Carina Rossa*

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The History of Special Education

ABSTRACT

Practices of exclusion towards deviance based on prejudices or ideologies have been present in every age and in every cultural context, often taking the stigmatization process.

Recently UNESCO in 2015 released its latest report indicating that despite the efforts of governments, civil society and the international communities, the Education for All was not yet a reality in the world. The poor, people with mental or physical disabilities, children with learning disabilities "are not in a position" to grow and develop as the others.

In particular as regards students with Special Educational Needs, to still a challenge to find a teaching that is "common denominator" for all students without leaving anyone out is still a "inclusive" rather than a "special" that favours the relationship within whole class and relationships outside it.

KEYWORDS: Inclusion, Education for all, Physical disabilities, Relationship, Quality education

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* Correspondence regarding the paper should be sent to: Carina Rossa, Scuola di Alta Formazione EIS – Università LUMSA di Roma, Italy, e-mail: carinarossa@gmail.com

THE INCLUSION: THE BRIEF HISTORY

Practices of exclusion towards deviance based on prejudices or ideologies have been present in every age and in every cultural context, often taking the stigmatization process.

In the book *The Republic* Plato's was mentioned for the first time the "rational human herd", understood as an instrument of power in the hands of the state, need to philosophers to perpetuate their virtues:

> "It is fitting that the best men to mate with the best women as often as possible and that,
> on the contrary, the worst unite with the worst, unless you can;
> and if you want the flock to be truly born of race they must be bred from the first;
> but not to those of others". (Platone 2007)

Platon can be considered the precursor of the eugenics movement that proposes reflections on the relationship between beauty and virtue and human progress. He stated that the task of justice and medicine was treating the healthy people in body and in spirit: "As for those who are not, the doctors let die those who are physically ill" (Platone 2007). Later, Aristotle, his disciple, the work policy, argued the need for a law that would prevent the deformed babies to survive as useless to the state, saying: "As for the exhibition and breeding of puppies born is the law not to raise any deformed child." (Aristotele 1990, 1336b)

Even in the Jewish tradition, especially in the Old Testament it refers to practices that precluded to people with some kind of disability. The Lord said to Moses: "Speak to Aaron and say to him in future generations none of your descendants who has a blemish will approach to offer the bread of his God; because no man who has a blemish shall not approach: a blind man, or the lame, or one who has a deformity by default or by excess "*(Leviticus,* 21.16 to 20).

At the time of Jesus, disabilities and mental illness were considered a consequence of sin. Jesus' teachings were innovative with respect to those of traditional Jewish, as the impairment of individual were taken as admonitions for all the believers to carry out good deeds.

Jesus, however, denounced every form of inequality and invited the communities to exercise charity towards the needy, whether they were poor, sick or crippled.

According Canevaro (Canevaro, Gousset 2000), the action of Jesus can be considered one of the first therapeutic and educational interventions towards people with disabilities, because it does not reduce the person to the only deficit that manifests itself and restores the confidence of the community against the individual "sick".

The obligation of Christian charity led to take charge of the disabled.

In the 12th century he leper colonies, where the lepers were assisted in quarantined, began to developed. This confinement was the first stage of institutionalization.

From the 13th century onwards, people with disabilities were relegated to the primordial hospitals, run by the monastic community and the Church.

In London, St. Mary Bethlehem (Bethlehem Hospital) known as Bedlam was one of the first lunatic hospital, infamous for the brutal and inhumane treatment of for patients. Similar structures were born in Paris. The physical and mental disabled were detained in 2 hospitals which were very famous throughout France: Salpêtrière and Bicêtre (Pesci & Pesci 2005).

Much of the European population develops a growing curiosity about mental illness, so much so that some facilities became the site for the "monstrosity": Londoners could visit the hospital

Bedlam and observe the bizarre behaviour of patients locked up in cages like circus animals.

In the 18th century, Denis Diderot (1713-1784) questioned the classifications that distinguish the pathological from the normal. The "monsters", according to Diderot, are the symbol of the power of the nature and offer proof that the natural order of things is not perfect. In his works *"Letter on the blind to use those who see"* (1749) and *"Letter on deaf to use by those who hear and speak"* (1751), the author stated that the plurality and the heterogeneity were based on the natural organization. There are no norm, identity or physiognomy but there are a lot of complex, heterogeneous natural phenomena as a result of a combination of various elements.

