D.P is jointly generated with the cooperation of the parents of the disabled person, of the operators of the local health units and, for every school grade, of the specialized teaching staff of the school. It necessarily involves:

- The functional description that the student proves to meet in areas of activities.
- The analysis of the potential development of the students in the short and medium term.

The individualized educational plan

The individualized educational Plan (denoted by the term I.E.P.), is the document which describes the integrated and balanced interventions, designed for the handicapped student in a specific period of time, in order to fulfill the right to education and schooling provided for in the first four paragraphs of art. 12 of laws n. 104 of 1992.

The I.E.P is drawn up, pursuant to paragraph 5 of art. 12, jointly by health workers identified by the Local Health units and the curriculum and supporting activities staff, and, if available, with the participation of the psycho-pedagogical operator teacher, in collaboration with parents or those who hold the parental responsibility on the students.

The I.E.P. takes into account the didactic-educational, rehabilitative and individualized socialization projects, as well as the forms of integration between school activities and extracurricular activities. These proactive interventions are then integrated with each other, so as to get to the final drafting of an education plan related to the disability of the student himself, his difficulties and potentialities that are available in any case.

So the I.E.P. takes the name of Life Project as it considers the student in an adult perspective, and consists of four basic components:

The educational functional diagnosis

The dynamic functional profile

The tasks, materials, work methods

The tests and assessments

In summary, the I.E.P. is:

The inter-institutional operational project between school operators and health and social services operators, in collaboration with parents;

Educational and didactic/personalized project concerning the learning dimension related to rehabilitation and social aspects.

It is the harmony of all these aspects that, accepted and valued by the social context, encourages and promotes the active participation of the disabled person in his life project, strengthens hiss personal and social identity, supports his self-esteem, makes him feel fully a citizen and a worker, generating social integration. Therefore, to develop a good I.E.P. we need a really functional diagnostic methodology, i.e. a methodology that describes in detail the student's characteristics, interprets and tries to explain them, but at the same time is closely connected to the reality of school, family and social life, in its teaching/learning and psychological-affective development, relationship and sociability aspects.

Didactic and Pedagogical support tools

Working groups for the Handicap

The Working groups are organizational-technical and methodological support bodies for the implementation of measures in the area of school integration. The current legislation provides that, at the local level, different working groups work with various compositions, duties and powers:

Provincial institutional Working group (located in the Provincial Education Offices);

H Groups operating at local level (in every Didactic District and Institute);

Study and working groups operating at local level (in every Didactic District and Institute).

The Provincial institutional Working group have regional counseling and proposal objectives to the regional School Director, offer counseling services to every school, in collaboration with local authorities and local health units in order to verify the conclusion and execution of the program agreements, set up and implement the individualized educational plans for any other activity relating to the integration of students with learning difficulties.

It is composed of: 1 technical Inspector; 1 expert teacher belonging to the Provincial Education Office; 1 expert designated by local authorities; 2 experts designated by the Local Health Unit; 3 experts designated by the associations.

Its functions:

Providing advices and make proposals to the regional School Director;

Providing counseling services to schools;

Collaborating with local authorities and with the Local Health Unit for the stipulation, implementation and verification of the program agreements;

Collaborating with local authorities for extra-school activities;

Issuing an annual report to be sent to the President of the Region and to the Minister of Education.

The Working groups on Handicap in the Institutes

The Institute and District study and working groups, provided for by art. 15, paragraph 2, of law n. 104/92, are composed of the School Manager, under consultation of the District or Institute Board and the Teaching staff. In the development and promotion of the activities of the study and working group, the school manager takes into account the specific needs expressed in the territory and in the school, working to integrate the activities of these study and working groups with those of similar pre-existing aggregations in the School District or in the Institute so as not to waste, in any case, any experiences effectively carried out and consolidated. The action of the study and working group at school level can be summed up in organizational, planning, consultative and evaluation competences.

