

Migrant families with disabilities. Social participation, school and inclusion¹

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Abstract. The research “Students with disabilities, children of migrants” investigates the relationship between migrant families with disabilities and the Italian school system, including pre-school educational opportunities. It was commissioned by the Municipality of Bologna - *Department of Education and Antidiscrimination Policies* - which intended to adopt guidelines and tools to facilitate the inclusion of migrant students with disabilities (aged 0–14) with their families. Data in this article are drawn from an exploratory research that explored the barriers and the facilitators to the inclusion of migrant families with children with disabilities. Data show that school is playing an important role in promoting inclusive process both in schools both in the social environment and in creating a sense of belonging in migrant families within the host society.

Keywords: inclusion, migrant families, disability, environment, school

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Introduction

Despite many efforts to move toward full inclusion of children and adults with disabilities in the broader society, people with disability continue to experience social exclusion and most of their networks are often comprised of family, support staff and other people with disabilities (Lippold & Burns, 2009). Numerous barriers to participation continue to exist for people with disabilities: structural and cultural barriers appear in the «major areas of *everyday life*, such as education, employment, financial circumstances, the built environment, housing and transport and leisure» (Barnes & Mercer, 2010). We can assume that there are different *contextual* barriers that stand in the way of a full societal participation, despite significant legislative initiatives to emphasise the “full and effective participation and inclusion in society” (United Nations, 2006, article 3).

Recent studies highlight that this kind of *dynamics* gets even more evident in migrant people (both children and adult) with disabilities, because they are “targets” of a sort of *double diversity*. This *double diversity* touches not only people with disabilities themselves but also their entire families (Asch, Rouso, & Jefferies, 2001). “Migration” and “disability” refer to a very complex, multidimensional and evolving phenomenon. According to the most recent data of Ministry of Education and Research (2018), Emilia Romagna is one of Italian regions with the highest percentage of migrant students. This region has experienced a significant increase in primary and middle schools, and the percentage of migrant students often exceeds 13%. Students in the Bologna area come from 142 different countries. This gives evidence to the fact that both incoming and outgoing migratory flows are no longer limited to a few areas, but rather constitute a worldwide phenomenon, common to every continent. Moreover, this migratory phenomenon is set against a period of crisis, strongly influenced by the process of globalisation, affecting the host countries deeply and making them socially, culturally and economically “fragile”.

In this scenario, schools play a key role in facilitating the process of inclusion, not only by offering responses to the cultural transformations, but also by guarantying inclusion of migrant students with disability in schools. Especially, during childhood, the identification of diagnosis and early educational are two factors that can strongly facilitate both the growth and psycho-social development of children and the *family life project*. Children may be disadvantaged in their *possibility* if they do not have *equal possibilities* to access education opportunities: the most complex situations

(such as disability and migration) can deeply benefit from educational experiences in regular contexts.

Not only, schools are the best environments for meeting the needs of families. It is also important to gather the experiences of migrant parents in order to understand their views on three main issues: *disability*, *children's education* and *migration*. Migrant parents with children with disabilities almost always *choose* to live in Italy, in spite of all the difficulties this may entail, just in order to have a guarantee of health assistance and educational support for their children with disabilities. These families are not in Italy "temporarily", on a provisional basis, but rather they are families whose members have present and future plans to remain in Italy, which makes the "situation of disability" a long-term or permanent one. For this reason, *inclusion – starting from schooling* - is an important aspect of the *quality of life* of migrant families with disabilities. Schalock (1996) suggests that *quality of life* incorporates eight dimensions: physical well-being, materials well-being, emotional well-being, interpersonal relations, personal development, self-determination, social inclusion and rights.

The paper focuses mainly on the families' point of view, identifying the most crucial elements for the success of an inclusion strategy in relation to the childhood (from nursery to primary school).

Inclusive approach and its fundamental dimensions

According to the International Classification of Functioning, Disability and Health (WHO, 2001), *disability* can be understood as a « dynamic interaction between *health* conditions and contextual factors, both personal and environmental ». WHO defines disability as an umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between and individual (with a *health* condition) and contextual factors (environment factors). The WHO recalls to our attention two linked key concepts: *health* and *environment*.