In summer 1798 an eleven years old boy who grew up in solitude on an Aveyronian forest. The "wild" was the subject of numerous studies and drew attention to the curious including doctors and zoologists, who came from all over Europe to visit him. The boy was described as having a simian-like face incapable of speaking and of understanding, being scarred all over his body, walking on all fours and having an inclination to climb trees.

Philippe Pinel (1745-1826) director of the Salpêtrière hospital in Paris, who often locked himself up whit all kinds of patients, took interested in the case. He noticed the "wild" showed the clinical signs comparable to those of his patients who suffered "congenital idiocy". According to Pinel, the organic deficiency was so severe that any educational activities were to be ruled out.

Jean Marc Gaspard Itard (1775-1838), a pupil of Pinel, came to take care of the "wild" in Summer 1800 giving him a name of Victor and giving it a beginning of civil and social identity. Itard would not accept the diagnosis of Pinel, preferred to start from the hypothesis that Victor was suffering from serious mental retardation, both on the cognitive and emotional level, because of the isolation and prolonged social conditions of abandonment in which he grew up.

He was the first to argue that man's life is primarily a social life, stressing that the lack of adequate socialization can create a handicap. According Itard, only social action allows humanity to survive and the individual out of the social context is not conceivable. On the basis of these theoretical assumptions, he starts his educational intervention against Victor, by inserting it back into social life, trying to stimulate and teach the use of the word.

This episode introduces a new image of the disabled in history that of the "wild" to be educated. The taking in charge of Victor generated a unique approach thus far, in which an attempt to normalize the abnormality through education (Canevaro, Gaudreau 1988).

In the early nineteenth century, particularly through the industrial revolution, we saw another significant change. In those years a new concept of normality that tended to identify with the lifestyle and ideals of the new dominant social class: the bourgeoisie began to take shape.

The new ideals of productivity and efficiency mark further social exclusion of the disabled; the one who takes part in the production processes and the physical fitness separates the disabled person who was not (normal). For all those who do not participate in productive life, because abnormal or deviant, institutionalization is the generalized response spread so orphanages, asylums, hospitals and prisons, all structures that contributed to perfect the social control that was taking place in those years spread.

The classification systems and technical deputies to their application, increasingly take on a more important role, encouraging the development of a new social representation of the disabled: that of the "sick" person in need of care, welfare and special education (Lepri 2011).

The nineteenth century was marked by the revolutionary work Darwin *"On the origin of Species* (Darwin 2013). In this work Charles Darwin, introduce the concept of "the natural selection" mechanism which acts on the variability of the characteristics and preserves the most advantageous variations and eliminates of the most disadvantageous.

The English philosopher and sociologist Herbert Spencer (1820-1903) developed a theory on free competition among men. In his book “Social Statics” (1851), Spencer say that a “universal state of war” naturally exists, a law of elimination the weakest in favour of the most capable and intelligent, thanks to which any “deterioration of the breed” is prevented. According to Spencer the attempts to obtain the “strict discipline of the nature” are harmful because the nature strives to “make a clean sweep” of weak individuals and gives space only to the best individuals (Spencer 1851).

Spencer was the first one to apply the Darwinian evolutionary theory to society; however, he distorted in its many key aspects. Most of all in the concept of adaptation this marked the beginning of “Social Darwinism,” a wholly ideological approach which became the promoter of the new triumphant social class, the bourgeoisie, and which consisted in the application of Darwinian ideas (especially those of the struggle for existence and natural selection) to society and politics. Darwin’s ideas were in fact used completely instrumentally to support a wide variety of social and political views which led to an inevitable hostility among nations and races render a scientific validity to totalitarian ideologies, such as the Nazi a decade later.

It was in the 19th century when the Europeans came into contact with other populations overseas. That Racial Anthropology was born: pseudo-science which, referring to the evolutionary theory of Charles Darwin, tried to give a scientific basis to racism. The races were classified according to the physical and intellectual qualities and the concept of “superior race” began to develop. In the United States the theory of Darwin was cited in support of the alleged superiority of the complexion “white people”. The same scientific community promoted a series of researches to study the inheritance of those groups that were presumed to be biologically inferior.

