# Teacher Education Research in Europe: The Crucial Role of Mediated Education. Qualitative and Comparative Analysis Between Italian and Bulgarian Inclusive School System

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## Abstract

School systems in the European territory, while sharing guidelines and based on ideological, practical, and methodological beliefs found in the main European documents on inclusion, maintain traits and procedures in line with the singularities of territories both from a cultural and welfare systems point of view. Trying to compare historically, culturally, and politically different territories is not only complex but, in some ways, it might be fruitless. This paper does not aim to create a ranking of the most inclusive country but wants to share reflections and similarities between good inclusive practices in Italy and Bulgaria. The analysis, qualitative and quantitative, is the result of an extrapolation of data on the two countries, collected within the Erasmus Plus ASuMIE (Additional Support and Mediated Learning in Inclusive Education) project through a questionnaire. In this specific analysis, 100 questionnaires per country were collected and analyzed. ASuMIE is part of a larger European Union project aimed at keeping the focus on inclusive education in and out of school that involved 7 partner countries: Belgium, Bulgaria, Czech Republic, Italy, Norway, Slovenia, and Portugal. The data and reflections in this paper will be linked to a comparison only between Italy and Bulgaria for the homogeneity of the data and the significance of the reflections that emerged in comparing the responses of the two countries.

The questionnaire interrogates the key-players in inclusive processes (schools, principals, families, practitioners, and rehabilitation therapists) about what really works in Inclusive Education (approaches and methodologies) and, at the same time, tries to trace emerging needs, and areas on which there is still room for improvement, and which turns out to be an emergency to work on. The intentions behind these analyses and reflections are the Well-being and Quality of Life of SEN students, their families, teachers, and therapists. Inclusion is never an individual project; inclusion is always a team commitment, no one excluded.

**Keywords:** Inclusive Education, Equity, Best practices

## Outline of the History of Special-Needs Education

Special-needs education is a very old practice.

The first accounts of assistance offered to people with sensory disabilities come from 16th century Spanish, Italian and French priests, namely Cardano, Ponce de Leon, Bonet, Michel abate de l'Epée and Giulio Tarra.

Since then, priests, teachers and doctors in Europe have continued to work with and for people with disabilities in order to give

marginalized groups, up until then disenfranchised and bound to poverty, the respect and dignity they deserve. The fight against different types of discrimination, towards those who are different because of their physical appearance, their behaviors and attitudes, or their capabilities has been and continues to be the bedrock of special-needs education.

Special-needs education is triparty in its fields of research and its origins reflect that structure: there is a medical approach; religion-based principles of love and charity; education as a fundamental right of children and adolescents.

The contributions to the practice by 20th century French psychiatry (Pinel, Esquirol, Itard, Sèguin), as well as Russian activity theory (Vygotskij, Leont'ev, Luria), European pedagogical activism (Claparède, Decroly, Piaget, Ferrière, Cousinet, Freinet) and Catholic pedagogy (from Mounier to Pope Francis, from Benedetto Cottolengo to Lorenzo Milani and Father Ciotti), have all reinforced the idea that disabled people can contribute to society and thus should be let out of asylums, mental institutions and workhouses, and be guided towards support systems which involve families and local communities.

To care for people with disabilities and sick people in general has always been the guiding principle of special-needs education. The medical approach emphasizes deficits, impairments, disabilities and barriers of an individual. Assistance is given to children with special needs, who are somehow "lacking" (i.e. students' problems/handicaps). The medical/rehabilitative treatment is carried out in specialized institutions and is presented as the most effective way of improving the individual's achievements. This model focuses on the study and treatment of diseases, which are regarded as entities in themselves, regardless of the patient's history.

If the human body is an anatomical structure with well-defined structural and functional aspects, a disability on the other hand is the social consequence of particular environmental and social conditions which prevent a person from achieving their true potential. The doctor or psychotherapist is the technical specialist who repairs the injury. Their aim is to cure the condition through an accurate diagnosis and the application of a course of treatment designed according to evidence – i.e. based medicine (EBV).

