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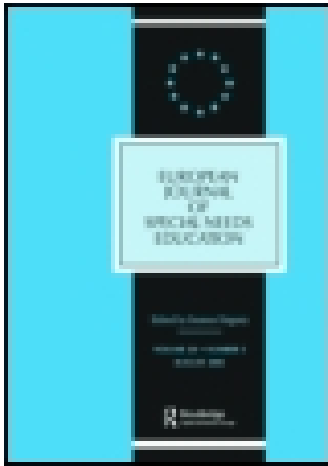
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Inclusive education in Italy: description and reflections on full inclusion

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Inclusion of students with disabilities when appropriate is an important goal of special education for students with special needs. Full inclusion, meaning no education for any child in a separate setting, is held to be desirable by some, and Italy is likely the nation with an education system most closely approximating full inclusion on the continuum of inclusiveness. The legal background of inclusion in Italy is sketched, along with description of some of the problems in implementing its nearly fully inclusive system of education. It is suggested that appropriate educational response to specific special needs of children with disabilities should be seen as more important than uncritical inclusion; and that such educational response requires a continuum of placement options.

Keywords: inclusion; full inclusion; right to education; right to receive education; right to quality education; Italy

Article 24 of the Convention on the Rights of Persons with Disabilities (CRPD) recognises the right of the child to education, spelling out obligations of States Parties to ensure an ‘inclusive education system at all levels and life-long learning’ (United Nations 2006). Publicity regarding the CRPD has created great expectations in the disability world of dramatic improvement in education of persons with disabilities.

Article 24 reveals tensions between ‘right to education’ and ‘right to inclusive education’. This tension arises because the right to education is framed as inclusion, not *effective or appropriate* education. In addition, there is no reference to alternative settings or services (e.g. special schools, special classes and related special services). Moreover, in the full context of Article 24, the last part of paragraph 2e sets a ‘goal of full inclusion’, assuming fully supportive environments (United Nations 2006) and suggesting a continuum of inclusiveness. If the phrase ‘full inclusion’ is not considered in the context of the rest of the CRPD *and* the discussions before adoption of the Convention, then the consequences of fully inclusive special education could be misunderstood. If the contested wording ‘full inclusion’ means inclusion of all students with disabilities in general education (e.g. Kanter, Damiani, and Ferri 2014), then Italy represents the only national example of implementation of a nearly fully inclusive education system. In Italy, inclusion has a legal and policy

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history dating from the late 1970s (as of this writing, about 38 years). Kanter, Damiani, and Ferri (2014) explicitly recognised Italy's precedent for attempting to achieve full inclusion and suggested that all countries should follow Italy's lead. Italy might provide lessons or cautions for special education policy in other countries considering full inclusion.

In some contexts, the term 'integration' has been used to mean basically the same idea as 'inclusion.' In our opinion, the two terms have operated in practice interchangeably (cf. Norwich 2008, 19 for a theoretical distinction), and debate of the differences in their real systemic impact is a matter of splitting linguistic hairs. The basic idea we discuss (and we use the term 'inclusion,' as it seems to us to be now the dominant term) is the extent to which students with disabilities should be educated in general education with their age peers who have no identified disabilities.

Purposes and link to the inclusion debate

Perhaps inclusion exists along a continuum and truly full inclusion is a reality in no nation of the world. However, some nations' education systems are closer to achieving full inclusion than are others, and Italy is likely the nation in which inclusion is closest to 'full' or 'fully.' Our purposes are to describe the case of Italy and discuss the extent to which its approach to inclusive education has been successful. Finally, we discuss some of the barriers to achieving truly full inclusion, whether in Italy or any other nation, and the most desirable point on the inclusion continuum.