In this climate the natural sciences accounted for an incontrovertible authority so that Racial Anthropology and the Social Darwinism at time become more and more extreme forms of social prophylaxis. It is exactly within this racial concept, typical of western culture of the 19th and 20th centuries that the foundations for the realization of "eugenics" were laid.

The term "eugenics" was used for the first time by the English Anthropologist Francis Galton (1822-1921) in his the work *Hereditary Genius* (1869), to define the study of the conditions which produced men superior. In England it was first spread under the name of "culture tribes" and then expanded to the United States, Sweden, Germany, France and Italy. Eugenics was developed as a response to the fear that natural selection had ceased to act for the betterment of the species and that therefore the men were to take over the reins of evolution.

The work of Charles Darwin, Galton's cousin had a considerable influence in his thoughts, in particular the concept of "struggle for life" on which put an ideological and social value Galton. He argued that the transmissibility of the characters took place mainly thorough heredity, without any influence by the environment or society.

The purpose of eugenics became thus to liberate mankind from diseases and imperfections, encouraging the reproduction of the best individuals and discouraging those individuals with some form of physical and mental disabilities.

With the rise of fascism in Italy eugenics came to the peak of its expression. In his "ascension speech" in 1927, Mussolini said that the state was the main guarantor of public health and that his job to take care of the breed from impurities and imperfections. During the Fascist period, the eugenic, control took the form of legislative measures and drastic increases in patients treated in psychiatric hospitals. Fascist doctors and psychiatrists were of obsessed with the alleged spread of degeneration and mental infirmities that between 1926 and 1928 there were more than fifty thousand mentally ill inmates (Canevaro, Goussot 2000).

Similarly, in Germany the German National Socialist, in the 1930's, adopted the most radical and violent forced sterilization measures. The tragic history of the Nazi Holocaust open with the systematic elimination of the weak and defenceless human beings. Already at the beginning of Hitler's chancellorship, the law of 1933 listed the candidates for sterilization: people with physical and mental disabilities; people with congenital diseases, hereditary blindness and deafness: and later entire ethnic groups considered as "biologically inferior." Two years later they the famous "Nuremberg Laws" (1935), followed to preventing marriages and mat among "undesirables" people.

The forced sterilization was followed by the so-called euthanasia of those who were considered as "inferior". By the term "euthanasia" meant a real murder of all those human beings who lived a "life not worthy of evenings" This "type" of euthanasia can be considered as the first chapter of the Nazi genocide.

The German population to raise awareness is the necessity of euthanasia, the Nazi propaganda began to denounce the high costs of public care for people with disabilities, thus justifying the elimination of all those worthless human lives burdening society.

In 1938 the legalized suppression of children with mental retardation and physical deformities began: infants, children and adolescents guilty of being born with a disability, some suffering from congenital diseases, other with learning difficulties or behavioural problems, were killed in the name of "racial purity".

A year later, 1939, a decree of the Führer extended euthanasia to adults with severe mental disorders. Was planned an extermination with the goal of eliminating "quietly" from 40 to 60 percent of the incurably ill present in asylums.

In those years an "Office euthanasia" known as *Aktion T4* was established; T4 stood for Tiergartenstrass 4, the of the Reich's group working for the "nursing home management" and address of the operation code of euthanasia which created the first elimination centres (precursors of the extermination camps), where Nazi doctors chose millions of disabled destined for the gas chamber. Between 1939 and 1947, only in Germany 75 thousands people with disabilities were killed.

On the wave of indignation for the atrocities committed during the Second World War. From the critic of total institutions 60's onwards was exacerbates.

In 1961 Ervin Goffman a Canadian sociologist, then little known, published a collection of essays on the institutional reality of the asylums, titled *Asylums.* Goffman's work aimed to shed light on the alleged normality through the mirror represented by the dying, mentally ill criminals, and "foreigners" that reflect the most unknown parts of the human being, who often were lakebed, prefer to be ignored (Goffman 2003a).

Goffman believed that mentally ill patients fore the "stigma" by society that discriminated and tried to marginalize there. The "stigma" be due to physical deformities, bizarre and unusual characteristic aspects, or negative symbols could ethnic belongings and religions. It so happened that on an individual and collective attention on his feature was seen as negative, focus ad setting in motion an action of his marginalization, justified by this danger to society.