Talking about *health* goes hand in hand with the idea of *well-being*. Nowadays *health* is considered a complex and multi-perspective concept that has evolved in the last forty years thanks to social, medical and scientific achievements. These cultural changes led to a redefinition of the notion of "health": both an ongoing process, contextualised in "time" and "space" (Soutter, 2011; Calaprice, 1991), and an indicator of the quality of life. Into this wide-ranging framework, the World Health Organisation (WHO, 1948) defines health as a « state of complete physical, mental and social well-being ». So health is no longer "the absence of disease or infirmity", but it is a dynamic human condition strictly related to life

environment. The WHO perspective leads then to the description of health as a state of *bio-psycho-social well-being* (ICF, 2001) and as a *human right* (NU, 2006). Therefore, well-being is about accomplishing everyone's full potential in relation to themselves, the others and the environment.

Since well-being refers to the *hic et nunc* state of a person there is another significant step: the *well-becoming* (Gordon & O'Toole, 2015; Biggeri & Santi, 2012; Ghedin, 2009; Uprichard, 2008). Unlike well-being, well-becoming is a continuous change of condition – for example, from a state of ill-being to well-being – through a spiralling motion between past and present, toward a future of new life chances (Minkkinen, 2013; UNICEF, 2007). Well-being and well-becoming are, indeed, strongly connected. This ongoing process includes everybody, including “situation of disability”, and therefore recalls the key principles of the inclusive cultural approach. From this perspective, the (migrant) person with disability is a fully-fledged member of the community, like everyone else. The functioning principles and the rules of a context should be suitable for every member, each one with his/her own specificity: the diversity of everybody becomes the ordinary condition in the society (Pavone, 2010). In this connection, the identity – also of a migrant people with disability – is not only the inner perception people have of themselves, but also the perception they build up by being recognized by the others, a process that provides sense of belonging to groups and communities. The value of participation in social life is the core of inclusion, which is an existential modality, an ethical imperative, a *basic right* that nobody has to earn. Rather, governments and communities have the duty to remove barriers and obstacles that hinder social inclusion, providing appropriate resources and support to allow people with disabilities to grow in inclusive environments (Stainback & Stainback, 1990).

Referring to the *basic rights*, we must mention the United Nations *Convention on the Rights of Persons with Disabilities*. As noticed, it represents one of the most interesting documents considering its inclusive community-based proposal that is rooted in the fertile ground of the rights for all, without any distinction. The issue of rights recalls the *right to education* which is based on the right of all learners to a quality education that meets basic learning needs and enriches lives. Focusing particularly on vulnerable and marginalized groups, it seeks to develop the full potential of every individual. Inclusive Education ensures that « persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability » (UN, 2006). Moreover, the article 17 “Liberty of

movement and nationality” stated that « States Parties shall recognize the rights of persons with disabilities (*and their families*) to liberty of movement, to freedom to choose their residence and to a nationality, on an equal basis with others, including by ensuring that persons with disabilities [...] are not deprived, on the basis of disability, of their ability to obtain, possess and utilize documentation of their nationality or other documentation of identification, or to utilize relevant processes such as immigration proceedings, that may be needed to facilitate exercise of the right to liberty of movement ».

In this perspective, *inclusion* cannot be considered as merely an organisational intervention, nor must it remain a dimension that refers only to the world of school education, but must cover and penetrate all life and social spheres, conceptual and physical places, to become a cultural and mental process. In this sense, the pedagogical intervention must aim to develop and improve a radical and critical type of inclusive pedagogy that does not merely function in strictly scholastic fields but which rather works with the whole social community and the life project (D’Alessio, 2011).

Migrant families with disabilities

Migration processes are very complex and they become even more multifaceted when a child has a disability. As underlined in the initial part of this paper, migrant parents with children with disabilities almost always *choose* to live in Italy, in spite of all the difficulties on several levels. The idea behind the migration processes came from the awareness that their home countries are stigmatising and not inclusive for people with disability, who represent one of the most vulnerable groups of their society. Negative attitudes towards people with disabilities (e.g. distorted social representations of disability) lead to reduces access and opportunity to participate fully in *school* and in *social life*. The distorted social perceptions of disability are a cause of social marginalisation and school exclusion. The purpose of migration processes is to guarantee both health support and educational and learning opportunities for their children with disabilities.