The meanings of 'inclusion' and 'full inclusion' are critical (Fuchs and Fuchs 1998; Hornby 2014). *Inclusion* can be considered to mean meeting the special needs of persons with disabilities in general education when possible and separate settings are options when appropriate in a continuum of alternative services (Warnock 2010; Hornby 2014). However, *full inclusion* can be interpreted to mean the general education setting is best for *all* persons with disabilities, and special education outside of general education, *even as an exception*, is not legitimate (see Skrtic 1995; Lipsky and Gartner 1996). Advocates of full inclusion typically pursue the abolition of existing special education in any separate setting (Warnock 2010). For example, the website of the Wisconsin Education Association Council (WEAC) states, 'Full inclusion means that all students, regardless of handicapping condition or severity, will be in a regular classroom/program full time. All services must be taken to the child in that setting' (WEAC.org 2015). This WEAC definition of full inclusion is the one we adopt in this article.

Full inclusion occasionally has been promoted by intergovernmental economic organisations as well as individuals, perhaps in part because it is less expensive than maintaining separate settings (OECD 1999, 46; Peters 2004, 47). Those who advocate *inclusion when appropriate within a continuum of placement options but not full inclusion* (defined as no exceptions to placement of students with disabilities in general education) typically adopt a problem-solving approach, believing in the incremental, self-correcting force of science and experimentation in reforming special and general education (evidence-based practices; e.g. see Hornby 2014).

Italy's nearly full inclusion system

Legislative framework

In Italy, the first legal step towards full inclusion was Law 118/1971, spelling out the right of students with disabilities (aged 6–15) to attend general education classes

in public schools, except for those with severe mental or physical impairments. Under the influence of a strong deinstitutionalisation movement and decentralised social services, anti-discriminatory-driven ministerial circulars between 1971 and 1977 (e.g. ministerial circulars 227/1975 and 235/1975) paved the way for radical abolition of traditional special education (Abbring and Meijer 1994; Vitello 1994; D'Alessio 2011). The culmination of the deinstitutionalisation movement was passage of Italian mental health Law 180 in May 1978, known as the Basaglia Law, which instigated dismantling of psychiatric hospitals except for judicial ones, and built community-oriented mental health services (Fornari and Ferracuti 1995). This radical revision of psychiatric service was only partially realised.

D'Alessio (2011) commented on the dominant influence of the sociopolitical context for the passage of full inclusion legislation, unprecedented in the world's history of education: "The choice to integrate did not arise from research on education, but as part of a wider political and social discourse that requires further investigation" (D'Alessio 2011, 2). She commented further that the policy of full inclusion in Italy was 'an essentially un-problematic and perfectly designed top-down initiative' (3).

In the USA, *integration* is related in law to *Least Restrictive Environment* (Yell 2012, 286). In the Salamanca Statement, the term *integration* refers to social participation (UNESCO 1994, 11, 17, 33, 37, 40) but not to full inclusion of each and every student (UNESCO (United Nations Educational, Scientific and Cultural Organization) 1994; ix, 17). Furthermore, in other European or North American countries, integration means the maximum inclusion that is *appropriate* for a student, but it is not a synonym for full inclusion. However, the term *integrazione scolastica* was formalised in another milestone, Italian Law 104/1992, and in practice takes the meaning of the term *full inclusion*. Law 517, enacted on August 4 of 1977, was the legal milestone on the road to *full inclusion*. *Integrazione scolastica* means *total inclusion without any exception and regardless of type or severity of disability*. As regard the use of *integrazione scolastica* in Italy, Giangreco and Doyle (2012) state:

Currently the term (*integrazione scolastica*) is widely used in Italy, yet some Italian scholars, school personnel, and families have encouraged the adoption of a variation on the phrase *inclusive education* because they believe it more accurately reflects the next and higher level of integration of students with disabilities. Additionally, proponents of the term *inclusive education* suggest that it may facilitate the development of shared language and meaning within the European community and internationally. Proponents of retaining the terminology of *integrazione scolastica* argue that it has cultural and linguistic meaning and a connotation that is different and more positive than *inclusive education* in the Italian language. Currently, there seems to be no national consensus on this issue. For some people it is a non-issue because they consider the terms synonymous, using them interchangeably. To these people, while they acknowledge that reaching agreement on terminology can be helpful, they are less concerned with the label and more concerned about the types and qualities of practices being used to ensure quality education for all students. (73, italics added).