The 1980 WHO model, International Statistical Classification of Diseases and Related Health Problems (ICD) received heavy criticism, because it is highly medicalizing [1]. The following example explains the model: if an eye infection leads to severe impairment, then the person is regarded as having a disability, unable as they are to read the newspaper or to get from one place to another without assistance. This condition limits the person's ability to actively participate in society, and that is why the person is called "disabled" and "disadvantaged".

The natural consequence of such a situation is treatment and hospitalization. This kind of disability is observable or intrinsic, an objective attribute or characteristic of a person, rather than a social construct. Thus, the medical discourse disregards a person with impairment's social context and simply deems them

disabled, although an impairment does not automatically imply the person in question is disabled. Vice versa, a person can be deemed disabled even though there is no impairment.

A good illustration of such a situation is children who have problems with social integration – i.e. children who display behavioral and personality problems – whose disability is not generally due to an impairment but rather an inability to reach the behavioral standards required by their social context. Disability in this context is a consequence of unhelpful and discouraging social interactions: this kind of person is unable to learn certain social skills because they have never been put into situations that would have required them to develop such skills. Disability therefore is not simply a measurable loss resulting from an impairment of some sort, but in some instances is determined societally as much as within the individual. Consequently, when examining a person's disability, it is paramount professionals take social context into account.

Therefore, when treating children with special needs the medical discourse ought to be used as a basis, but the disability itself ought not be the sole focus. If disability becomes the basic criterion by which to separate children, offered as the main reason for a child's shortcomings, then whatever integration the medical discourse manages to build is based on differentiation and stigma. Disability is an easy way to classify children, to divide them into who has or does not have a disability, but this label is often misused, especially in schools where teachers all too often wrongly identify problematic students as disabled, even when they show no signs of impairment.

### The Period of a Cultural Transition
The social approach shifts the attention from a "personal tragedy" to the concrete need for a change in the social environment in which students with SEN live and act. Family acquires new importance, as do neighborhoods and the school systems. Rather than at an individual level, the social model of disability examines disability from multiple points of view – i.e. social, economic, educational, environmental – and highlights the responsibility of society in the creation of disability. Physical, sensory, intellectual, or mental illnesses may have functional effects, but they do not result in impairment if the society seeks to abolish disabling factors and mechanisms.

For instance, a person with some degree of vision loss, and who would not automatically be deemed impaired or disabled because of it, would not have to experience limited societal participation if simple initiatives were to be implemented, e.g. providing audio versions of written media – such as newspapers – or making personal assistants readily available to them.

Inclusion is based on the social approach, which is why the social and educational environment should be adapted to children with SEN as much as possible. Including students with SEN as per the social model has been the focus of the EU since the Convention on the Rights of the Child (1989) and the World Conference on Special Needs Education in Salamanca (Spain, 1994). In recent years some pioneers – see Evans J. - Ainscow M. - Florian L. - Leeber J. - Canavero A. - Mitchell D. - Biesta G. – have started spreading the principles of inclusive education [2-3]. One of the most important factors contributing to inclu-

sive schooling of children with SEN in the EU has been the shift from a medical orientation to a social and equal opportunities orientation.

Social discourse about inclusive education in schools is a fairly novel concept. Its basic assumption is that all children are to be considered students first and foremost, as individuals striving to acquire knowledge; thus, teachers ought to be trained accordingly in order to help all their pupils achieve this goal. The principle that all children are to be considered students before all else requires a different theoretical background and different approaches when examining the problem. The main focus is not to identify a child's disability, but mainly how-to tech a student who has learning issues.

Accordingly, a teacher's training must not then focus on the various kinds of problems children could have, but rather on how to teach pupils who experience problems in school. This approach also changes the criterion that determines where and how a pupil is educated; the attention is shifted away from the disability and to the general curriculum. The child's development remains central, as well as their ability to learn and the type of knowledge that will be essential to them. Once this has been determined, then a decision on how the child can best be taught and encouraged to achieve their goals, and what kind of assistance they might need when doing so can be made. Therefore, this approach is based on the assessment of how much help a student might need in order to compensate for their impairment and overcome their disability, i.e. the focus is on educational problems and methods, methodologies and strategies to learn better.

