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The Evolution of The Concept of Disability: Social and Educational Inclusion

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Abstract

The historical path of disability and the concept of disabled person have undergone changes over time.
The historical excursus reports how disability was considered in ancient times as a defect to be corrected and over time has instead become an object of attention and a challenge to create a more inclusive world.
The change in the concept of disability is, first and foremost, a cultural process that impacts on the very term disability and how society treats disabled people.
This has repercussions on the level of social service, with the inevitable progressive expansion of rights and services dedicated to this category of users and which has given rise to a long process of legislative evolution at international level.
This review examines how the evolution of disability and educational inclusion, have emerged along with their current status

Keywords: *inclusive education, child with special needs, special education, inclusive education concept, law disability.*

Introduction

At national level, there have been numerous conferences, initiatives and European conventions on the subject and have promoted greater knowledge and awareness of the issue but also allowed the emergence of precise legislation to protect disability.

To trace the path taken, it is necessary to retrace the roots of the concepts of disability and inclusion that, when they coexist, guarantee children with disabilities the same constitutional rights as all others, through the promotion of an inclusive school, which equips all its students with the tools to face adult life, whose primary objective is the social promotion of minors, acting as a real social elevator.

Furthermore, it should not be overlooked that school inclusion benefits non-disabled children by helping them to develop empathy, understanding and respect for people with disabilities, becoming more responsible and respectful citizens of diversity.

Evolution of the concept of inclusion and cultural disability models.

In Italy the term "inclusion" is often used erroneously, as a synonym of the word "integration". The concept of inclusion follows the «biopsychosocial» model (1) (WHO, 2004, p. 7), according to which disability is the result of a complex interaction of personal and environmental factors.
Thus, aligning with the definitions in the UN Convention on the Rights of Persons with Disabilities. The first model we will consider is the «medical model» [1].

This model is based on the International Classification of Impairments, Disabilities and Handicaps (ICIDH), a classification of disability whose key elements are:
a) The disorder, that is the condition of abnormality which characterizes the individual and which manifests itself through signs and symptoms;
a. Impairment, that is the loss of physical or mental functions, which manifests itself in the externalization of the disorder;
b. Disability, understood as any limitation in the ability to act following a disability and as personal disadvantage;
c. Disability, that is the social disadvantage resulting from impairment or disability.

According to the World Health Organisation (WHO), the medical model «sees disability as a problem of the person, directly caused by illness, trauma or other health conditions» [1].

The model follows a one-way approach which attributes responsibility for the disadvantage to the disabled person: the disorder, an intrinsic and often assumed character, leads to impairment, an objective and externalised character which results in personal disadvantage (disability) and social (handicap).

The direct consequence of unidirectionality is an amending approach towards disabled people, consisting in the attempt to remove, cancel or cure the disability. In this model «Disability management aims at [...] care or adaptation [...] by the individual and behavioural change» [1].

This is not always possible and allows for a "residual", that is to say, accepts that the non-amendable part of the disabled population is marginalised, hidden, in line with the segregation trends typical of the differential school paths and totalizing initiatives preceding the Basaglia Law [2].

According to this model, the disabled person is relegated to a passive condition: that of sick, disabled or incapacitated, recipient of care and economic transfers. Some characteristics of the medical model, including the culpabilization of the individual and the direct connection between disability and deficit/ disorder, have led to criticism of the model and a paradigm shift.

The criticism, raised by associations for the protection of the rights of disabled people, in particular by the Union of the Physically Impaired Against Segregation (UPIAS) leads to the abandonment of the medical model in favor of the "social model" [1.]

The latter is understood as a social construct arising from society's failure to provide services suitable for meeting the needs of disabled people.

The perspective is based on the concepts of impairment, understood as the presence of a defective limb or body mechanism, and disability, understood as the disadvantage arising from poor social organization, which does not take into account the needs of disabled people, by excluding them from full participation in society, the WHO «sees the issue primarily as a problem created by society» [1].

This perspective, moving away from assistentialist and institutionalizing orientations, is oriented towards a social assistance scheme which leads to an even more evolved concept of disability, definable as a "just middle" between medical and social model: the biopsychosocial model.

