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Disseminating good practices for inclusive schooling in Catalonia

E. Grande

Director tècnic, Federació ECOM.

Correspondence:

Federación ECOM
Gran Via de les Corts Catalanes, 562, pral. 2ª
08011 Barcelona. Spain

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Abstract

«Plataforma Ciutadana per una Escola Inclusiva a Catalunya» (Citizen Alliance for Inclusive Schooling in Catalonia) is a group of organizations and individuals working together to promote high-quality inclusive schooling for all in government schools and subsidized schools in Catalonia.

Children with disabilities must have guaranteed access to the same schooling as their age-peers. Integration with other children who do not have disabilities is an educational experience for all those involved, as well as an opportunity to learn to live together: while children with disabilities learn to be more independent and improve their peer-relating skills; the rest of the classroom community, including teachers and other teaching staff, learn to live alongside others who are different.

Whereas the rate of inclusive schooling in Catalonia is close to 65% for mainstream schools providing preschool (0-5) and primary (6-11) school education, there is a sharp drop at the level of compulsory secondary (12-15) schooling.

To boost the inclusion process, the Alliance has launched an initiative to identify, recognize and disseminate «Good Inclusive Schooling Practices in Catalonia». The present article outlines identified good practices and discusses early results.

Keywords: Inclusive schooling. Inclusiveness. Innovation. Mainstreaming and Sectoralization.

Few today argue against the huge importance of inclusive schooling, both for teaching all children values, civil behavior, attitudes, social skills, and education for coexistence and personal development, and also for the full development of pupils who have special needs.

Immigration, which has also had an impact on primary and secondary schools, has sharpened diversity amongst school children as it has brought an influx of pupils from other cultures, other languages and with other concrete needs. Naturally, even within such diversity children and young adults with a disability still require specific attention, but it is also a fact that as citizens with full rights they must be given access to the same education as their age peers. In any event, including them in mainstream schools can be educationally and socially rewarding for all concerned: these pupils learn to boost their independence and interact with peers, while the rest of the class, including the teachers, learn to live alongside people who are different.

In Catalonia today, inclusive schooling for pupils with disabilities is underpinned by considerable experience. Since the passing of Decree 117 in 1984, we have progressed through

various stages, some of which have been thornier and more controversial than others. However, despite unarguable development, Catalonia has never managed to surpass the 65% mark for inclusion in mainstream pre-schools and primary schools, and this figure is significantly lower at the compulsory secondary level.

Therefore, the bodies that make up the Citizen Alliance for Inclusive Schooling in Catalonia now believe it is time to breathe new life into the process so that we can move on from inclusive schooling as the irreversible fact that is today, to a trenchant belief in the efficacy of inclusive schools. This new drive will go hand in hand with the future Education Act in Catalonia and allow for truly enthusiastic implementation of the Inclusive School, embracing any challenges it throws up.

The Alliance has brought on board a further eight organizations: the School Parents of Catalonia Federation (FAPAC), the Secondary School Parents of Catalonia Federation (FAPAES), the Catalan Association of Educational and Psychological Support Teams, the Catalan Federation of Educational Renewal Movements, the Rosa Sensat Teachers Association, the Catalan Association of Educational Resource Centre Professionals, the Rural Schools Secretariat, and the Primary and Secondary State Schools Senior Management Association (AXIA). Together, they have set about identifying, acknowledging and disseminating a set of *Good Practices for Inclusive Schooling in Catalonia*.

The aims of this project are multifarious:

–To recognize the educational practices that stimulate and push forward the principles of Inclusive Schooling as set out in the Citizen Alliance for Inclusive Schooling in Catalonia Manifesto:

- *Mainstreaming and sectoralization of services.* It is incumbent upon the mainstream school to respond to the right to education and to guarantee that children can attend school locally.

- *School and social inclusiveness.* This refers to the process of change undertaken by schools in response to the diversity of their pupils and entails pinpointing and removing any barriers that exist within to learning, socialization and participation,

whilst also building on pupils' capacities and potential to train and support them. This approach considers both the pupils and the school itself when assessing processes and outcomes.