Migrant families with children with disabilities experience a two-fold source of stress: the communication of diagnosis and the intrinsic stress associated with being a migrant. A common consequence of these two conditions – migration and the birth of a child with disabilities – is a progressive reduction of their informal and social networks (Schneider & Hattie, 2016). As Sluzki (2008) stated, any migration, even within the borders of a country, but in particular transnational migration, throws

people into a socially stressful condition. At the same time, dramatically upturning and impoverishing the “personal social cocoon”, the main support system of social and personal network they are part of.

The fact that informal and social networks act “as a buffer” for stressful and traumatic situations by positively modifying their consequences has precisely linked to the *inclusive approach*, with the aim of increasing the involvement of informal and formal components of the local community in the *construction* of social and educational chances in *ordinary* contexts.

Ordinary educational contexts (nursery, school, social service in the community etc.) can be better suited for families in “problematic” situations, as they are organised to provide personalised and articulated paths, in order to reduce barriers (architectural obstacles, prejudice, stereotyping), within *territories for all*: in this sense, the inclusive educational contexts help to reduce isolation, by breaking down, limits or removing the hindering variables and segregation situations. Al-Hassan & Gardener (2002) identified the “involvement” of parents as an indicator of *inclusion*: the two scholars state that although *parental involvement* has been defined in the field of disability as a greater participation in school-based activities, in actual this indication is difficult to punt into an *ordinary practise* due a series of obstacles that teachers encounter in their everyday practices. They point out, for example, that language is the main barrier to parental involvement in their children’s education. Parents do not understand their children’s educational needs, much less the relative documents, and often do not feel not confident when communing directly with teachers. The scholars therefore suggest that teachers should speak in English (if parents know the language) and/or involve an interpreter and/or a cultural mediator (possibly chosen by the family itself). The final study provides a guide on how to communicate with parents and, more specifically, involve them in their children’s education. These concrete suggestions are also considered by other scholars including Reyes-Blanes (2002) as fundamental elements for the *success of inclusion strategies*. In relation to this, a study conducted by Lo (2009) – to investigate how families perceived their involvement in the education of children with disabilities– shows that parents have low participation in school activities (e.g. parent-teacher meetings, atelier etc.). Like the previous study, this work stresses that the main obstacles to parental involvement in education and school are both language and cultural barriers. Lo demonstrates that greater parental involvement results in improved school performance of the children and it is an advantage for teachers too. However, the scholar’s results suggest that the actual family involvement remains very low and schools are not interested in listening to parents’ opinions and points of view.

The *access* and the *participation* to social and educational services are directly proportional to knowledge of the language of migrant families: for this reason, different forms of *facilitators* are needed for participation and inclusion to come true (Hästbacka, Nygård, & Nyqvist, 2016).

Focusing on families' experiences, Goussout (2010) points out that families' perceptions and situations are strongly conditioned by several factors. These include the *culture of origin*, the *circumstances and reasons* underlying their migration, their *experience* in Italy and their *expectations* as to whether the child can be cured. Particularly the mothers' interpretations of their child's disability are strongly influenced by the care culture in the country of origin, and the processes of integration of themselves and their family into the Italian context.

In this scenario, the sense of *vulnerability* of families who live the migration process has been also highlighted by the study focused on the perceptions of migrant parents carried out by Caldin, Argiropoulos, & Dainese (2010): migrant families present some difficulties in being understood by professionals, concerning their day-to-day efforts and the complex dimensions of *belonging* to different cultures. The distance from loved ones left behind in the country of origin and the lack of *significant relations* in the new places of residence are perceived as two of the toughest elements. Moreover, the three scholars point out the strict division of roles within migrant families (between husband and wife), where relations with the outside world are almost exclusively left to the man. This is not only a cultural issue, but also represents the language and communication difficulties reported by most of the mothers, who are much less familiar with the Italian language than their husbands.

Rationale, research objectives and methods

The combination between “disability of a child” and “migrant families” is a subject relatively new to the Italian scene: the earliest researches, in the field of education, began almost in 2000.

Although the specific Italian context which guarantees inclusion of children with disabilities in schools from the Law 517/77, we noticed the often overlooked convergence of two important factors – migration and disability - and the effect of this convergence on the lives of children with disabilities of migrant families. Numerous studies and research initiatives have been undertaken aiming to define strategies, guidelines and tools for effective education geared toward inclusion.