In the biopsychosocial model, the main word is inclusion, the person is understood as a whole and the diagnosis is given by the interaction between biological, psychological and social factors. The state of health is connected to psychosocial factors, therefore by the combination between social, emotional and cognitive state of the person, which extends its sphere of interactions towards professionals and services, placed in an integrated multiprofessional support network.

In line with the direction set by Law 328/2000 [3] a cornerstone of social service and an integrated approach. The necessary presence of various subjects, with different qualifications and skills, interacting with each other and with the person with disability, this requires a shared language that can describe health and related conditions, Fostering mutual understanding and collaboration to promote the empowerment of the individual. In this regard, it should be said that within the biopsychosocial model a new classification takes shape: the International Classification of Functioning, Disability and Health (ICF) [4].

The ICF classification is developed by the World Health Organization and has been adopted by 191 countries as an international standard for measuring and classifying disability. Italy is part of the group of 65 states that contributed to its creation, driven by the ICIDH review process, which is the fundamental element of the medical-amending approach.

The ICF is the result of attempts at integration and mediation at various levels between the medical and social perspectives of disability concepts, and can be used as an operational and analytical tool in many disciplines and different sectors.

The information encoded by ICF returns a description of human functioning and its restrictions, related to different contextual factors and divided into two parts: the first one related to functioning and disability, the second one to context factors.

It should be noted that the ICF classification helps to describe predominantly human functioning in relation to life contexts, supporting a positive narrative of disability understood as an interaction between health status and a number of other factors. In a complementary perspective to the ICF classification, the WHO adopts the classification called International Statistical Classification of Diseases and Related Health Problems (ICD-10), which is clearly unbalanced in the description of the causes of disability. The ICD is the instrument adopted for the international classification of diseases and related problems which are described in 22 chapters, each relating to types of problems which are similar and uniquely defined by an alphanumeric code. In this path of evolution, the models of conception of disability have led to a terminology, classifications and shared modes in the world of disability, moving from exclusion to integration, inclusion [5].

The major development consists in the difference of the ICDH model, in the ICF model disability is understood not as a factor in itself, but as a consequence, that is a result of the complex interaction between health, Personal and environmental factors that characterize and define the circumstances in which the person lives.

This concept is taken up and clarified in the UN Convention on the Rights of Persons with Disabilities of 2006, which recognizes disability as a «the result of interaction between people with disabilities and behavioural and environmental barriers, which prevent their full and effective participation in society on an equal basis with others» [6].

In 1993, the UN General Assembly adopted the "Standard Rules for the Equality of Opportunities for People with Disabilities". This document contains provisions to enable equal participation of all citizens in social life. Given its non-binding nature, this document has established itself on the level of the "declaration of intent" which it is up to the States to assess whether and how to apply it internally by giving concrete form to the principles affirmed. The main moment of this journey is the Declaration of Salamanca (1994) adopted by UNESCO, specialized agency of the UN for Education, Science and Culture [7].

This document represents one of the first internationally shared institutional steps for disability, in particular for school-related disability. The document is affirmed as a manifesto of inclusive school. It first recognizes and places importance on special educational needs rather than disability, proposing a change of perspective.

The representatives of the 92 governments and 25 international organizations that produced the Declaration, recall the right of all to education (already enshrined in the 1948 Universal Declaration of Human Rights) and «with the hope that the spirit of its provisions and exhortations will guide governments and organizations» proclaim that: (1) education is a fundamental right of every person; (2) each person is an individual with unique characteristics and needs; (3) Education systems must be structured to take account of this great diversity and (4) «people with special educational needs should have access to the normal schools which must integrate them» [7].

The Salamanca Declaration also calls and urges all governments to «adopt, as a law or policy, the principle of inclusive education» [7], understood as a course of action or process aimed at guaranteeing the right to education for all, regardless of the diversity that may arise from a disability, economic or cultural disadvantage.

The attention given by the Declaration to the concept of "special educational need" emphasizes not a limit or deficiency in the person, but the need and diversity.

The Declaration states that diversity is a character of each one of us and must no longer be elevated by reason of limitation of rights.

In closing, the Declaration focuses on teacher training for special educational needs: a first reference to what will become an obligation to train and update teachers.

