

MARIATERESA CAIRO
MARIA CONCETTA CARRUBA

ADDITIONAL SUPPORT AND MEDIATED LEARNING IN INCLUSIVE EDUCATION IN EUROPE

In collaboration with ASuMIE Project Team



VITA E PENSIERO

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PEDAGOGIA E SCIENZE DELL'EDUCAZIONE

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2.7. INCLUSIVE EDUCATION IN PORTUGAL

*Adelinda Candeias*⁴¹, *Adriana Félix*⁴², *Edgar Galindo*⁴³, *António Portelada*⁴⁴

Legislation: The Portuguese Constitution and the right to school/inclusive education

In Portugal the education is organized according to the democratic principles established by the Constitution of the Republic (1976), in particular the freedom to teach and learn (Art. no. 43). The Basic Law of Education (1986) was derived from these principles in order to define educational objectives, structures and models.

The governmental agency responsible for defining, coordinating, implementing and evaluating national policies related to the education system is the Ministry of Education (*Ministério da Educação* - ME). It is responsible for pre-school, basic, secondary and out-of-school education and is also responsible for the articulation of educational policies with

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qualifications and vocational training policies. In the case of higher education, the agency responsible is the Ministry of Science, Technology and Higher Education (*Ministério da Ciência, Tecnologia e Ensino Superior-MCTES*), which is also responsible for defining and implementing policies affecting the national science and technology system. In the case of vocational training and education, as well as in adult education, responsibility is shared between the Ministry of Education and the Ministry of Labor, Solidarity and Social Security.

Each school is part of a school cluster, which has its own administration and management team. These groups include pre-school establishments and one or more levels and cycles of education that share the same pedagogical project. Although these school clusters are managed by the Ministry of Education, they have some autonomy in terms of pedagogy and management of the timetables of teachers and non-teaching staff. Some recent reforms have increased the autonomy of clusters in terms of curriculum management (Decree-Law no. 55/2018, 6th July) in order to promote decentralization, assigning responsibilities to municipalities with regard to investments, equipment and building maintenance, provision of meals and management of all staff (Decree-Law no. 21/2019, 30th January).

Organisation of the the education system: pre-school, school system, post-school system

In Portugal, schooling is compulsory for 12 years, from 6 to 18 years of age, which corresponds to the end of secondary education. Public education from the age of 4 until the end of secondary education is free and universal.

The education system has a comprehensive structure that involves a long basic schooling with vocational options at the beginning of secondary education. In the first year of secondary education (10th year) students can opt for: a) science-humanities courses; b) vocational courses; c) other education and training provision.

Stages of the education system

The education system in Portugal is divided into pre-school education (from the age of three until the start of basic education), basic education (six to 15 years old) and upper secondary education (15 to 18 years old).

Pre-school education (ISCED 0)

Pre-school education is imparted to children between the ages of 3 and 6 (the age at which they move on to compulsory education). These

educational years are optional, it is up to the family to decide whether to send their children to school before the age of 6 but is universal for children starting from the year in which they celebrate their fourth birthday. The network of existing establishments has been increasing in the last years in the frame of a policy of wide availability.

Day care centers (for children below 3 years of age) are not part of the education system, being the responsibility of the Ministry of Labor, Solidarity and Social Security.

Basic education (ISCED 1 and 2)

Basic education, as mentioned above, is universal, compulsory, free and lasts for nine years. It is divided into three sequential cycles, in which each one must be completed and is built on the previous one from a global perspective:

- the first cycle (CITE 1) includes the first four years of schooling (grades one to four).
- the second cycle (CITE 1) corresponds to the next two years (grades five and six).
- the third cycle (CITE 2), including the last three years, corresponds to lower secondary education (grades seven to nine).

The guiding principles of the management and organization of the curriculum aim to ensure a general training common to all people, through the acquisition of fundamental knowledge and of skills to follow more in-depth studies.

Upper secondary education (ISCED 3)

Secondary education includes the last 3 years of compulsory education (10th, 11th and 12th grades) and is organized into different types of education. Students can follow a regular education and choose a scientific-humanistic course or choose a vocational course with dual certification (academic and professional). The permeability between the different paths is guaranteed, as well as access by all of them to higher education through national exams.