The total character of these institutions reflected on the impediment to the social exchange and the exit "to the outside world", often concretely founded in the physical structures those of institutions: closed doors, high walls, barbed wire, rocks, water ways, forests and heaths.

In 1961, when Goffman's a collection of essays *Asylums*, was published an Italian Marc Levy, psychiatrist and neurologist, took up the direction of the psychiatric hospital in Gorizia. The revolutionary work of Levy was the first Italian attempt to propose an alternative way to the reality that he stubbornly refuses: the asylum. With the experience of mental hospital from Gorizia, Basaglia intended to break the barriers between what was happening inside the insane asylum and the outside world "producing this break through a transformation of the relationship between health and disease is considered which simultaneously puts into question the definition of health and disease as a means of discrimination, in a social context based on division of class and labour (Basaglia 1968).

Basaglia describe a mental hospital structures as a hospital built to defend and protect the healthy from the periphery, a closed world without any kind of relationship with the outside Mental hospitals were actually built the outskirts of cities so that their presence did not disturb the equilibrium of the healthy population.

According to Basaglia the science was busy occupied, until then, in separating the sick from the healthy, giving the mentally ill labels such as incomprehensible sick, dangerous and unpredictable, and leaving him in the civil death as an only possibility. The new psychiatry should therefore have changed its approach, no longer looking only to morbid states of the disease but trying to learn about the world of the "diverse", his subjectivity and how the institutionalization had affected his state of confinement.

Basaglia will brought provided promote a reform that did not end within the institution mental but wined, extended its boundaries to society as on the whole. Only when the problem the mental patient was dealt with by the entire society, up treatment facilities focusing on the needs of a free subject and not an object placed in custody would be set.

In 1978 law 80, so called Basaglia Law was passed assessment on "findings and voluntary and compulsory medical treatment." It mental hospitals led to the closing of and regulation of institution of forced hospitalization in psychiatry. The launch of this law marked a turning point on the road to the integration of disabled people who were considered often treated as mentally ill, being enthusiastically received in Italy and abroad. It was to all effects a historic watershed between "a before" and "an after" in the Italian psychiatry.

By the 1980's, the new struggles for the conquest of civil rights started, which marked a social representation of the disability much more the diversity thanks the impairment.

These were the years of the great reforms and the ideologies deinstitutionalization, of multiplied the actors who played a vital role in the world and in the reality of the disabled. The services no longer belonged only to the world of charitable works but became a part of the programming and the planning of a growing social security. Thus beneficent and develop ed a renewed interest in the so-called third sector, his interest translated into a growth, both in terms of quantity and quality, of the phenomenon of non profit organizations and volunteering.

The most innovative element of this new concept of disability is the Social Model of Disability conceived in 1981 by Mike Oliver a British academic and disability rights activist.

Oliver (Oliver 1990) distinguished the individual model of disability, commonly shared approach by physicians and institutions, between as the social. The individual model is based on a conception of understanding disability as a "problem" to be dealt with individual level, thus focusing on the limits and losses. This is what Oliver calls "the individual drama" a disabled person, which suggests that the disability be a terrible event that casually is necessary in the individual's life.

The birth the development of Oliver's social model is based on the rejection of these assumptions instead. The model certainly does not deny the "problem" of disability but places within society individual limitations are not the "problem" but rather the failure of society to provide appropriate services to the needs and requirements of disabled people. Disability is then understood as a social state and not as a medical condition.

In the same years in when Oliver began to talk about the social model of disability, WHO published a new document titled "International Classification of Impairments, Disabilities and Handicaps" (the International Classification of Impairments, Disabilities and Handicaps, ICIDIH), which was able to drew attention, not only to the cause of disease but also to its consequences. The ICIDIH represented an important milestone in the development of classification systems because it was the first instrument in the field of disabilities, which enabled to study the impact that health status had on a person.

But the ICIDIH also presented several conceptual limits: It did not provide information on the impact that the disease had on the person as a social subject Consequently, it was not possible to frame person's and function his health condition from the point of individual and social views. Due to because of an increasing number of criticisms, WHO promoted a review process that led to ICIDIH-2 published in 1999, the basis of the conceptual model developed then in the last WHO classification, the International Classification of Functioning, Disability and Health known by the acronym ICF.