On 3 December 2001, the Council of the European Union had proclaimed 2003 as "European Year of People with Disabilities", indicating that the objective of the initiative was to raise awareness about integration and non-discrimination.

In 2002, another important development in international law took place in Madrid, under the impetus of the Spanish Presidency and the Commission of the European Union, a European conference on non-discrimination and positive action for people with disabilities is held, the conference closing with a presentation to participants (representatives of national governments, social partners, European institutions and the world of disability) the Madrid Declaration on the Social Inclusion of People with Disabilities.

The Madrid Declaration shows a clear willingness on the part of people with disabilities to produce a change in attitudes towards disability. To achieve this and other objectives not mentioned here, the Declaration suggests specific actions to be taken in terms of formal law, attitudes and services, with priority given to support for families.

The latter is in fact recognized «a fundamental role in the education and social integration of disabled people, and especially in the case of disabled children [...] unable to represent themselves» [8].

The UN Convention on the Rights of Persons with Disabilities and the European Disability Strategy (2010-2020).

The UN Convention on the Rights of Persons with Disabilities was adopted by the General Assembly on 13 December 2006 and represents a milestone for the international community because, for the first time, it will have a supranational and binding legal instrument on disability. It is also the first human rights agreement of the 21st century and, while specifically addressing the rights of people with disabilities, does not just introduce specific or differentiated rights, rather, it is about achieving equality of rights and opportunities between disabled people and non-disabled people.

The document consists of a preamble and 50 articles which, based on the principle of combating all forms of discrimination based on disability, touch fundamental themes such as: the right to life (art. 10), equal recognition before the law (art. 12), access to justice (art. 13), the right to liberty and security of person (art. 14), the right not to be subjected to torture, cruel, inhuman or degrading treatment or punishment (art. 15).

Along the same lines, it affirms the right not to be subjected to exploitation (art. 16), physical integrity (art. 17), freedom of movement (art. 18), independent life and inclusion in society (art. 19).

Relevant to this paper is Article 24, by which the States Parties recognize the right of persons with disabilities to education.
To this end, they commit themselves to ensuring an inclusive education system at all levels, while guaranteeing life-long learning initiatives. Paragraph 2 of the said article defines the elements that the acceding States must ensure in the implementation of the right to education, specifying that persons with disabilities should not be excluded from the general school system, but must be included in primary and secondary education, compulsory and free; (art. 24 c. 2 lett. c) and they must be provided with a "reasonable accommodation"2 according to the needs of the person and (art. 24 c. 2 lett. e) personalised support, which is necessary for effective education and full integration.

The first part of the Convention clarifies that the purpose is to «protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities, and promote respect for their inherent dignity» (6c.1).
In the preamble, a definition of non-stigmatizing disability is shared, aligned with the biopsychosocial model.

It is recognised that «disability is an evolving concept and that [...] is the result of interaction between people with disabilities and behavioural and environmental barriers, which prevent their full and effective participation in society on an equal basis with others», to independent life and inclusion in society (art.19) [6].

The UN Convention in question defines reasonable accommodation as «amendments and adaptations [...], to ensure that persons with disabilities enjoy and exercise all human rights and fundamental freedoms on an equal basis with others» (art. 2) and refers in particular to changes that are necessary in the school or work environment.

This definition opens the perspective that it is everyone’s responsibility to create the conditions and opportunities for each individual to express their own functioning, breaking down those behavioural barriers, the attitudes and environments with which interaction can lead to disability [6]. The Convention was ratified by Italy in 2009 with Law 18/2009 (8).

The European Strategy aims to «promote inclusive education and lifelong learning for disabled pupils and students» (European Commission, 2010) [8] and specifies that: «children with severe disabilities face difficulties and sometimes segregation in access to general education» [8], highlighting the importance of appropriate inclusion in general schools, and the benefit of individual support for these students, the document concludes by highlighting Europe’s ageing population.

This is a relevant aspect because disability, unlike the past, is not only an assumed character but acquired with age, whose advancement makes the expression of needs related to disability and lack of self-sufficiency increasingly evident.