The ecological approach is an expansion of the social approach, and it originated with Bronfenbrenner's theory [4].

Ecological approaches have a holistic outlook, as opposed to relying solely on individualized criteria. Society labels SEN children who break the rules as having behavioral problems, as being socially maladjusted and retarded. All attention is focused on the child and on the specific problems they exhibit. The ecological approach emphasizes the interaction between the child and the environment (especially their community) and views the child as existing within a complex ecological context consisting of numerous intrafamilial and extrafamilial systems that comprise a model. The first is the microsystem consisting of the immediate family and the environment in which the child lives, such as parent-sibling interactions and what impact they have on the child.

The mesosystem refers to interconnections between two or more settings or the interactions outside the family environment, such as school and peer influences. The ecosystem is the community in which the child lives, which may not have a direct impact on the child but which could influence the elements of the microsystem, such as sibling interactions. The macrosystem is the wider social, cultural, and legal context that encompasses all the other systems. An ecological system's view of inclusive education suggests that children with or without disabilities develop in a complex social sphere and that it is necessary to observe interactions at multiple levels as well as examine changes over time. To ensure the success of an inclusive educational programmed, it is critical to integrate individual and contextual processes and to examine interrelations within these systems through partnerships among family, school, and large community.

With the social and ecological model, parents may be involved in the transition processes and struggle against psychological, logistic, cultural and architectural barriers to their environment: a parent- related stressful transition is the reaction to an inappropriate system, poor school ethos, a lack of relationship building and ineffective procedures rather than the inabilities of students and parents. Inclusion flourishes when it is connected to wider notions of social justice, intersectionality and equality. It is necessary to teach a wide range of skills, including leadership skills, to young students and parents in order to better understand the pros and cons of student and parent-led relationship building, planning and change. These ideas are reported in a recent document by UNESCO, Educational for All [5].

The rights-based approach has remote origins: the UN, Declaration of Human Rights promoted the spread the principles of equality, justice, freedom, non-discrimination for all human beings [6]. Based on the ideas that all human beings have the right to an education and that all children have the right to receive an education that does not discriminate on the basis of disability, ethnicity, religion, language, gender, capabilities or any other reason, the rights-based approach built the foundation for the development of inclusive education and pedagogy.

The development of this approach spread across the USA during the Seventies when physically and motor disabled people started to demand the right to participate in social and political decision making's processes: their motto rang "nothing about us without us". Furthermore, they demanded the right to an independent life [7].

The human rights approach fights against the marginalization of people with disabilities. The human rights approach also means viewing people with disabilities as subjects and not as objects. It entails moving away from a view of people with disabilities as "problems" and towards viewing them human being with rights. Most importantly, it means trying to identify any problem outside the individual, especially in the way in which various economic and social systems do or do not accommodate for different disabilities. The debate about disability rights is therefore connected to a larger debate about the place of difference/diversity in society.

### Outline of the History of Inclusive Education
Many developments in the history of inclusive education are recent.

In June 1994, representatives of ninety-two governments and twenty-five international organizations held a World Conference on Special Needs Education, in Salamanca, Spain. They recognized the necessity and urgency of providing education for all children, young people, and adults "within the regular education system". The Salamanca Statement determined that children with special educational needs "must have access to regular schools" and that "[…] schools should accommodate all children regardless of their physique, intellectual, social, emotional, linguistic or other conditions. This should include disabled and gifted children, street and working children, and children from

remote or nomadic populations. Children from linguistic, ethnic, or cultural minorities and children from other disadvantaged or marginalized areas or groups.

These conditions create a range of different challenges to school systems. In the context of this Framework, the term 'special educational needs' refers to all those children and youth whose needs arise from disabilities or learning difficulties" [8]. The Framework for Action of the Salamanca Statement says that: "inclusion and participation are essential to human dignity and the enjoyment and exercise of human rights. In the field of education, this is reflected in bringing about a genuine equalization of opportunity. Special needs education incorporates methods and methodologies of teaching from which all children can benefit; it assumes human differences are normal and that learning must be adapted to the needs of the child, rather than the child fitted to the process. The fundamental principles of an inclusive school are that all children must learn together, where possible, and that ordinary schools must recognize and respond to the different needs of their students, while also having a continuum of support and services to match these needs".