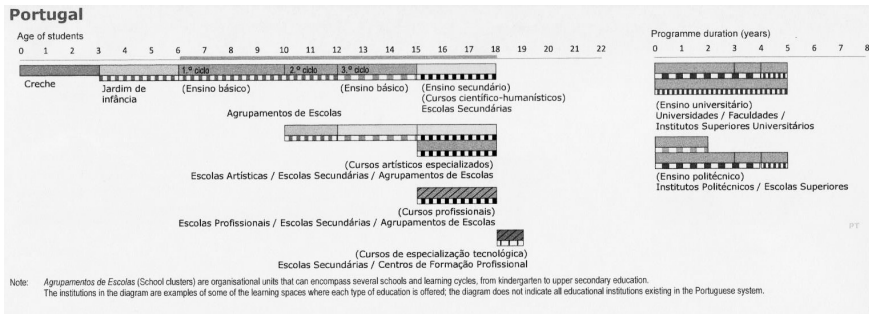
Post-secondary non-higher education (ISCED 4)

Students over the age of 18 who have completed 12 years of compulsory education can attend Technological Specialization (CET) courses. These courses provide highly qualified technical training oriented towards the world of work or towards the continuation of higher education and normally last 1 year.

Higher education (ISCED 5-8)

After 12 years of compulsory education, students can enter higher education at universities or polytechnics. While universities are directed towards offering solid scientific training, combining the efforts and skills of teaching and research units, polytechnics privilege vocational training and advanced technical training.

Nowadays, higher education is structured according to the principles of the Bologna Process in order to ensure a solid scientific and cultural preparation, in addition to a technical training qualifying students for professional and cultural life, thus developing their capacity for innovation and critical analysis.



Source: Eurydice 2022/23.

Additional support system and Cultures and practices of inclusive education: a field of tension between legislation, organization and perception of users/ stakeholders

In this topic, we focus on the analysis of how, over the last five decades, the assessment of children with disabilities/special educational needs has been carried out, comparing the models of disability assessment (defended and practiced until then) with the implementation of legislation within the educational system.

After the establishment of the Republic, in Portugal, there was an effort to teach literacy to the population, which, however, did not obtain the expected results. The political intentions related to education, translated into legislative documents, were not properly supported in practice, despite the large investment at a financial level (Grosso L.G., 2010). From the 1950s onwards, some changes took place in the legal framework more or less mirroring the different ways in which people with disabilities were considered, i.e., from a purely medical point of view, to a social and, more recently, to a biopsychosocial perspective. That is, the disease and/or dis-

ability is no longer a limiting factor and, at the same time, the importance of society in the degree of participation of people with disabilities is perceived; additionally, the key role of the person-environment interaction is recognized as capital in the intervention.

We will go back to the 1950s, in the 20th century to follow the evolution of the legislative supports, and the changes in the conceptual framework regarding the factors that influence human development.

From a medical perspective to a biopsychosocial approach

- Medical model

The biomedical model saw the body as a machine. In case of problems, the function of the doctors was to repair the machine, that is, the treatment and, preferably, the cure or extinction of the abnormality, with the purpose of changing the individual to function in the most normal way, if possible, adapting the person to society (Engel G.L., 1977; Sylvester C., 2011). The need to separate people with and without disabilities was due precisely to the demands of health professionals and the health system itself (Söder, quoted by Maxwell G., 2012), which made essential existence of a medical diagnosis. It was assumed that the individual could be changed, through medication or treatment, while society was something static and unalterable.

In line with the primacy of this medical or biological model, Portuguese educational legislation at the time (the 1950s) required guardians to present a medical certificate or certificate from the parish council so that “minors incapable due to illness or organic or mental defect” were exempted from attending primary education (Decree-Law n° 38/968, of October 27, 1952). Even so, it determined that whenever these students were in a position to “receive education in special classes for the sick or disabled”, they had to attend those classes as long as they were less than 3 km away.

This legislative document highlights not only the importance of medical diagnosis but also the assumption of the impossibility of a student ‘disabled by illness’ or with a disability to learn. In fact, this way of thinking did not change and it has been, since the 1st Republic, the dominant opinion.

This medical model, however, presented a simplistic view of the individual by excluding both the life course and the emotional domain from its appreciation. For S. Brisenden (1986) doctors continued to consider people with disabilities in terms of the treatments they needed without taking into account what they wanted for themselves according to their life context. Often, hospitalization was the solution, even if it did not

bring any added value to the well-being of the person in question. Special institutions were another way of keeping people with disabilities away from society. The same author considers that this limiting view by doctors was extensive to other professionals and even to people with disabilities, lowering the expectations about what they were actually capable of doing. As Oliver M. (1990) argued, the medical approach was inappropriate in considering that disability was in the individual rather than in society. On the contrary, advocating that “disability is a social state and not a medical condition” (p. 3) means that society must change and not the individual.