The international sources presented seem to be in agreement that the rights of people with disabilities are human rights and that the importance of attendance of disabled pupils in general schools is emphasized. In relation to the latter, it should be said that the practice of school integration of pupils with disabilities, that is their attendance on common paths, is now a reality throughout Europe.

The Union has progressively aligned itself with the priorities defined in the supranational sources. The only exception is that of Germany, which provides for a differentiated school system, in which there are «special schools based on the type of disability: sensory, language, physical- motor, mental development or emotional development» [9].

In this model, at the end of each school year, special schools are «obliged to examine whether attendance is still necessary or whether the child can attend ordinary school» creating a bridge between general and special education [9].

As regards the situation in other European states, the European Agency for the Development of Education for Disabled Students in collaboration with the Italian Ministry of Education (MIUR), in 2004, had photographed the progress of the integration of disabled students in Europe into ordinary classes, documenting a highly differentiated situation on a national basis that has only recently been recomposed [10].

The Italian path: from exclusion to integration and inclusion

Italy, at the beginning of the '900, was not equipped with specific rules for students with disabilities. The country was indeed facing the new century with a school legislation dating back to 1859, prior to the Unification of Italy and extended, in the process of "piemontization", the entire peninsula.

This legislation, issued by Royal Decree n. 3725 of 1859, and famous as Legge Casati, redesigned the structure of the whole Italian school system and, first, introduced compulsory schooling until 8 years of age [11].

The legislative enactments following the Casati Law do not deal with the education of children with disabilities. It will be necessary to wait for the Gentile Reform, that is a series of measures taken from 1922 to 1923, to find the first references to disabled children. This reform, which takes its name from its promoter Giovanni Gentile, Minister of Education in this very early phase of the Twentieth Century, completely redesigns the pre-unitary project. It mentions deaf and blind children for the first time in its work to extend compulsory schooling to 14 years.

In Chapter II "The education of the blind and deaf", art. 5 of the Royal Decree n. 3126 of 1923, extends the school obligation to «blind and deaf who do not present other abnormalities that prevent them from complying». It is from this moment that the education of disabled children also begins to be freed from private initiative, especially if in conditions of poverty and marginality, has been left to private initiative which is often matched by the initiative of individual religious bodies. It is also made reference to the fact that the avocation of primary school by the Italian state takes place in 1933 with R.D. of 1 July n. 786, adopted marks a phase of recognition of the existence of disabled children and their obligation to education, At the same time, it marks a clear separation between the general school population and the disabled. In fact, during this period the "special schools" began to arise, «attended mostly [...] by pupils able to return daily to their families» and the "special institutes", with residential character. Within the common schools, "differential classes" were provided and reserved «only for pupils with problems considered mild or transient (mostly attributable to socio-cultural factors)» [12].

This segregative phase lasted until the 1970s, and produced a parallel «system of taking charge of the right to education even for "abnormal" children» [12], which showed all its fragility, hoping for alternative hypotheses to segregation. Further references to minors with disabilities date back to the Royal Decree n. 1297 of 1928 "General Regulation on primary education services", which in art. 415 prescribes, in the case of permanent indiscipline of the student in the general school, his departure towards the differential classes. This paragraph suggests a particular way of using the differential routes that, in addition to receiving objectively disabled minors.

It welcomed those children too undisciplined, therefore unwanted in the general routes.

The first law which moves in the opposite direction to separation is Law 118/1971, fundamental because it aligns the modalities of inclusion of disabled people in school with the international objectives previously mentioned. The law states that the compulsory education of disabled persons must take place in public schools, within common classes. Art. 28 provides that compulsory education takes place in «normal» classes of public school, except in cases where subjects are affected by «serious intellectual or physical impairments of such a severity as to prevent or make it very difficult to learn or to be included in the above-mentioned normal classes». This law marks the beginning of the phase of integration of pupils with disabilities in Italy, but introduces a wide possibility of derogation.

The standard does not make any reference to special educational support or forms of teaching for these children. At this stage, the disabled child entering the ordinary classes must adapt to them [12].