According to the Salamanca Statement, inclusive schools are the "most effective at building solidarity between children with special needs and their peers. Countries with few or no special schools should establish inclusive – not special – schools". Subsequent documentation such as the ICF by OMS, ONU's Declaration on the Rights of Disabled People, and CAST's Universal Design for Learning (mark just a few of the goals achieved in recent years regarding inclusivity and the proclamation of people's rights [9-11]. The aim of such documents is to safeguard people with disabilities, namely by guaranteeing equal rights to people with disabilities as those without, and protecting their dignity as human beings.

In Europe, the cooperation birthed by sharing initiatives on the basis of the theories such documents state plainly has also, however, shed light on ubiquitous organizational and structural issues, which in turn led to discussions on the aims, as well as the foundational values and principles of education. Some States have continued to pursue common goals when it comes to education, such as creating a network of education systems (Early Intervention 0-6, school inclusion, Vocational training, continuous training for teachers) as well as promoting mobility and widespread access to technology.

The books Equity in Education: Students with Disabilities, Learning Difficulties, and Disadvantages and Students with Disabilities, Learning Difficulties and Disadvantages: Statistics and Indicators present a great quantity of quality data for the 2000-2001 academic year for twenty- one OECD countries: to name a few, Belgium (Flemish and French Communities), Canada (New Brunswick), the Czech Republic, Finland, France, Germany, Greece, Hungary, Italy, Japan, Korea, Mexico, the Netherlands, Poland, the Slovak Republic, Spain, Sweden, Switzerland, Turkey, the United Kingdom (England) and the United States [12-14].

These books provide an internationally comparable set of indicators on educational provision for students with disabilities, learning difficulties, and disadvantages. They examine relevant students in great detail, recording where their educational background (special schools, special classes, or regular classes), and their level of education (pre-primary, primary, lower secondary, and upper secondary education). They also include information on physical provision, student/teacher ratios and discuss policy implications concerning special education. In 2004 and 2005 the OECD suggested a classification of the following types of SEN students: learning disability students, learning difficulties students, disadvantaged students, and gifted students.

The meaning of "SEN students" today is broader than in the past. In a recent Report on CEE/CIS Countries the meaning of SEN stretches to encompass children affected by the economic fallout from Covid-19, poor children and young adults, children with PTSD - Post Traumatic Stress Disorder or Adverse childhood experiences (ACEs), children and young adults with severe behavioural problems, children living in remote areas, immigrant and minority children and young adults (e.g., Roma students), children deprived of freedom and young adults with varying sexual orientations and gender identities (LGTP) [15, 16].

This might be the result of excessive cultural individualism and the sign of the loss of relationships, communication, and socialization in European society. Identifying different kinds of SEN is another way of categorizing people without understanding human difference. To label children and young adults with no regard for how their bodies, minds, activities, and social participation might change for the better over time, for how their lives can progress towards safer, healthier paths, is unhelpful and possibly detrimental [17].

## School and Policies on Inclusivity in Italy and Bulgaria

Depending on the inclusion policies implemented by different countries, European countries themselves can be approximately divided into three major groups. The first, named "unidirectional", includes countries where educational policies and their implementation see almost all students integrated into the ordinary school system. This particular approach leans heavily on a great number of services based in or around schools. Some such countries are Spain, Italy, Greece and Portugal.

The countries included in the second category, the "multidirectional" category, have multiple approaches when it comes to scholastic integration; they offer many different services – e.g. special classrooms – and have two different school systems, an ordinary one and a differentiated one. Education in Denmark, the UK, Austria and Finland work in such a way.

The "bidirectional" group, the third category, has two distinct education systems. Pupils who have disabilities are placed in specialized schools or facilities. Most pupils who are regarded as having special educational needs, generally do not follow the standard national curriculum. Switzerland and Belgium for example have a very large and diverse educational system.

Even though this way of categorizing different approached is useful in order to recognize trends and variances in different European educational systems, it is difficult and sometimes impossible to draw harsh divides when it comes to grouping States in such a way, especially when the socio-political landscape of each country is as changeable as it is.