Studies and research, however, have mainly focused on one factor only, either disability or migration. We believe that the issue of defining an

appropriate approach - fostering the inclusion of students with disability into the mainstream - must be addressed with the theoretical tools and specific interpretative categories of special and intercultural pedagogy. Despite having their own specificity, both disciplines, migration and disability, have many clear points of contact when dealing with children with disabilities of migrants. It is essential to ensure the common understanding on several key themes proposed in the research project, such as the definition of the status of children with disabilities of migrants. In an intercultural and historical context, Italy has increasingly committed to and led the field of inclusion in order to reduce barriers experienced by children and adults with disabilities, but has struggled to deal with inclusion processes for migrants and their children. The universe of minors with migrant parents in Italy is varied, and many factors contribute to its complexity. Terms like "foreign minor" (very commonplace) do not express the depth or plurality of situations (unaccompanied or reunited minors, those born in Italy of migrant parents, etc.), and for this reason in our own research we have chosen to use the expression "children of migrants". Our major concern was to avoid the term "immigrant", which has had an increasingly negative social connotation, potentially excluding the positive dimensions of the person it refers to.

Moreover, Italian Law considers children of migrants as 'foreigners' or 'non-Italian citizens' even when they are born in Italy. Italy must therefore amend the legislation guaranteeing the right to citizenship, just as it must change the terminology and implicit conceptualisation, particularly considering the high percentage of children of migrants who were born in Italy.

The research *Students with disabilities, children of migrants*² investigates the relationship between migrant families with disabilities and the Italian school system, including pre-school educational opportunities. It was commissioned by the Municipality of Bologna (Italy) - Department of Education and Antidiscrimination Policies – which intended to promote and adopt guidelines and tools to facilitate the inclusion of migrant students with disabilities (aged 0–14) with their families.

Research hypothesis and aims

The initial hypothesis of the exploratory research project *Students with*

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disabilities, children of migrants is based on the role that the school (including teachers, students, educators, directors, other school workers) can play not only as an educational institution, but also in managing and supporting children with disabilities and their migrant families within the host society. School is, therefore, an educational agency that should network with healthcare, social and education services to provide and foster inclusive processes. Moreover, the bibliographic research has sufficiently confirmed the hypothesis that inclusion of migrant children (and their families) is facilitated by their *exposure* to the Italian language in “informal places” (park, outside play, after-school opportunities and other leisure activities etc.), not directly linked to school environment (Kukulska-Hulme, 2015; Nunan & Richards, 2015; Favaro, 2011).

The project aims to combine research and action and it was thus set up with a light, flexible and adaptable structure in an attempt to involve parents, professionals, educators and teachers dealing with this complex, little known area as much as possible. The main objective of the research is to become thoroughly familiar with the topic of disability and migration, analysing in particular its *pedagogical aspects*. The research covers both quantitative and qualitative inquiry, geared to developing some educational and pedagogical guidelines for supporting migrant children with disabilities and their families in schools.

The research addressed various areas of investigation, such as: the relationship between the migration experience of both the family and the condition of disability; communication and languages problems; issues relating to the diagnosis of the disability; health and social situations; care practise; the perception of disability in the home country compared to that in host country; mapping of some positive experiences and inclusion/assistance strategies in the city, such as the presence of cultural mediators and/or educational support staff.

Research phases

The research was divided into the following phases.

Initial phase: overview of available studies and research on the topic of investigation; definition of the research focus; development of methodological aspects and investigative tools (for example: testing the questionnaire; interviews with people with first-hand experience; focus groups with institutional figures; home interviews with migrant parents of children with disabilities, etc.); contact with institutional and other stakeholders involved practically in the data collection.

Filed research: collection of qualitative and quantitative data from educational establishments (preschools and schools), operational services

and families; identification of *positive experiences* within the city area; analysis and processing of the gathered data; production of the research paper.

Conclusion: having gathered further documentation (through focus groups, interviews, activities with middle school students) and identified some positive inclusion experiences, we drew up a number of recommendations which can be used to improve the strategies for the inclusion of children with disabilities of migrants and families in the education and social service systems and in schools. We defined documentation tools and procedures, as well as dissemination materials on the acquired data and pedagogical and educational recommendations.

Research methods and participants

The research collected quantitative and qualitative data, using various research tools: on-line questionnaires, interviews and focus groups. The research group built the tools of the research, starting from a bibliographic review that allowed to identify the most important areas of investigation.