Opponents of the medical model pointed out the limitations of that framework, which assumed that the cause of disability was totally (or almost) due to the individual’s biological factors. Furthermore, it did not take into account the contribution of social conditions in creating and supporting disability; its role was limited to a kind of labeling, without giving treatment options: people with disabilities were often placed in hospitals or nursing homes and having a disability was like a sentence of withdrawal, either from schooling or from living in society. Last but not least, the medical model did not show respect for the privacy of people with disabilities (Anastasiou D. - Kauffman J.M., 2011).

- Social model

Given the dissatisfaction of scientists and of people with disabilities and their families with the medical model, a new model began to emerge mainly in the United States and in Great Britain since the middle of the 20th Century. In America, the new perspective was headed by many psychologists, who criticized the absence of environmental factors in the medical conceptions and were also against the use of psychometric techniques and the consequent labeling of people. In 1963, Sydney Bijou published a famous critique to the ongoing definition of ‘mental retardation’: labeling and psychometric tests do not help at all. He stressed for the first time that the problems of people with disabilities can only be understood by taking into account the environment, i.e., the social conditions and the particular interactions of each individual. Changing the environment and giving these people the necessary skills to be autonomous should be the main concern of science (Bijou S.W., 1963). It was the first step in the development of the modern biopsychosocial model to understand all kinds of disabilities, focusing on society, on the environment in which the person is inserted, and on the existing and non-existing skills of the person. As we will see, the next step in that direction was a purely social model, emphasizing the forgotten role of the social environment. The harsh criticism of psychologists found fertile ground

in the civil organizations dealing with people with retardation in the 20th century. Thus, the American Association on Mental Retardation (AMMR, called today American Association on Intellectual and Developmental Disabilities) played a decisive role, introducing in 1992 new ways of evaluating people with retardation, not based on psychometric labels, but in terms of the kind of the social support needed by the person in order to live in society. This new conception was then adopted by psychologists (see APA, 2000, p. 45)

In the light of the social model, disability is a problem created by society, in which the disadvantages or restrictions on activity by an individual are also the result of the organization of society, namely, in terms of education, employment, transport, housing, services, health and well-being, leisure, etc. (Thomas C., 2004).

In the UK, the organization of activists with disabilities, UPIAS (Union of the Physically Impaired Against Segregation), created in 1974, had a strong impact on the consolidation of the social model of disability. The medical model was criticized as being a social form of oppression similar to that against women, ethnic minorities, lesbians or homosexuals (Barnes C., 2012). Based on the ideas conveyed by this movement, the new evaluation model had to be based not on the individual's incapacity, but on the role that society played in the participation or discrimination of that individual (Oliver M., 2013). Instead of seeking a cure or rehabilitation, it was essentially intended to remove all existing barriers in society so that people with disabilities could be part of it (Shakespeare T. - Watson N., 2002).

Disability was, therefore, understood as a social construction that led to the discrimination of individuals considered by society as different from normal (Sylvester C., 2011), emphasizing that they had rights like any other citizen, and it was up to society to create the necessary circumstances to overcome disability (Sylvester C., 2011; Dewsbury G. et al., 2004). Even so, the social perspective did not deny the importance of interventions at an individual level, i.e., medical, rehabilitative, educational or professional support. It also sought to shift the focus from the functional limitations of individuals to the problems caused by disabling environments, barriers and cultures (Barnes C., 2012). The activist movement on disability, which took place in the 1980s and 1990s, had the social model as its main driver. This model is also the origin of important international documents, such as the Disability Discrimination Act of 1992, the Salamanca Declaration of 1994, and the United Nations Convention on the Rights of Persons with Disabilities (Barnes C., 2012).

In Portugal, the introduction of a social (and biopsychosocial) model was also led by psychologists. L. Joyce-Moniz (1979) published an introduction to psychotherapy and psycho - pedagogy emphasizing the lim-

itations of the medical model and the urgent need to understand human behavior in terms of the skills of the person and the environment. By the end of the 1970s, small changes begun to be felt at a legislative level in relation to “persons with duly proven physical or psychological disabilities” (Decree-Law n° 174/77, of 2 May, article 2).