Both Italian Act 118/1971 and Circular 235/1975 made exceptions to general education placement possible on the basis of severity or mental age, but Circular 227/1975 prescribed *full inclusion*. The rationale behind the closing of special schools and classes, and the rejection of proposals for their re-introduction was that: (a) separate special education is discriminatory, and (b) it is difficult to draw a line between degrees of severity (Abbring and Meijer 1994, 22).

Thus, Law 517/1977 mandated that *all* children regardless of socio-economic background, physical or intellectual impairments should attend general education schools in their neighbourhoods, whereas schools could not refuse the enrolment of children on the basis of the severity of their disability (Abbring and Meijer 1994; OECD 1999). A plethora of subsequent laws, decrees and circulars were aimed at constructing the legislative framework for specification of inclusive practices, identification and support, collaborative practices and community school cooperation (e.g. Law 833/1978; Circular 199/1979; Law 270/1982; Circular 250/1985; the *Framework Law* 104/1992 on *handicap* [*sic*], that is, on a wide range of disability issues, Law 440/1997; Ministerial Decree 141/1999; Law 62/2000; Law 53/2003; Decree 227/2005; Law 170/2010; and Ministerial Decree 12/7/2011; Ministerial Directive 27/12/2012; see Abbring and Meijer 1994; EASNIE, 2015). Thus, legislation for nearly four decades involved aspects of education such as ‘support teachers’, assessment and identification, individualised educational plans (IEPs), teacher training, parental participation, and cooperation between schools and local health authorities. The intent was to build an *extensive and fully inclusive system* at every educational level (Abbring and Meijer 1994; OECD 1999) and for any type of schooling, including private (Law 62/2000). Law 270/1982 provided allocation of support teachers to preschool education. In addition, the Italian Supreme Court judgement 215 of June 1987 extended inclusion to post-compulsory upper secondary and higher education. This development led to the Framework Law 104 of February 1992, which brought together previous legislation and dealt with the inclusion of students 14 to 19 years old or in higher education (Abbring and Meijer 1994, 9–24; OECD 1999, 184).

Italy as case study: legal and policy analysis

Italy’s education system is the *case* of interest (Yin 2012). As an education system consists of several concepts, programmes and processes, *case study* is a vehicle for investigating these complex social phenomena, but a case study is not a specific research design in the sense that it offers a prescriptive plan to collect, analyse or interpret data (VanWynsberghe and Khan 2007). Applying a descriptive design, we provide a legal and policy analysis of inclusive education in Italy. We examine two basic aspects, the right to receive education and the right to quality education. Following Verheyde (2006), the right to receive education is analysed in terms of availability and accessibility of education for persons with disabilities. The right to quality education is analysed as supply and outcome. It is noteworthy that a contextualised analysis, with regard to the historical context, is also provided.

The right to receive education

As a result of the reform mandated by Law 517/1977, an enormous systemic educational change occurred, sometimes called *wild integration* (*integrazione selvaggia*). During the 1970s and 1980s, special schools and special classes closed, while a massive insertion of students with sensory, physical and intellectual disabilities into general education classrooms happened, not always with appropriate support of regular or special teachers. In many cases, students with disabilities were left without any support in ‘integration’ classes (Abbring and Meijer 1994, 22; Vitello 1994 61–70).

The systemic shock had significant impact on the development of the right of learners with disabilities to receive education. In 1967–1968, the percentage of students with disabilities enrolled in education was 1.23%; in 1970, this was over 120,000 students (Abbring and Meijer 1994, 14). These figures may not be impressive compared to the most recent European norms (European Agency for Development in Special Needs Education, 2012; see also EASNIE website). However, at that time they were relatively high and were achieved after the special education boom of the 1960s (Abbring and Meijer 1994, 15). To appreciate the systemic shock of *wild integration*, consider that two decades later (1990), the percentage of students with disabilities receiving special support in inclusive (i.e. general) education went from virtually 0 to 1.7% of students, more than the total enrolled in special education in 1970 (Abbring and Meijer 1994, 20; Vitello 1994, 62; OECD 1999). Thus, this unprecedented inclusive shift hardly promoted the right to receive *appropriate* education for children and adolescents with disabilities. This provides some insight into what can happen when there is a sudden systemic change without sufficient supports in place (Giangreco, Doyle, and Suter 2012).