We considered quantitative-qualitative tools to be most appropriate to this exploratory research, at the end of which we identified the new areas of inquiry and some future prospects. The qualitative data was fundamental in offering a *photograph* of all the aspects of the migration phenomenon, including the individual, family and social features of the children with disabilities as well as the characteristics and relationship between the *parents' migration path and the child's disability*. In relation to the target composed by "migrant families" (the main focus of this paper), the research group decides to use only in-depth interviews. The aim is to investigate their personal standpoints, experiences, memories linked the migration process, as well the difficulties and the negative perceptions. In this scenario, the interview included very simple questions formulated directly "Can you tell us...?", "Do you remember ...?" to allow to mothers and fathers to openly discuss the question in hand.

As regards "participants", to reduce to a minimum the number of variables in this already complex research, we chose to deal with children certified pursuant to Italian law 104/92 as having both parents with "non-Italian citizenship".

Secondly, we identified orientations, tools and strategies which can promote the inclusion of children with disabilities of migrant families in educational structures. This involved reading the variables and conditions, observing behaviour and investigating attitudes which may enhance the care and well-being of the children in different contexts (organisational methods facilitating inclusion; tools and strategies aimed at improving

communication with families; educational approaches and interpersonal styles best suited to minors etc.).

To obtain more in-depth information on the phenomenon, we decided to involve anyone who, in their specific roles, interacts with children with disabilities of migrants and with families. Table 1 shows the number and categories of people involved in the research and the relative tools used.

Table 1. *Number and role of people involved and tools used.*

<i>PROFESSION/ROLE</i>	<i>TOOLS USED</i>	<i>PEOPLE</i>
Class and support teachers	On-line questionnaires (all schools) and questionnaire (teaching staff)	304
School directors/class and support staff/school workers, Pupils	Interviews/focus groups/individual activities	91
Health workers (GPs, neuro-psychiatric staff, educators)	Semi-structured interviews	6
Educational service workers (preschools; pedagogical coordinators, educators etc.)	Semi-structured interviews/focus groups	37
Social services workers/Associations/volunteers	Semi-structured interviews	5
Migrant families	Semi-structured interviews	33 (12 families)
Members of Inter-institutional round tables and scientific teams	Planned meetings	37
Total		513

Results

Barriers to inclusion

It is important to gather the opinion of migrant parents in order to understand their views on three main issues: *disability, children's education and migration*. These themes are not separate, but rather interact, being interwoven by the cultural, social, political and individual factors that affect families. It seems that parents' opinion and *perception* of their child's disability is strongly influenced by their network of origin and their relationship with their home country in the migration process (9/12 families).

The research shows that migrant families (10/12 families) – in the host country - have no significant contacts with associations for families of people with disabilities: we assume that there are no *organised measures* that offer the possibility for contact between migrant families and these associations in the community. Moreover, the data collected suggest that there are many reasons for the “ancillary” presence of migrant families: some reasons are practical – such as the difficulties that families experience daily (work, home, transport etc.) – but they may also be linked to how peers' associations or problem sharing are perceived. Data highlighted that – among almost all workers of these associations (83%) – there is a common belief: they believe that migrant families are part of a large social network and do not need “outside” support concerning their child, with disabilities as they receive enough assistance and comfort from their fellow countryman, relatives and neighbours.

Moreover, based on the statements gathered from migrant parents, we can reasonably affirm that belongings to an ethnic or religious association/group plays an ambivalent role: such groups act as a supporting/protective network in the early period after migration, but then they become a “controlling agent” and they can exercise psychological pressure on families of people with disabilities (10/12 families).

In addition to this, the failure of some offices to inform families correctly and promptly of their rights, the lack of structural help (apart from school), the difficulty in establishing profitable relations with social and health workers, parents' *fatalistic attitude* toward their child's “destiny” (in some cultures) preclude any *constructive* action and any *project* for the life. They are all *barriers* to inclusion: barriers are defined as such conditions or factors in a families' environment that can have a hindering effect on *functioning* (WHO, 2001) and that creates disability, which in turn leads to a lower level of *quality of life* (Hästbacka, Nygård, & Nyqvist, 2016).