The results of the 1975 Falcucci Commission, which was charged with investigating the problems of «disabled pupils» in schools, are of great interest for the path taken by disabled children in Italian schools. The concluding report hypothesizes a change of paradigm in the education system, because «overcoming any form of marginalization of the disabled passes through a new way of conceiving and implementing school». This document specifies that the attendance of common schools by disabled children «does not imply the achievement of common minimum cultural goals [...], overcoming the rigid concept of the grade or report card» [13].

The Falcucci Commission reworks the concept of learning, and does so in a way that it can broaden its boundaries to accommodate all students. The new concept of learning includes not only «levels of logical-abstract intelligence», but also considers «sensory-motor and practical intelligence and [...] socialisation processes» [13], fundamental to the development of personality. In fact, the «conceptual nucleus on which the "Italian way to integration" is based consists of the hypothesis that between socialization, rehabilitation and learning there exists an inseparable link» [12].

This opening up of the school system to disabled people, which was enshrined in Law 118/1971 and the conclusions of the Falcucci Commission, is followed by Law 517/1977, which goes beyond the approach of the previous legislation, Eliminating the wide possibility of exemption from compulsory schooling on the basis of the severity or type of disability of the child [13].

These initiatives have the merit of opening up public education to disabled pupils. It must be noted, however, that the provisions of Laws 118 and 517 did not immediately generate the desired process of integration which had inspired the legislator» [12].

For this it will be necessary to wait for the Circular n. 258 of 1985 which has as object the action of support in favor of «pupils with disabilities».

The circular specifies that the learning difficulty linked to a disability cannot constitute an obstacle to the exercise of the right-duty to education. Therefore, thanks to it, «the philosophy of education that had served as a background for the "wild insertion" phase was changed» [12].

This led to the change of paradigm that was called by the Falcucci Commission and which is already found in the first lines of the circular, where it is stated that, from the point of view of the educational action that the school must carry out.

The analysis and knowledge of the disabled person's potential and educational needs is more relevant than the classification of the type of disability.

The arrival of the school integration model in Italy follows chronologically the fundamental understanding of the specific role that schools must have towards pupils. It has the task and responsibility of promoting development and allowing social, cultural and civil maturation. This responsibility cannot be limited to a few pupils, but must be extended to all, without distinction between pupils with or without disabilities.

These initiatives have the merit of having opened up public education to the Italian route: Law 104/1992. The cornerstone of Italian disability law is Law 104/1992. It is fundamental because it affects all areas of the person's life, including school and social integration/inclusion. Until now, the introduction of regulations for disabled people has always been disorganized, precisely because they are the result of an evolutionary process. Law 104/1992 [14] takes up the specific areas of all the previous rules, defining a framework law for assistance, social integration and the rights of disabled people. The key points introduced or rearranged by law are:

- the possibility for disabled people to benefit from tax relief and home care services;
- promoting accessibility and the removal of architectural barriers;
- the obligation for companies to reserve a proportion of jobs for disabled people;
- the creation of day centres and residential facilities for disabled people;
- Promoting school inclusion and support measures for people with disabilities in education.

Law 104/1992 is an important instrument for the protection and promotion of the rights of disabled people and their integration into society.

The aim of the law is to promote the full integration of disabled people into society and ensure their full enjoyment of their rights. It aims to promote the autonomy of disabled people, includes measures in support of them and enshrines the right of disabled people to education and training by promoting school inclusion and school support measures.

It also provides for the coordinated programming of educational, health, social welfare, cultural, recreational and sports services, with the aim of creating a network of services around the person who can support him in his evolutionary path. Recognition of disability is necessary for access to services and transfers required by law. It is carried out by means of the procedure for the assessment of disability, provided for and defined by art. 4 of Law 104/92.

It is expected that the assessments of disability, difficulties and the need for assistance will be carried out by local health units through medical commissions integrated by a social worker. The purpose of the disability assessment procedure is to assess the situation of the disabled person and identify the most appropriate support measures to ensure their social integration. Once the disability assessment procedure has been completed, the disabled person, in particular the child with a disability, has access to the benefits guaranteed by articles. 12 and 13 of Law 104/92.

Article 12 guarantees the right to education and training of disabled people, guaranteeing their inclusion in childhood (0-3 years) and in nursery schools and ordinary classes of all orders and grades.