Even worse, during the restructuring period (1971–1990), the number of private schools for students with intellectual and physical disabilities *increased*, which might be indicative of problems related to the organisational change in public schools (Abbring and Meijer 1994). The increase in private schools may also reveal a conflict between the national mandate for full inclusion and *the right to choose a school*; but it may represent the tendency to search for *special rehabilitation*, not assured by *most* public schools.

After a long transitional period, as of 2010–2011, the percentage of students with disabilities included in general education reached 189,563 or 2.61% of all students. (EADSNE 2012, 37–39; for the same school year, Ianes, Demo, and Zambotti 2014 reported 208,521 students with disabilities, 2.3%). Yet, this percentage of students served is one of the lowest in Europe (Western, Eastern or Southern); as of 2009–2012, Italy served a smaller percentage of students than other South European countries such as Cyprus (6.96%), Greece (3.18%), Malta (5.48%), Portugal (3.19%) and Spain (2.38%) (EADSNE 2012; Anastasiou and Keller 2014).

It is paradoxical that Italy has had the highest percentage of students *fully included* in comparison to the population of those served, but rather poor performance in reference to the total population of school-age students; many European and North American countries serve much higher percentages of students in their own inclusive settings, leaving aside the traditional special education settings (Anastasiou and Keller 2011). Certainly, one could argue that this relatively low coverage in Italy can be attributed to other factors external to education, but arguably *there is no evidence* that Italy's 'full inclusion' system has expanded the rights of persons with disabilities.

As of 2010–2011, virtually all students (99.975% of those with disabilities) were served in inclusive general education classes, with the exception of 1835 students (0.025% of the overall school population) educated in 71 special schools or institutional separate settings (EADSNE 2012, 37–39). But information on the right to receive education tells us little about *the right to quality or appropriate education*.

The right to quality education

The right to quality education has two main dimensions: a supply side and an outcome side. The former, in the Italian case, is mostly shaped by a nearly full inclusion system.

Supply side

Identification procedures

It is noteworthy that the Italian education system did not officially recognise students with learning disabilities until quite recently. Law 170/2010 recognised dyslexia, dysgraphia, dysorthographia and dyscalculia as *Specific Learning Disabilities* (SLD) and provided indications for diagnosis (Law 170, 10 August 2010; Zanobini 2013). Nevertheless, it remains unclear whether students with SLD receive individualised support by special education teachers; and the financial crises may inhibit action (Devecchi et al. 2012; Di Nuovo 2012). The law and subsequent ministerial guidelines are vague. Specifically, they state that students with SLD do not need special education teachers but a new way of teaching and *accommodations by general education teachers* (Ministerial Decree 2011; Giangreco, Doyle, and Suter 2012, 102; EASNIE 2015). This is justified as a ‘pedagogical view’ and not ‘clinical’ (Ministerial Decree 2011). However, it is doubtful whether any support offered on the basis of the type of disability and not on an individual basis (individualised instructional needs) can be appropriate (Zanobini 2013, 84–85).

As of 2012–2013 in Italy, most identified students were those with intellectual disabilities (66.7%); this percentage is supposed to include students with low-functioning autism. The next largest category was ‘other type of disability’ (24.6%), including students with learning disabilities and ADHD, followed by students with ‘motor disabilities’ (4.1%), ‘auditory disorders’ (2.9%) and ‘visual impairments’ (1.7%) (Vianello, Lanfranchi, and Pulina 2013).

In Italy, students have been identified as having disabilities, including SLD, not by the school but by offices of local health services, and the identification is codified on the basis of medical systems of classification, namely the International Classification of Diseases (ICD-10) and International Classification of Functioning. Then, parents provide relevant documentation to the school (Eurypedia – Italy 2012; Zanobini 2013, 91–92). Quite interestingly, both the identification procedures and classification of *high-incidence disabilities* (that is, mild and moderate intellectual disabilities, specific language impairment, learning disorders, emotional or/and behavioural disorders) seem to follow a medicalised model, outside the education system.