Organizational competences:

Managing personal resources (allocating supporting activities hours to individual students; using co-presences among teachers; scheduling reports with extra-school operators; finding specialists and external consultants, etc.);
Defining the modalities of transfer and acceptance of SEN children; managing and searching for material resources (grants, technological aids, specialized libraries and/or documentation centers, etc.);
Identifying informal resources (volunteers, families, students, unofficially recognized skills, etc.);

Design and assessment skills:
Formulating plans for continuity between school orders; specific projects for the handicap, in relation to the various typologies;
Projects related to the staff (for example, for the reduction of classes welcoming disabled students);
Projects for upgrading the staff level, also in an inter-institutional perspective.
Consultative competences:
Taking collaborative and tutoring initiatives among teachers (in the presence of specific disabilities);
Holding inter-institutional debates throughout the year;
Documenting and creating databases. This is an operation designed to previously engage school availability, preparing in advance the interventions that promote integration, conceived as a complex phenomenon, requiring multiple skills and a shared culture;
Collaborating for drafting the F.D.P
Collaborating for processing and assessing the I.E.P (Carlini, 2012).

The WGOH (Working Group for the Operational Handicap)
For every disadvantaged student, at the beginning of the school year, a working team is set up, which is composed of the School Manager, at least one representative of the teachers of the class, the teacher specialized in supporting activities, an assistant educator, operators of the Local Health Unit dealing with the cases (The multidisciplinary unit referred to in article 3 of the Decree of the President of the Republic of February 24, 1994), the parents or any other significant figure working for the student. To exercise its competences, the group:
Develops the functional dynamic profile;
Draws up the Individualized Educational Plan, or at least identifies and coordinates the "basic lines" of the I.E.P.;
Assesses the results in itinere and, if necessary, changes the I.E.P. and/or the F.D.P.
The School Manager:
Appoints and presides over the working group;
Identifies the coordinator (usually the teacher specializing in supporting activities) that is responsible for drawing up the report of the meetings, preparing and keeping the documentation updated;
In case of absence or impediment, the School Manager shall be replaced by the group's coordinator.
The WGOH shall meet at least twice a year. The meeting must be recorded.

The support territorial center
The Territorial Support Centers were established by the Regional School Offices in agreement with the Ministry of Education through the Project "New technologies and disabilities". The Centers are located in the school complexes and their location coincides with that of the school institution hosting them.

The Project has established the first public network of centers for the aids (called Territorial Support Centers). This network, uniformly distributed throughout the Italian territory, offers consultancy and training services to teachers, parents and students on the topic of the technologies applied in favor of disabled students.

The establishment and operation of the Territorial Support Centers was defined in the actions n. 4 and 5 of the project. The objectives of the mentioned actions are the following:

Action n. 4: Creating a permanent territorial network allowing gathering, store and spreading knowledge (good practices, training courses) and resources (hardware and software) for the didactic integration of disabled people through the new technologies. The network must be able to support schools in purchasing and using efficiently the new technologies for school integration.

Action n. 5: Activating training initiatives on the territory on the proper use of technologies for teachers and other school operators, as well as for parents and SEN students (Carlini, 2012).

In this perspective, the Territorial Support Centers, which are the interface between the Administration and the schools and among the schools themselves in relation to the special educational needs, assume a strategic value. Therefore, they integrate and collaborate with other territorial resources in defining a network supporting the integration process, with particular attention, according to their original vocation, to the enhancement of the school context through the use of new technologies, but also through the provision of an aid to teachers according to a cooperative intervention model.

Sport and School Inclusion

The expression Special Educational Need (SEN) refers to the adoption of the Ministerial Directive of December 27, 2012, entitled "Intervention tools for students with special educational needs and territorial organization for school inclusion."

The directive itself indicates briefly its meaning: "The area of school disadvantage is much bigger than that referred explicitly to the presence of deficits. In every class there are students who submit requests for special attention for a variety of reasons: social and cultural disadvantage, specific learning disorders and/or specific developmental disabilities, difficulties arising from the lack of knowledge of Italian culture and language because of different cultural groups of belonging".