- *Customized response.*

–To foster greater analysis and thinking on the practice of inclusiveness, aiming for written reports to be drawn up and documented.

–To reward and encourage new experiences by disseminating exemplary practices. Make the most of existing good practices as these are sometimes isolated and difficult to access and build upon.

With a view to harnessing and evaluating these experiences, a checklist to identify good practices in inclusive schooling has been drawn up:

- Inclusion of pupils with disabilities with maximum interaction with their group or year, aiming to allow pupils with and without special needs to share activities (in the mainstream classroom, playground and outings) that all pupils can enjoy and benefit from. This does not mean occasional or one-off actions, but standard school practice.

- Participation from the families of both disabled and other pupils in the school's general activities and in classroom activities. Knowledge of and involvement in the experience.

- Systematic planning of teaching practice and adaptation to each pupil's circumstances: existence of a 'PEI' (Individual Education Plan), 'ACI' (Individual Curriculum Adaptation), etc.

- Liaising between all those involved in the education of pupils with disabilities (mainstream tutors and teachers; specialist teachers and other special needs staff; educational and psychological support team; other external professionals; family; etc.) in order to agree upon a coherent, customized learning pathway.

- Use of the school's available resources with a view to fostering coexistence and group learning; creation of new resources and use of natural resources (friends, family, neighbors and local organizations, municipal facilities and services, and others).

- Regular progress assessment in cognitive, interpersonal and personal skills for pupils with disabilities; assessment of how all pupils'

educational needs are met, and implementation of the most suitable measures for improvement.

- The school strives to identify any barriers to learning, participation and socialization of pupils with disabilities, and seeks strategies and ways of working that will remove or minimize these as far as possible.

- Coordination with other local educational and/or social bodies: AMPA (Parents' Association), regional bodies, etc., with an appreciation of a school's openness to its neighborhood or local catchment area.

- Participation in extracurricular activities. Participation in school canteen, transport and extracurricular activities.

- Guidance, referral and support for pupils changing class or school level, and particularly when moving from one school to another.

- Collaboration with specific disability associations aimed at providing the school community with information on different disabilities and guidance in achieving better schooling for pupils with disabilities.

- Documentation: the school seeks out references from other research or experiences or replicates these in its own practice, basing its working hypothesis and objectives on these precedents. This must be properly documented and a bibliography provided.

- Innovation: the school tries out uncommon, novel or as yet untested strategies, the aims of which include proving efficacy (achieving predicted goals) and/or efficiency (achieving goals with a good input to output ratio).

- Results linked to learning acquired by pupils with disabilities in the process of maximizing attainment on the curriculum of their level. Results must be set out as objectives and properly assessed, although unforeseen results may also be included in the assessment.

- Results linked to benefits obtained by pupils without a disability. Results must be set out as objectives and properly assessed, although unforeseen results may also be included in the assessment.

- Results linked to degree of satisfaction among all those involved in the practice with regard to prior expectations and to their participation in meeting targets and in the process.

- The practice can be broadened and applied to other contexts; it is exemplary and drives forward new experiences; there are guidelines to help extend the experience to other situations or schools.

This first edition has garnered experiences from 27 Catalan schools varying in location, level and status, as shown in Table I below:

Assessment of these actions revealed that 70 to 100% of the inclusion criteria are clearly present in 17 of the schools. The evaluation also enabled us to put each experience into one of three categories:

Table I. Origin of experiences gathered.

Total experiences presented	27
Level	11 pre-school and primary schools 9 secondary schools 1 kindergarten 6 other (all levels)
Status	20 government schools 7 subsidized schools
Location (county)	7 Barcelonès 6 Baix Llobregat 3 Vallès Occidental 2 Garraf 2 Baix Camp 1 Vallès Oriental 1 Maresme 1 Garrotxa 1 Alt Camp 1 Baix Ebre 1 Tarragonès 1 Segrià

CEIP: pre-school and primary schools; IES: secondary schools.