Students with SLD are often included in classes with students with other disabilities to offer them support by a special teacher assigned to the class. An alternative solution may be the assignment of the special teacher not to the individual or class but to the school for specific projects regarding both students certified with a disability and others with special needs. But such a solution is still not widespread in the Italian scholastic system, due to organisational problems.

Individualised support

Arguably, the Italian system has had a focus on individualised and intensive instruction based on IEPs (Abbring and Meijer 1994, 19; Ianes, Demo, and Zambotti 2014,

627). An IEP is written jointly by *Local Health Authority* professionals (including neuro-psychiatrists and clinical psychologists), the support teacher and other teachers, in collaboration with parents (Eurypedia – Italy 2012; Ianes, Demo, and Zambotti 2014).

Since 1975, it has been recognised that *support teachers* (insegnanti di sostegno) play a key role in inclusive classrooms (Zanobini 2013). As of 2006–2007, support teachers were 10.6% of the total number of teachers. The average ratio of support teachers to students with disabilities was 2.0 in 2012–2013 (Vianello, Lanfranchi, and Pulina 2013, 219–227). In addition, administrative support is provided to inclusive schools by reducing class size. Currently, ‘inclusive classes’ are *usually* limited to a maximum of 20 students; otherwise, classes can have a maximum of 25–27 students (Ministerial Decree No. 141, 3 June 1999; Eurydice – Italy 2010).

Inclusive challenges

Several authors have raised issues in the collaboration between support teachers and general education teachers (i.e. the general education teacher typically passes the teaching of students with disabilities completely on to the support teacher), an unwillingness to address specialised needs of students with disabilities in secondary education, an overemphasis on socialisation and neglect of academic learning, and lack of special materials and resources. These issues have raised serious questions about the quality of services received by students with disabilities (Abbring and Meijer 1994, 22–23; Monasta 2000). It is very important to underline that the support teachers are frequently requested to take responsibility for physical and/or behavioural assistance, due to the lack of support personnel different from teachers (e.g. personal assistants). This confusion of roles lowers the quality of overall support.

The role and status of support teachers

Recent cuts in education budgets have seriously affected the availability of support teachers and their training, and co-teaching has been reduced. Two Italian studies (Associazione TreeLLe and Caritas Italiana e Fondazione Agnelli 2011; Dettori 2009) showed that ‘over a third of support teachers leave for a permanent post as regular classroom teachers after five years. Lack of support, poor collaboration with colleagues, and a sense of marginalisation are the main reasons for leaving their post’ (Devecchi et al. 2012, 172).

A recent qualitative study also confirmed that support teachers share feelings of marginalisation, isolation and personal dissatisfaction (Devecchi et al. 2012, 171), as well as ‘feelings of being treated as second-class members of the staff, devoid of status and power to bring about effective support for inclusion’ (Devecchi et al. 2012, 172). The lack of support teachers and loss of expertise have implications for many students with disabilities. For example, ‘local authorities try to fill vacant positions, or deploy teachers without a specialist qualification’ (Devecchi et al. 2012, 178). A support teacher said in an interview,

I was responsible for a young girl with severe intellectual disabilities. She shouldn’t have been in mainstream because she could not cope with the lessons. When she lost her patience she went wild. More than once she bit me and kicked me. Once she ran

away and the caretaker and I had to look for her in the neighbourhood. I don't think mainstream is ideal for all children with such severe disabilities. It is hypocrisy. *The school is like a parking lot. This is not inclusion; this is forced integration.* [emphasis added]. (Devecchi et al. 2012, 178)

Specific competence for planning inclusive education is still insufficient in initial and in-service teacher training. More effort is needed to insure competence in appropriate pedagogical approaches to students' special needs (Florian and Linklater 2010). The Italian system, particularly, requires that teachers work cooperatively. Co-teaching is essential in inclusive education (Scruggs, Mastropieri, and McDuffie 2007).