When it comes to inclusivity, concerning people with disabilities in schools, the trends which appear most clearly in Italy and Bulgaria in particular are:

- Taking legislative measures to codify inclusivity, with the aim of integrating students with disabilities into the national school system (Law 104/1992 for Italy and Pre-school and School Education Act, 2026 for Bulgaria).
- Educational policies to include disabled and disadvantaged students into ordinary schools, guaranteeing a support system to teaches in the way of specialized staff, appropriate school supplies, educational services and equipment.
- Lingering difficulties in integrating students with serious or very serious mental disabilities for whom specialized schools still exists.
- The promotion of specialized centers – private centers affiliated with the Italian national health system and big establishments and NGOs in Bulgaria.
- The implementation of IEPs.
- The strife towards overcoming psycho/clinical stigma in order to define disability in a way that is more pedagogically motivated – i.e. taking histories into account, complex contexts, obstacles, facilitators, etc., so as to move from a static evaluation mode to a dynamic evaluation mode.
- Fostering widespread societal awareness and interest in the topic of disability, seen as a multidimensional issue – promoting a comprehensive view of the individual as well as their background and context.
- Decentralizing both responsibilities and control exerted on school and assistance systems in order to better support people and their families.

In this prospective Mediated Education plays an important role to make connections among family, school and rehabilitation center for the major interest of the pupils, to prevent developmental disorders thanks to precocial screening, to improve teachers' attention towards learning and communication problems of students and to maintain a longitudinal approach [18]. Despite of there are also aspects that still need to be worked on.

In Italy, many students with disabilities have been successfully integrated into the national school system, due to the country's long-term commitment to promoting inclusivity in education. Over the years, Italy has worked hard to ensure that children with disabilities are offered the same standard of education as their peers; this is done by creating opportunities for all and pushing for inclusivity no matter what. Many students with disabilities have achieved important academic success, showing how an inclusive system can be extremely beneficial for them.

One advantage Italian teachers have is support systems backing their efforts to meet the needs of all students. Tailored to each student's specification, Individualized Education Plans (IEPs) also play a significant role in improving outcomes. However, despite these efforts and advantages, there are regional disparities that continue to affect overall national statistics. Some areas in Italy, usually the northern regions, are better equipped than others, mostly the southern regions, an imbalance which creates disparities that will need to be addressed going forward.

Although progress is being made in Bulgaria too, the situation there is somewhat different. The country's educational system is still developing, which means there are more hurdles to overcome and less support to do so. Issues like the ability to implement effective assistance strategies and resource allocation remain key obstacles. Schools often need more funding and better-trained staff to effectively support students with disabilities. However, it's important to note that there are many success stories in Bulgaria too: with continued effort, further improvements in inclusivity are not only possible but to be expected.

Although Italy has at its disposal more developed infrastructures and a more mature system overall, both Italy and Bulgaria share a commitment to improving inclusivity, and although there is still much work to be done, progress is achievable. The frameworks which have been set up to support further strife towards widespread inclusivity will help both countries resolve the problems they are still facing going forward, and by learning from each other's experiences and successes, Italy and Bulgaria can continue to move toward more inclusive educational systems that will provide equal opportunities for all their students.

## Conclusion
The Mediated Education Approach has methods, methodologies and strategies to supports students with disability, learning problems, disadvantages or developmental disorders. It urges to start from teaching – learning process to promote human and technological facilitators of communication and learning arriving to a correct application of laws in educational, health and social sectors.

It stresses the need to involve families more in educational/pedagogical choices to build operational and practical synergies. Families are often left alone and face a load (emotional and otherwise) that is sometimes really very demanding. Equally essential appears to be to focus on the training of operators, teachers, and experts on the different possible approaches and sensitize them to contact with families. In this prospective, marginalization is the opposite of inclusion: it means "to stay in the corner", not participate or stay in special places away from the community.

It is important overcoming the label theory and improve Well - being and Quality of Life for people with disability. We think that the connection between CEE/CIS Countries and European Countries and their best practices in additional support for SEN students can explain the complexity of cultural and health problems inside the society in this transition and challenging period.

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