- **Develops a teaching unit:** explains how inclusive schooling of one or more pupils with a disability is put into practice in a specific area or subject.

- **Develops aspects of the overall working of the school** aimed at providing inclusive schooling. Broadly speaking, these are schools in which the senior management team has opted for inclusiveness and has been accepting pupils with disabilities for several years. Over time, internal organization measures have taken these schools further towards their target of inclusiveness.

- **Develops strategies to begin including pupils with disabilities in the school:** these schools are in the early stages of taking in pupils

with a disability and have launched a raft of strategies to ease the transition for all concerned: staff, PTA, other children and citizens at large.

This first project for garnering and disseminating *Good Inclusive Schooling Practices*

in Catalonia was brought to a close in January with a symposium to debate and consider results. During the first half of 2008 the experiences deemed to be most motivational and exemplary will be published in a written report.

Letter to the Editor

**Dr. J.A. Hermida Pérez¹, Dr. J.F. Loro Ferrer²,
Dr. L. R. Pérez-Santana³**

¹ Servicio de Urgencias, Centro de Salud de Los Llanos de Aridane, Santa Cruz de Tenerife, Spain. PhD in Medicine (University of Las Palmas de Gran Canaria - ULPGC). Family and Community Medicine Specialist. Urology Specialist (Instituto Superior de Ciencias Médicas, Camagüey, Cuba).

² Pharmacology Lecturer. Department of Clinical Science, School of Medicine, ULPGC.

³ Morphology Lecturer. School of Medicine, ULPGC.

Correspondence:

Dr. José Alberto Hermida Pérez

Avda. Carlos Francisco Lorenzo Navarro, 56, 3^oA.

Los Llanos de Aridane. Sta Cruz de Tenerife. Spain.

e- mail: hermidana@yahoo.es.

Dear Editor,

Down syndrome (DS) is associated with a certain proclivity to respiratory tract infections in the early years. DS-linked immune deficiency plays a determining role in these cases. *Mycoplasma pneumoniae* is a particularly significant etiologic agent of childhood pneumonia, specifically of atypical forms. It commonly affects children older than 5, with mild self-limiting clinical symptoms. However, in children with DS or compromised immune systems, the condition may be protracted and particularly severe (1).

We wish to bring to your attention the case of a 44-year-old male with DS who arrived for emergency care with a presenting complaint of shortness of breath, fever, and a 5-day cough. Heart auscultation evidenced tachycardic sounds and a grade II/IV systolic murmur that was louder in the mitral area. Respiratory auscultation evidenced a reduced vesicular murmur at the base of the right lung and crackling rales. Temperature was 38.2°C. Chest x-ray showed inflammatory consolidation consistent with pneumonia in the

lower right lobe (Fig. 1), so the patient was referred for hospitalization. In addition to mental retardation and craniofacial dysmorphism, individuals with Down syndrome often have congenital heart malformations (CHM) as well as increased proneness to infections, particularly of the respiratory tract (2). A published paper comprising 109 patients with DS with a history of airway infections included 19 cases of bronchopneumonia (31.15%) and 2 of pneumonia (3.30%), with bronchopneumonia, CHM, and both of these together as the main causes of death (3).

Teenagers or young adults may develop heart valve defects, particularly mitral valve prolapse. The finding of a heart murmur in the present patient's mitral area might be a warning sign of mitral involvement, and this was highlighted in the referral papers (4).

Once pneumonia had been initially diagnosed both clinically and radiologically, it would have been important to learn the final hospital diagnosis in terms of etiology, test results, type, course, and treatment, as well as ultrasound or other imaging confirmation of the suspected mitral valve prolapse. This was not possible for us to obtain: as emergency care physicians working in a primary health care setting, we generally lose touch with patients because followup is the responsibility of their general practitioner. However, this letter is intended a reminder of the importance of considering the likelihood of pneumonia in patients with DS; we highlight the need to consider and rule out lower airway involvement when these patients exhibit what appears to be a mild respiratory tract infection, since morbidity and mortality are very high in this group – a fact borne out by a number of studies (1, 3).