Disabilities vs. special needs

A source of confusion in integration in Italian schools arises from the recent Ministry guidelines about 'special educational needs' or BES (*Bisogni Educativi Speciali*: see Ministerial Directives 27 December 2012, 6 March 2013, 22 November 2013). The overlap of BES with the new definition of ID (intellectual disability, following the DSM-5's requirement to consider social adaptation in addition to IQ: APA (American Psychiatric Association) 2013) raises many issues regarding *what* has to be rehabilitated *for whom, and how*.

If we want to start with the labels used in BES (special educational needs) – 'dyslexia', 'dysgraphia', 'dysorthography', 'speech disorder', 'borderline intellectual functioning', 'autism', 'hyperactivity' and so on—then we must consider the nuances of each of these diagnoses and the enormous possibilities of overlap in specific cases. It may be useful to leave labels to the essential but preliminary diagnostic phase useful for certification and focus attention, with a detailed functional analysis, on the problems that each student shows, trying to answer these *specific* problems with appropriate educational plans, regardless of labels and classifications. This approach would allow us to formulate plans to support integration, not targeted only to classification but to the specific functions significant to learning academic and social/emotional skills.

There is no doubt that certified disabilities and special educational needs are present in the same classroom, so a clarification of the strategies directed to one and/or the other, or *to all* on the basis of evidence-based practices is essential (Di Nuovo 2014; Vianello, Di Nuovo, and Lanfranchi 2014).

Organisational competencies

The Italian system often pays little attention to organisation, which should be not improvised but managed on a scientific basis. The school is a very complex institution, and the integration processes requires management able to take that into account (Carrington and Robinson 2006; Ainscow and Sandill 2010). Policies and practices for education, training and employment of people with special needs require special organisational capacity (NESSE (Network of Experts in Social Sciences of Education and Training) 2012), but few school staff in Italy are specially trained for this.

Outcome side

Education outcomes

Educational outcomes are complicated. In essence, few empirical data exist with respect to the direct outcomes on school attendance, drop-out rates, performance, graduation rates or transition to work (Begeny and Martens 2007).

In an extensive literature review, Begeny and Martens (2007) reviewed 13 survey studies, mainly on the attitudes of teachers towards inclusion, and two experimental studies on inclusion. Three survey studies suggested benefits of inclusive practices, two were not supportive of full inclusion, four reported mixed findings and four abstract-only studies did not report findings. The results from the two experimental inclusion studies called the benefits of full inclusion into question. 'The experimental studies demonstrated that educating students either fully or partly *outside* the general classroom had a positive impact on these students across the majority of dependent measures evaluated' (Begeny and Marten, 89).

Inclusiveness: How inclusive is an Italian inclusive classroom?

Recent findings have raised fundamental issues about the contradictions within a nearly inclusive system or how inclusive a classroom can be in practice. Giangreco, Doyle, and Suter (2012) provided service delivery data from 16 schools located in five regions of Italy. Their survey revealed that some 'Italian students with disabilities are pulled out of class for individual or small group instruction, for behavioural reasons, or to receive services (e.g. physical therapy) away from school during the school day' (101). Despite the official statistics, showing that 98% of the student population attends general education, the everyday reality is more complicated. For some students with disabilities, the average percentage of time spent actually in an 'inclusive' classroom is 'unknown,' as students receive specialised services either 'formally and scheduled' (e.g. by visiting physical therapists during the school hours) or *informally* by receiving pull-out practice within the school but outside the classroom (Giangreco, Doyle, and Suter 2012, 101):

What constitutes 100% and what constitutes a regular class? It turns out these seemingly obvious questions are not quite as straightforward as they appear. Here are some ambiguous examples ... Consider the example of a student with a severe disability who spends the first 25% of each typical school day at a local therapy center receiving specialized services (e.g. physiotherapy) before being transported to school. From the moment the student arrives at school midmorning she is in regular class with her nondisabled peers the entire time. What percent of time is she in regular class? Is it 75% because she is in class 75% of the time available to her classmates, or 100% because during the time she is at school she is in class the entire time? (Giangreco, Doyle, and Suter 2012, 115)

But the most striking finding in this survey was that some schools created, as opposed to the law, *informal special units* outside the general class to provide specialised individualised educational services. As Giangreco, Doyle, and Suter (2012) reported:

None of the schools we visited had any designated special classes. Yet in some cases small groups of students, all with certified disabilities, were taught together for varying periods of time in separate rooms at school where no nondisabled peers were present or away from school (e.g. community recreation center). In other cases individual students were taught in a one-to-one format by either an 'insegnante di sostegno' or

assistant for varying periods of time in a separate room. Are these examples considered participation in regular class? If there are no designated special classes, is everything else considered regular class? (115).