As underlined in the initial part of this paper, “quality of life” incorporates a lot of dimensions, including material well-being. From the words of a large group of parents (7/12 families), we assume that there are great difficulties in everyday life, such as inappropriate or temporary

housing [*“We have been in this apartment for 10 years and we are still temporary. Due to a bureaucratic error at the housing office (a box not ticked) we were taken off the list and now we risk being evicted any minute”* (K 6); *“It was a really bad time for us... because we were homeless, we lived in one room with some other people from our country, it was a really tough time for us”* (W 10)].

Facilitators to inclusion

Within the limited horizon of the research conducted, we can state that migrant parents (10/12 families) consider the role played by school to be *central* as it meets the needs of families and parents feel “welcomed” [*“It was Cristina and Emanuela. And they were so fond of X and he of the teachers that we’re still on friendly terms with them, they come to our home to visit him. They helped him a good deal, they did not let him stay on his own, they always made him stay with the group”* (K4); *“When we got here, we found a private nursery. Luckily they took him there, because all the municipal ones wouldn’t take him as we didn’t have all the papers [...] There they began to watch our boy. Until then we thought he was retarded because he hardly spoke at all. When he was three and a half he only talked to himself, and we could see that something was wrong [...] So they helped us, at that time, and advised us to contact the developmental neuropsychiatry department”* (W 10)]. Schools play a fundamental role in the education of the child with disability and they represent an important point of reference for migrant families.

A high percentage of teachers (75%) brings to our attention the issue of *relationship* with families as a priority element. They explain how school is a hub that families rely on to access the complex system of services available for their children with disabilities in the community. They observe how important it is for the family to be involved as much as possible and as directly as possible in the *educational process* of their children. A large part of teachers (82%) identified *communication* and *participation* with the families as two of the most crucial elements for the success of an inclusion strategy [*“The sharing of the care role of small children with a family still goes through the mother ... if the mother isn’t able to talk of her experience with the child, it becomes difficult to share this care role”* (Z 2)].

The relationship between family and school needs to be solidly based on trust and educational alliance, but this is not always the case. Often it is in *preschool services* (nursery) and in *kindergartens* that parents entrust very young children to the *care* of the teachers, as teachers are more careful to build relationships on a daily basis through a continuous exchange of

information and dialogue. The method of relating changes between preschool services (nurse) and kindergartens and compulsory schools is a result of the *change* in the logic underlying the different types of school. Parents and teachers work together to care for the children in their childhood, whereas in schools families delegate to them the education and teaching of their children, who are no longer in a context of care but of learning. Actually, *early inclusion* is a crucial moment for families, as confirmed by the majority of the educational coordinators involved in the research (79%): *'I can see how preschools become the first testing ground for social inclusion. Parents suffer a serious setback in terms of their social relations, they risk shutting themselves away, hiding their child's condition. This is a kind of genuine grief which leads them to withdraw into themselves. In this educational context, being able to frequent others through school returns them to the social path'*.

Preschool teachers (83%) strongly underlined the need to build trusting relationships with families, based on empathy with the parents. Through the interviews we highlighted that more than half of teachers (69%) insists on the fundamental role of families in the *success of the inclusion strategy* for children with disabilities of migrants, so a relationship based on trust is an element that makes the *process easier*. This relationship is differently structured at different school levels and requires a strong awareness among teachers of their own role and duties towards the students' families. The school and its teachers represent the point of contact with the health system; teachers are the *first guide* to the complex Italian welfare system. The trust built up by schools is a very important element in the *care* of children with disabilities: family and the school community cooperate to ensure the children's *well-being* and work together in a coherent educational process. We learn that migrant families with children with disabilities need a point of reference in order to access health services, as these are quite difficult to approach because of the complex bureaucracy. When migrant families find this point of reference in their children's schools, schools play an important role in their children's education, and families place their children's care in the hands of teachers and schools.

At the end, concerning the inclusion of children with disability of migrant families and the *possibilities* for successful inclusion processes, some common elements emerge from the testimonials offered by teachers involved in the research: 65% of them stated that the continuity of the referred educational figures is very important for inclusion process. Supply teachers and the turnover of support teachers negatively impact the inclusion process and the projects developed for children with disabilities of migrant families. A high percentage of teachers (73%) stated that team

work is also an element for the success of children with disabilities of migrant families. Support teachers should be considered as additional resources for the whole class, without significant differences between the class teacher and the support teacher in the management of the pupil with disabilities and in the co-responsibility for their educational path.