This introduction is in line with the goal of school integration, namely the development of the potential of disabled people in learning, communication, relationships and socialisation; specifying that this right cannot be impeded by learning difficulties or other disability-related difficulties.

Art. 13, also on school integration, provides for local authorities to provide assistance in the autonomy and personal communication of pupils with physical or sensory disabilities and ensure support activities through the assignment of specialist staff and support teachers who participate in the Educational and didactic programming.
Law 104/1992 represents a turning point in the Italian legislation on disability in general and specifically on disability in school settings.

It collects and integrates the legislative interventions following the Law 517/77, becoming the normative reference for the social and educational integration of people with disabilities. It is also the first time that a whole-of-a-kind piece of legislation has been introduced on this subject. It identifies and assigns to specific actors precise tasks within a clear inclusion process, which starts from the certification of disability, goes through family support, reaches socio-educational integration and moves towards socio-educational integration working for an independent life.

To this end, the law also identifies the tools indispensable for this process, namely the Working Profile (PDF) and the Individualized Educational Project (EIP), which will be further developed and which, thanks to their anchoring to the ICF perspective, Allow all subjects orbiting the child, young disabled adult and disabled adult to share a common language and a common goal [12].

Services for the disabled school population.
The scale of the phenomenon of disabled pupils in Italian schools has been defined, and it is necessary to understand how the legislation presented is applied in practice, that is, in the three "systems" of subjects and services that most interest the disabled child in his evolutionary path: the "school system", the "health system" and the "social system".

There are many services that revolve around disability and their responses are differentiated according to the individual disability situation, with a view to personalisation and taking care of the entire family.
These may include:

- Educational services: personalised teaching programmes, mobility aids, communication assistance, support for daily activities;
- Health services: medical and psychiatric assessments, physical and occupational therapies, psychological support;
- social services: assistance with housing, transport, social integration, support for daily activities;
- Family services: financial support, counselling and training for parents and other family members, as well as support in caring for siblings;
- Technology support services: communication, movement and mobility aids;
- Legal support services: assistance in understanding disability laws and regulations, support for the resolution of disability-related problems;
- employment support services: vocational training, traineeships, job placement support;
- social integration support services: recreational activities, voluntary work programmes, social competence development programmes.

In the Italian context, three major systems can be distinguished which, regardless of the type of disability and family situation, are legally interacting with each other to produce and support social inclusion initiatives, education and work.
The first system is school, the "school system" includes teachers, curricular and support staff, and all subjects present in the Italian school.

A second system is the "health system", represented by the health component, that is to say the whole of the professionals, such as children's neuropsychiaters, health care services and rehabilitation services with which the disabled person comes into contact. A third system is the "social system", represented by the social component. It consists of professionals such as social workers, professional educators and personal assistants, who are classified differently from region to region.

These services, which are the responsibility of the local authority, can be provided by municipalities or delegated to health companies or even outsourced. These systems operate independently of each other, joining the GLO, a multidisciplinary team called to the EIP for each disabled pupil.

The assignment of a support teacher is one of the rights guaranteed by the current legislation. This is a specialist teacher who is assigned to the class of the disabled pupil to help them integrate. Figure 7 shows a historical series which takes into account the number of pupils with disabilities compared to the available supporting chairs in state schools.

From the 2009-2010 school year, there is a downward trend, bringing the value of 2.09 pupils with disabilities per chair in 2009-2010 to 1.5 disabled pupils per chair in 2020-2021.

The decreasing trend shows a greater attention to the issue of inclusion in school and this is positive in light of the recommendations of Law 244/2007, which provided as an acceptable value that of one teacher support every two disabled pupils [15].

The historical framing of disability in the legislation on inclusion and rights reported so far, from 2025, will completely revolutionize the normative reference scenario through which, until today, people with disabilities have been protected.

The Council of Ministers approved on 3 November 2023, in preliminary examination, two legislative decrees implementing the law 22 December 2021, No. 227, by which the Parliament had delegated the Government to review and reorganise the current provisions on disability in order to guarantee disabled people recognition of their status and their civil and social rights, including the right to independent living and full social and occupational inclusion, while respecting the principles of self-determination and non-discrimination.