It comprises three broad sub-categories: disability; specific learning disorders and/or specific developmental disorders and socio-economic, linguistic or cultural disadvantage. The directive contains important information on the intervention tools. In particular, it highlights the need to develop an individualized and personalized path, including through the drafting of a personalized didactic plan, which can be individual or referred to all SEN children in the class, a plan that serves as an in itinere working tool for teachers and that has the function of informing families about planned intervention strategies. It may contemplate compensatory instruments and dispensatory measures provided for by the implementing provisions of L. 170/2010 (M.D. n.5669/11) and the adoption of an inclusive and learning-centered didactics (Ianes, 2005; 2006).

On March 6, 2013, the MIUR (Italian Ministry of Education and Research) circular nr.8 was issued, which, from the outset, insisted on the need for an educational project that must be suitable for all the students with special educational needs, including those who have cultural, personal or social disadvantages. In fact, we can read that "in this new and broader perspective, the Personalized Didactic Plan can no longer be understood as mere examination of compensatory and dispensatory instruments for SLD students; It is rather an instrument in which to include, for example, didactic and educational projects tailored to the minimum levels expected for the skills acquired (including many SEN students with no diagnostic

certification), policy instruments useful to a greater extent than compensation or dispensations, which are purely didactic-instrumental». Then the Circular provides explanations on students with cultural, personal and socio-economic disadvantages, which represent also the innovative part of the SEN Directive: "The aim is also to draw further attention to that area of the SEN affecting the socio-economic, linguistic and cultural disadvantage". The directive, in this regard, remembers that "every student, continuously or for certain periods, may have special educational needs, or for reasons of physical, biological, physiological or even psychological and social reasons, which require that schools provide adequate and personalized answers." In order to avoid the risk of generic applications, the Circular continues by affirming that: «Students with disabilities are in an increasingly varied context, where the traditional distinction – disabled students/non-disabled students – does not fully reflect 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 regard, also on a cultural level, the WHO' s ICF diagnostic model is relevant.

Relying on the operating profile and context analysis, the ICF model helps identifying the student's special educational needs (SEN) regardless of exclusionary standardizations. In this sense, every student can have special needs: physical, biological, physiological or psychological and social, which require that schools provide adequate and personalized answers". The importance of the ICF classification, but also the need not to "circumscribe" the student with disadvantage/difficulty/disorder in a "narrow frame" is stressed, because it would limit his inclusion process in the classroom context (Canevaro, 2007).

In this perspective the focus is not on deficit conditions, but on other teaching and organization forms that already include in them all the supports and aids needed to meet the different students' requirements. This does not mean putting aside the specificity of the individual, confounding them in a generic discussion on the differences; Indeed, these assume greater significance and meaning when they appear as personal ways to act and address the learning and relationships situations, requiring significant and convincing answers from the school and its teachers.

So the inclusion recognizes that attention to the diversity of the disabled students made evident the diversities that make up the normality and the many special education needs that differentiate the various students, making the everyday reality of doing school increasingly challenging.

The perspective of an inclusive and valuable school is the following: making sure that all these diversities feel included, not "enclosed" in a context (Canevaro, 2007).

For this to happen, it needs to create opportunities to meet with each other. It is obvious that school, in an integrated educational system, plays an important and essential role. First and foremost, teachers are required to gain new awareness on the development of thought and its educability. It is necessary to enhance the way, or rather, the ways in which to learn, by modulating the teaching activity for dealing effectively with such complexities. This means knowing better about learning, sharing the interpretation of the needs, the most appropriate methods and strategies to meet them. The teaching profession entails, in fact, the possibility/need to "learn to learn", since the complexity and problematic nature of the educational action stress a constant openness to new interpretations of the experience, to new and different operating modalities, new knowledge and skills, in a lifelong leaning perspective.