Conclusion

The scale of the Migration phenomenon and its impact on the education, social and healthcare systems of the host countries undoubtedly gives rise to new organizational, social and cultural issues. These however should not be perceived and interpreted “emotionally”, i.e. poorly supported by realistic knowledge of the actual situation. A perspective that views and defines children with disabilities of migrant families as a problem *a priori* also risks hiding the inherent potential of inclusion processes which can contribute to socio-relational and cognitive-rational progress and development at both individual and group level. The migration phenomenon can no longer be read as an emergency, but needs to be faced more structurally through a multi-dimensional approach which is closely linked to a common education project shared by all stakeholders in the lives of children with disabilities of migrant families (Caldin, 2013). Indeed, as stated above, in the past few years, education workers have perceived an increase in the number of children with disabilities of migrant families, and currently the actual extent of this increase is being measured using structured and systemic methods.

Considering the barriers to well-being, we noticed that the issue of disability is barely mentioned by migrant families. This leads us to state that the precedence of a children with disability in the family was not considered an obstacle itself, but the principles obstacles are in the environment. This brings us to infer that migrant families realized that *disability* is not the real impediment itself, but it is *socially produced* (Oliver, 1996). Moreover, the data relating to the *social vulnerability* (poor relationships, lack of social and informal networks etc.) demonstrate the lack of adequate and accessible social opportunities in the ordinary context, even in response of basic needs (socialization, leisure, belonging). Isolation particularly affects mothers (in many cases young women): they often do not speak any Italian and need to be accompanied everywhere by their husbands. We noticed that some families try to bring their relatives to Italy to help care for the child with disabilities, but when this happens, the

family has to cope with the economic difficulties of supporting another “unproductive” family member (Mortenson & Olivier Relin, 2009).

It seems clear that the network in which the families live is a *powerful element* that influences the inclusion process: for this reason, supporting migrant families in a clinical dimension no longer represents a *fully adequate response* to the needs of families, instead we must promote a participatory logic of common educational actions and interventions aiming to create opportunities for *growth in ordinary, everyday and real dimensions*. It is indispensable to provide *inclusive services* for early childhood which meet both the *common* and *diversified* needs of *all* families. Support to parenthood should take place in the spaces of *all* (nursery and kindergarten) to underline the *commonalities* of the educational issues of the families of today, as well as the challenges facing families in educating. The current increasing demand for support to parenthood shows that we must start to break down the borders of the care: this means that it is no longer enough for the system of educational and social services to take on board only the so-called “difficult”, “multi-problematic” parents, but that it is becoming indispensable – with a view to *preventive education* – to promote *well-being* in all families (Milani, 2002).

As a matter of fact, educational services and schools play the main role in determining the success of the inclusion process. They represent the better environment for children with disabilities and for the families too. The parents entrust their children to the teachers and all school staff, and a relationship is established with schools which in many cases flows into the perception of schools as a way for *access to all the other services* (Sabatino, 2008; Favaro & Demetrio, 2004).

Based on these observations and reflecting on the conditions and problems lived by *migrant families*, any potential social and educational action to *promote inclusion* should consider to: a) implementing and supporting development areas together with ‘self-help/mutual-aid’ parental groups (mixed groups, with or without Italian citizenship and with or without children with disabilities); b) implementing and strengthening *home care services* for families with children with disabilities in order to reduce the burden of family management, improve communication with institutions and local services, provide guidance and enable better use of the available resources; c) proposing and managing the involvement of ethnic associations that are widely representative of the different nationalities present in the community with respect to issues relating to disability and inclusion processes. It becomes indispensable to discuss the possible aims of inclusion and integration, considered and implemented by immigrant associations; d) improving the level of staff training and

specialisation and the possibility of using professional mediators who are also trained in the field of disability (Caldin, 2012; 2014).

At the end, we state that it would be important promoting and actively supporting all the legislative changes which promote the reunification of families for the purpose of caring for children with disabilities; the possibility of reuniting family members (not only close relatives) in consideration of a person with disabilities within the migrant family needs to be extended. “Reasons of disability support” may be valid grounds for applying for and obtaining a legal residence permit for a family member from the home country to assist families with a member with disabilities, whether a minor or adult.

The introduction of a provision in immigration legislation which considers both disability and family reunification in combination would be a great human and civil gesture, as well as an act of equity and justice (Caldin, 2011).

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