The ICF is innovative tool and a classification multidisciplinary and universal approach that takes into the individual's contextual aspects and allows the correlation between the state of health and the environment defines disability as a "health condition in on favourable environment".

The ICF does not deal with the etiologic but aims to describe the functions, skills and abilities of a person, in addition to his impairments and his deficit. For the first time in the history of diagnostic classifications adopted was a bio-psychosocial perspective of disability which a side from, besides next to the medical diagnosis considered the interaction of the characteristics of the biological, psychological and social environment of the individual. The social context is, therefore, a fundamental element of assessment, as it directly affects the functioning of the person.

Following these new definitions "we move from a causal vision of waterfall, where a problem of function or structure (impairment) determines disability, causing a disadvantage (handicap), in a dynamic and complex vision, where an impairment, interacting with environmental and personal factors, may cause a problem of capacity or performance (activity limitation or restriction of participation), creating disability, or don't have an influence on function" (De Polo, Pradal, Bortolot 2011 p. 41).

2. INTERNATIONAL DOCUMENTS

The path towards the inclusion developed in the context of "The *Universal Declaration of Human Rights"* (UN 1948) By the United Nations General Assembly the result of the experience of the as a World War II, approving the equal dignity of all. The *Declaration of The Rights of the Child* (UN 1959) reads special rights for those who are in physical disadvantage, mentally or socially, to receive education and special care. However it was in the sixties, in the cultural climate influenced by bitter disputes when was an ideological reflection impose on diversity, social exclusion and discrimination. This resulted in Europe, the US and Canada in the birth of the de-institutionalization of people with some kind of disability. Plenty of international documents were beginning to explicitly indicate that persons with a disability should be included in the common school contexts, such the *Declaration on* *the Rights of Mentally Retarded Persons* (UN 1971) and the *"World Programme of Action Concerning Disabled Persons"* (UN 1982).

In English law there are two important pieces of legislation. The *Children Act 1989* and *The Disability Discrimination Act of 1995*, with two important definitions: "A child is disabled if he is blind, deaf or dumb or suffers from a mental disorder of some kind or it is substantially and permanently handicapped by illness, injury or congenital deformity or has some other disability as may be prescribed" (Children Act 1989). The English law in 1995 is, by defining a disabled person if has a physical or mental impairment which has a negative effect (substantial and long-term) on his ability to perform normal daily activities (Disability discrimination Act 1995). In this definition, it puts more emphasis on the concept of adverse effect on a person's abilities rather than on the categorization of the various pathological causes.

In the *Children Act* 1989 the concept of "child in need" was introduced, which was like a child who has a low probability or did not have the opportunity to achieve or maintain a reasonable standard of health or development without intervention of the local authority with special compensatory nature. A child in a state of need is also the one whose health or development easily damaged significantly or was actually damaged without local authority intervention, or the more traditionally disabled child. Interestingly, this definition gives strong emphasis on the concept of health and development, which can be in various ways damaged or slowed.

Of particular importance was the *Declarations on "Education for All" in Jomtien 1990.* Jomtien coined the concept of *"Education for All"* in global development programs. This conference signified a milestone in the international dialogue on education in the human development policy. The consensus renewed a global drive to provide universal primary education and eradicate illiteracy. Also it sparked efforts improve primary education quality and find the most effective and to affordable means to meet the learning needs of several unassisted groups.

In 1993 Standards *Rules the United Nations on the Equality of Opportunities for Persons with Disabilities* was drafted.

The most significant conference regarding special education was the *World Conference on Education Special Needs* convoked by UNESCO in Salamanca 1994. The Salamanca Statement emphasized that educational systems must meet all student's needs to reach the goal of "Education for All". The basic principle of the document was expressed in the request for schools to accommodate all children, regardless of their physical, intellectual, social, emotional, language conditions etc. The statement concluded that regular schools with an inclusive orientation are: *"... the most effective means of combating the discriminative attitudes, creating welcoming communities, building that integrates and achieve education for all.* Also it suggests that these schools: *"... proportioning education effective for most children and improving efficiency with the cost-effectiveness of the entire education system"* (UNESCO 1994).