In this regard, sport and motor activities are proposed as educational tools able to develop a range of inclusive benefits suitable to the school context too (Mari, 2007; Light & Dixon, 2007).

Human actions are the effect of a thought, an intentionality, and are expressed through intelligent behaviors of adaptation to daily life, working, sports and leisure situations (Di Palma et al, 2016). Sports practice, in particular, allows satisfying productively some human needs related to the game, movement, competition and group life experience, dimensions that are realized in sport. Physical activity is certainly a fundamental tool for improving residual potentialities in all grades of disability and SEN requirement (Wilson and Clayton, 2010):
In severe situations: it improves the autonomy in movements and the recognition/awareness of sense-perception data about the physical behaviors adopted;
In moderate severe situations: it facilitates the acquisition of basic motor skills and their proper use in school, relationship and sports training life;
In less severe situations: it allows for the acquisition of more complex motor skills that may enable the practice of sporting activities.
That said, children who perform regular physical activity (group or individual sports, outdoor games, physical-motor activities) show a greater confidence in their own possibilities, are led to a greater self-esteem, to facilitated social relationships, a greater tolerance to stress, and are somehow "safer" from any propensity to disorders such as anxiety and depression, fostering automatically inclusive processes (De Anna, 2007; Di Palma et al, 2016). Other studies have shown that the practice of sport or physical activity generates beneficial effects on several functions:
Learning (Best, 2010);
Development of cortical areas and functions (Hillman, Erickson & Kramer, 2008);
Increased physiological arousal (Murialdo, 2009);
School performance (Farinelli, 2005; Isidori & Fraile, 2008).
Not less important, especially for the current generation of young people, the effects produced in maintaining mental health (Van Prag, 2008) and in the prevention of cardiovascular diseases, diabetes, hypertensive crisis, already present in children and often related to overweight/obesity affecting childhood (Eisnemann, 2006; Przeweda & Dobosz., 2003). Several studies in literature (Alesi et al, 2014; Barr & Shields, 2011) show that the regular practice of PE and sport is beneficial for individuals with Down syndrome as it promotes social interaction, self-esteem, the mental and physical health and prevents the risk of chronic diseases (Ordonez et al., 2012; Andriolo et al, 2010). The Australian Department of Health and Ageing recommends that children should practice at least 60 minutes of moderate high-intensive physical activity everyday (Selis & Stocchino, 2006). Recent studies, however, have found out that the 58% of children with Down syndrome does not follow these recommendations. In contrast, only the 15-25% of children with normal development does not practice regularly 60 minutes of daily physical activity (Barr & Shields, 2011). These differences may be related to the lack of accessible recreational-motor programs, reduced physical skills (poor motor coordination, cardiac abnormalities, hypotonia), lack of interest, frustration and few collaboration from the families of children with Down syndrome. Alesi et al. (2014) showed that the regular practice of an integrated (family + operator) program of adapted physical activities (AFA) can improve motor and cognitive skills, such as reaction times and working memory in children with Down syndrome. Therefore, the recreational-motor practice seems to positively influence the visual-spatial component in individuals with Down syndrome than the language, which is often more affected than the first component that is linked to the working memory (Lanfranchi et al., 2004). The adapted physical activity for the disabled person is the exaltation of his abilities (albeit residual), and of what he is able to do in a world that always reminds him of what he cannot be and what he needs. Carraro (2004) states that "aiming at inclusiveness means allowing all those who approach sports and motor practice to achieve a basic level of technical skills, to feel pleasure in the commitment and efforts generated and not to be

excluded as " less adapted"». In this sense, the starting up of motor and/or sports practice by subjects with intellectual and/or mental disabilities, in public and private environments, aims at promoting social integration, self-esteem, preventing obesity and improve life quality.
What we have analyzed so far highlights the importance of promoting motor and sports practice also in school contexts, of any grade, and of pursuing the goal of inclusion towards those who are characterized by the express or implied request of special educational needs.

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