These decrees introduce important changes in the legislation on disability in Italy. The first decree concerns the definition of the condition of disability, the basic assessment, reasonable accommodation and multidimensional assessment for the elaboration of the personalized and participated individual life project [16].

Conclusions

The social and educational inclusion of disabled people in Italy has made a long historical journey and has been increasingly established at European and global level, although it does not have a homogeneous implementation in different countries. Italy was one of the first nations in the world to fully integrate disabled people into the school system, thus creating a model appreciated on the international scene.

The integration of education in our country has been intertwined with the history of which has been characterized from the beginning by a strong centralism and which is now still looking for a concrete and clear way to realize the principle of subsidiarity enshrined in the Constitution, in order to put the human person at the center. In this context, the integration of education in Italy has been strongly influenced by the bio-medical vision of disability and the curriculum paradigm, even if the awareness of the importance of changing from a vision of the disabled person influenced by the epistemology of harm has gradually spread, which has led to classify and distinguish subjects that diverged from the "norm", to a vision inspired by the epistemology of functionality in the perspective of the most recent WHO classification (ICF - 2001), which has led to give weight to personal resources instead of leveraging on residual capacities.

All this meant entering into the perspective of valuing the differences of all people and thinking according to a logic of "specific" interventions, linked to personal characteristics, but not "special", that is, based on a category. Today the challenge in schools is to be able to make differences in order to value the full development of the person, so as to give space to his or her abilities.

And this does not only concern disabled people present in a school, but all the students protagonists in class of a truly personalized path.

It is not only the integration of disabled students that is at stake. It would be desirable to talk about integration, inclusion and valorization of the personal differences of each. The ICF and personalization in this framework are significant paradigms that can guarantee the full development of the human person, as our Constitution wants, because in their light personal differences are not a problem, but they are an asset. If you want social and educational inclusion to keep pace with the times.

It is necessary to take into account the evolution of the concept of disability according to the WHO theorizations and not to disperse the conceptual richness offered by the various approaches to disability that have been proposed on the world scene.

Inclusion must be one of many forms of integration that can take advantage of the differences of each individual. Certainly, as the Italian laws indicate, for certified disabled pupils it will be necessary to use some specific "tools", such as the Functional Diagnosis, the Dynamic Functional Profile and the Individualized Educational Plan.

They should not, however, be seen as an opportunity to enshrine the diversity of the disabled person in a supposed norm, that is, with "different" objectives linked to certified people and therefore not "normal", with "special" figures (health specialists) at the centre and with "extra" teachers (the support teachers).

They must be used in a perspective of personal development, that is not calibrated on disciplinary objectives but on the development and manifestation of competences.

To deal with both the task situations set by teachers in schools and the various problems of life. They should also be the occasion for a broader role, involving all actors: students and their families, all teachers in a class, school leaders, health and social professionals. Especially when using these "tools" should permanently end the delegation to the support teacher.

Making a difference, promoting inclusion, are all aspects that require the willingness of school staff to be protagonists in a massive training course, which certainly cannot be achieved without providing for the availability of large resources, Economic as well. Obviously, it will not be possible to guarantee the integrations of all, and therefore we run the risk of remaining in a logic that sees integration as an opportunity only for some disabled people.

If the school system itself will not really be able to put everyone in a position to live personalized training paths.
The principles of vertical and horizontal subsidiarity, enshrined in the Constitution, should guarantee that all people are placed in a position to exercise their freedom and responsibility to the best of their ability.

Personalization could really guarantee the personal development of each and the exploitation of differences. This road, however, seems at the moment a path that the Italian school does not want to take. Waiting for the school system to be a truly suitable conceptual and organizational framework for valuing personal differences and thus guaranteeing integration for all.

The autonomous schools have in any case the possibility of not scattering everything that has been designed.
In the expectation that the school and social system can be a truly conceptual and organizational framework suitable for valuing personal differences and thus to guarantee inclusion, which has been achieved with great difficulty in the historical path.

Good practices exist, although some aspects which are a stimulus for reflection and an urgent call for improvement should not be hidden, attention must be paid to them and they must be evaluated in the future, what the new disability reform, L.227, will do for us.

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