Salamanca encourages us to observe the educational difficulties differently. This new way of thinking was based on the certainty that changes in methods and organization – made in response to students who had experienced difficulties – might benefit all students with special needs. They have been considered as stimulus for the development of richer learning environments.

In 1997 UNESCO organizer the *International Consultation on Early Childhood Education and Special Educational Need,* in this meeting was examined the definition of "Special Educational Need". The concept of *Special Educational Need* over those who are under the categories of disability, converting those students who fail at school *(failing)* for a variety of other reasons that to hinder their optimal progresses. UNESCO seeker to define the *Special Educational Need* a broader concept of broader than what is traditionally included in the categories of disability in the same text, this expansion is further clarified and elaborated with respect to the special needs of these students: If this group of children, more or less broadly defined, will need additional support, will depend on how the school will need to adapt the curriculum, the organization or additional human resources and materials to stimulate teaching effectively and efficiently.

10 years after the issue of Jomtien document UNESCO Assembly gather in Dakar and promoted the *Dakar Framework for Action*, UNESCO 2000. Most of Dakar debates were grounded in the recognition that the world had changed in a way that it could not have foresee at Jomtien. There were 30 countries more than those in the 90's. The collapse of communism in Europe and the end of the "cold war" have given way to a new world order geography and major changes in alliances among countries; also they contributed to a proliferation of ethnic conflicts and a number incresing of refugees and migrations. Now it is accepted that education is thought in terms of the importance of the private sectors for the provision of an public education. "World" and "national" recognize during this decades: 1) the new revolutionary information technologies and communication (at the time of Jomtien there was no Internet); 2) the pandemic of HIV/AIDS has had a devastating impact on many countries, especially in sub-Saharan Africa; and 3) the distance growing between rich and poor. Poverty continues to be the most important factor.

In 2005 was published the UNESCO *Guidelines for Inclusion* (UNESCO 2005) and in 2006 the UN General Assembly ratified the United Nations *Convention on the Rights of Persons with Disabilities* to ensure an inclusive education system at all levels and throughout the life. This document replaced the previous view that disability attributed to a subjective dimension (of disease) of person as a subject who did not have the normal characteristics of the human being and that led to differential treatment or segregation. The new approach recognized the value and dignity of every human being and the need that all, without exception, may enjoy equal opportunities and be included in society.

This paradigm shift was influenced by the *International Classification of Functioning, Disability and Health* (OMS 2004) and promotes the bio-psycho-social model of disability, surpassing the old medical model of health (it attached to the disease disadvantage) focusing attention on the interaction between personal factors, environmental and social. A society that includes more features of the people (in the respect for diversity) and develops their skills will be more and more a company that removes barriers, obstacles and prejudices.

The anthropological model ICF proposes the concept of Special Educational Needs (BES) as a macro category that includes an expanded range of educational disadvantage and social situations: social and cultural disadvantage, specific learning deficits and/ or problems in the development, difficulty arising from the lack of knowledge of the language, because they belong to different cultures. The conditions of poverty, marginalization and social exclusion are treated as BES.

With the introduction of the concept of BES passing of the term integration to inclusion. While integration refers to students with a physical or mental disability, inclusion refers to the attention of the BES to all students. The inclusion then is higher integration.

Finally, in the recent *report Education for All,* UNESCO 2015, sadly noted that despite the efforts of governments, civil society and the international community, the Education for All is not yet a reality throughout the world. Among the positive results it notes the decrease of 50% in the number of children's and adolescents with no schooling (between 2000 and 2015). Thanks for Dakar were schooled 34 million children. Advances are made in equality between the sexes, especially in primary schools, despite happen still gender disparities in almost a third of the countries. Governments have stepped up work to evaluate learning outcomes through national and international assessments, to be able to deliver a higher quality education. However, in the world there are still 58 million children without schooling and another 100 million who can not finish the primary school. The inequality to in education is on the rise and the poorest and most disadvantaged will take the consequences. The conflicts continue to be huge barriers to education, and the significant proportion of children without schooling living in areas of conflict is always increasing. The new educational goals must be specific, relevant and measurable. The international community and all of us we should redouble our efforts if we want a different world, a world where there are no children who still can not enjoy the right to education and to a quality education.

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