A survey of 3230 staff members, mostly teachers, confirmed that the inclusion ‘experience of most of the students with disabilities takes the form of partial participation in class activities’ (Ianes, Demo, and Zambotti 2014, 626). Table 4 of Ianes et al. is very revealing, as 26.4% of students with disabilities spend more than 50% of total lesson time outside the class, and another 56.2% spend 20–40% of total lesson time outside the class. The main reason is ‘because teaching methods used in class do not always allow for individualised learning methods’ (Ianes, Demo, and Zambotti 2014, 636). A clear boundary—based on empirical studies—is lacking in the Italian scholastic system between individualised treatment that must be done outside the classroom but within the school, and the levels of rehabilitation requested, necessarily out of school in facilities specialised for more severe disabilities.

Although the ‘Italian law, has required the support teacher to be a teacher of the entire class, and the curricular teacher to be responsible for the educative process of all the students’ (Zanobini 2013, 85–86), the everyday dyadic interactions between the support teacher and a student with disability has been a source of exclusion and isolation in nominally inclusive settings, as Zanobini has reported. In addition, a qualitative study noted,

Thus, ‘[c]ontrary to the spirit of the law, support teachers are not seen as part of a team, *but as specifically designated to teach only children with disabilities* and they do this in isolation and frequently outside the classroom.’ [emphasis added]. (Devecchi et al. 2012, 179)

Litigation

Autism-Europe, a European NGO, released an extensive publication on 69 Italian court cases regarding ‘the right to education and integration of children with severe disabilities in Italy’ between 18 December 2002 and 27 March 2006 in which the ordinances were issued by Italian judges (*see in detail* Autism Europe aisbl 2013). Almost all complaints were about the allocation of insufficient number of hours of specialised support or a reduction in number of hours of teaching support. In the school year 2010–2011, about 10% of the families of students with disabilities have lodged an appeal to the District Court or to the Regional Administrative Court to obtain an increase in hours of support. In most cases, the ordinances involved the allocation of a specialised teacher for 22–25 h per week. Appeals against decisions to provide a support teacher for the maximum hours allowed were rejected (Autism Europe aisbl 2013).

After inclusive schooling

As in many other countries, prospects for employment of students with disabilities after completion of schooling are discouraging.

But, even in the presence of persons with some adequate skills, and despite the existence of valid existing laws, very few working opportunities are accessible for most of those with diagnosis of disability, due to the limited availability of appropriate workplaces. In Italy, only 18.4% of persons with disability in ages 15–44 work regularly,

17% among those in ages 45–64. Less than one person out of three with Down Syndrome works in adult age; only 10% of persons with Autism (data by Fondazione Serono-CENSIS, 2012). The burdensome responsibility regarding adults with disability is mainly assigned to families, along with some support from local social services, when it is available. The alternative, in more severe disabilities or in older age, is an institutionalization in structures specialized for general (including psychiatric) disabilities, contrasting the de-institutionalization process occurring during schooling age. (Di Nuovo 2012, 80)

Discussion

Despite the promises of full inclusion, the everyday reality in Italian classrooms is more complex and not as encouraging as one might hope. With regard to the right to receive education, the available comparative international data show that Italy's system of education has not expanded the right of persons with disabilities compared to other South European countries (i.e. the percentage of the child population served with special education remains quite low compared to other nations in Southern Europe, as shown in comparisons by Anastasiou and Keller 2011, 2014; EADSNE 2012).

Regarding the right to *quality or appropriate* education, identification and classification of disabilities in Italy follow a medicalised model. Individualised support is oriented towards the most severe disabilities but does not clearly apply to students with SLD or other special needs of students with less-severe, high-incidence disabilities.

Inclusion at any level provides challenges, and full inclusion is more challenging. Full inclusion particularly raises issues such as the collaboration between support teachers and general education teachers. Monasta (2000) wrote about 'simple insertion', rather than real integration in Italian schools, as little attention is given to the particular needs of different types of disabilities, whereas the professional preparation of teachers is not specialised enough to meet the aims of such a policy (245).

Regarding educational achievement, we found few empirical data on direct outcomes. Teachers' attitudes towards inclusion are either positive or mixed (e.g. Canevaro et al. 2011). Beyond the official inclusion statistics, it seems that an informal 'backdoor' special education has been constructed and developed by schools at the local level to address specialised educational needs. Certainly, we do not know the exact extent of informal special education on a national scale, but the phenomenon seems to be frequent and extensive in Italian schools. Hence, we can legitimately speculate that if the needs for individualised special education services are real, and public education does not meet them, schools will find a way to bypass the legislation. In our view, the problem here is that this 'grey' special education is not 'legalized' within a 'fully inclusive education system,' and, therefore, is non-accountable.

The phenomenon of isolation/exclusion within inclusive classrooms has led some people to judge the Italian inclusion model as 'full of good principles, but not intelligent', (Zanobini 2013). The great distance between ideology and empirical evidence seems to characterise the attempt to implement full inclusion in Italy (Di Nuovo 2012, 76, 82). Recently, Di Nuovo (2012) recommended that rhetoric and reality be kept separate and that the existing data be studied more carefully. Moreover, he calls for rethinking inclusive schooling based on empirical data. The grim reality for

persons with disabilities after inclusive schooling in Italy does not seem to confirm the argument of those who advocate that full inclusion it paves the way for the noble and ultimate goal of an *inclusive society*. Only a high-quality, specialised education could empower the right of persons with disabilities to work and the right to a better quality of life afterwards.

We are sceptical of movement toward or a focus on *full inclusion* for three reasons: First, radical systemic change in education is not necessarily accompanied by radical social, cultural or economic transformation, and macro-systemic socio-economic factors significantly affect availability, accessibility and quality of special needs education (see Anastasiou and Keller 2014). Second, technology might provide future solutions to sensory and physical disabilities, but this is far less likely for cognitive and behavioural disabilities (see Anastasiou and Kauffman 2013). Third, empirical evidence does not support the assertion that inclusive settings are more effective than special placements for academic learning and social benefits of *all* students. The results are mixed and do not favour a single placement for all. Furthermore, instruction is seen by some as more important than place for students' right to effective education (Simpson and Sasso 1992; Fuchs and Fuchs 1994; MacMillan, Gresham, and Forness 1996; Zigmond 2003; Scruggs, Mastropieri, and McDuffie 2007; Zigmond and Kloo 2011; Kauffman and Badar 2014). After 20 years of discourse on inclusion, there is little objective, scientific research on making full inclusion work.

Education for children with disabilities was begun in many developed nations of the world a century ago or earlier with relatively little or no thought to whether or how such children could be best educated in general education or as part of what has been called 'mainstream' classes. The primary concern then was providing education of any kind. Appropriate education was usually assumed to demand a separate, dedicated setting to meet the special needs of students with disabilities. During the past several decades, movement toward 'mainstreaming,' more recently called 'integration' and now typically called 'inclusion' became an important aim of special education, if not the primary desideratum. Article 24 (on education) of the CRPD has been interpreted (i.e. Kanter, Damiani, and Ferri 2014) as not addressing appropriate education in any setting other than general education. The case of Italy suggests to us that there may be some level at which the focus on full inclusion becomes ineffective, if not counterproductive, in providing appropriate education to students with disabilities. Inclusion is indeed a worthy goal, but we suggest that it may be less important than making certain that all students with disabilities are given education that meets their special needs. Such education was and is legally judged in the USA to demand a continuum of alternative placements (Bateman 2007; Martin 2013) and is thought by some professionals to require instruction different from that provided in general education (e.g. Low 2006; Zigmond and Kloo 2011).

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