These persons now had a special regime regarding enrollment, exemption and type of attendance and knowledge assessment, but only if the delay in relation to age was not more than three years. The registration record should, therefore, “mention the disability that you have, which must be proven by presenting the opinion of a specialist doctor” (Article 3). However, legislative support from 1979 clarifies that Special Education concerns “educational activities and services for children and young people who, due to their characteristics, need specific assistance” (Law n° 66/79, of 4 October, art. 1) and “integrates activities directly aimed at the family, educators and communities, contemplating physical, motor, organic, sensorial and intellectual disabilities” (art. 2). Thus, a slight change in the way of looking at disability can be seen, in which regular education establishments are responsible for reorganizing in order to respond to those children, instead of prioritizing referring them to institutions that give them assistance. A few months later, on that year, a new legislation announced the expansion of special basic education, more support for schools, “careful screening” of children in need of special education and greater concern in the specific training of teachers and technical staff (Decree-Law No. 538/79, of December 31).

Almost a decade later, the Basic Law of the Educational System reaffirms the concern with the various dimensions of children’s lives (the child himself, as an individual, the family, school and social environment) with a view to the recovery and socio-educational integration of children, and to the availability of specialized educational support (Law no. 46/86, of 14 October). Gradually, the eligibility of children for special education is no longer dependent only on medical criteria and decisions, but also on Special Education Teams, who observe and refer children and young people with educational needs arising from physical or psychic conditions. These teams also have the function of involving regular education teachers and parents in the “preparation, execution and evaluation of individual programs” (Joint Order 36/SEAM/SERE/88, of 17 August, art. 3). In 1991, and despite not being totally inclusive, Decree-Law no. 319/91, of 23 August, brought a new outlook on students with disabilities as a result of the evolution of some concepts. As the introductory text states, the concept of “classification in different categories, based on medical decisions” is replaced by the concept of “students with special educational needs”, based on pedagogical criteria”. However, to benefit

from any of the measures of the special educational regime, the children had to present a medical diagnosis and a recommendation of the school health services (if appropriate). The Individual Educational Plan also had to mention the student's potential, the level of acquisition and their problems.

The shift of attention from children to school, in response to the educational needs of students, is evidenced by Joint Order No. 105/97 of 1 July. In this document, the role of the school in the intervention essential for the success of all children and young people is valued and the role of teachers with specialized training is praised. Individuals with disabilities themselves have been the great drivers and defenders of the social model, because they considered that the source of their problems lay in society and the conception increased their self-esteem. T. Shakespeare and N. Watson (2002) considered that the model, due to its simplicity and objectivity, could be summarized in the slogan: "disabled by society not by our bodies" (p. 6).

Nevertheless, it was the community of people with disabilities who criticized the model, considering that a more balanced and less radical approach to disability was needed, integrating biological and social factors (Anastasiou D. - Kauffman J.M., 2011). T. Shakespeare and N. Watson (2002) therefore propose a new approach that does not ignore the existence of a disability in an individual, because different disabilities require different responses. This approach should, therefore, encompass the dimension of the body, the psychological, the cultural, the social and the political.

- Bio-psycho-social model

In fact, neither the medical nor the social perspective led to a complete understanding of what the human being as a whole is. A new approach based on the work of psychologists like Sydney Bijou, Uri Bronfenbrenner and Lev Vygotsky developed in the 20th Century to give birth to the biopsychosocial model of the present day.

The studies developed in the 70s by Bronfenbrenner, who proposed an ecological model of human development, greatly contributed to the consolidation of the biopsychosocial model. To understand human evolution, he argued, it was necessary to study the "progressive and mutual accommodation between an active, growing human being and the changing properties of the immediate settings that involve the developing person, insofar as this process is affected by relationships between the scenarios and the wider contexts in which these scenarios are inserted" (Bronfenbrenner U., 1979, pp. 21-22).

Following this theory, it is essential to understand well the relationships that are established between Process-Person-Context, that is, the

context in which development occurs, personal characteristics (biological or psychological) and the process by which development takes place (Bronfenbrenner U., quoted above). A comprehensive intervention, that is, an intervention based on an ecological model, will always be more successful as it acts on several domains of life (Howard D. - Nieuwenhuijsen E.R. - Saleeby P., 2008). Adopting this model, the WHO complemented its International Classification of Diseases - Tenth Revision (ICD-10) with the International Classification of Functioning, Disability and Health (ICF), which, associated with health conditions, also classifies functionality and disability. The ICF is thus assumed as an interactive and evolutionary process that aggregates medical and social approaches, integrating the various perspectives of functionality, in a biopsychosocial dimension (World Health Organization [WHO], 2004).

Vygotsky, an author from the beginning of the 20th century (see for instance Vygotsky, 1929), underlines the importance of culture and society for psychological development, since social conditions play a determining role in human beings. In psychological development, two lines coexist, the biological and the cultural-social, which maintain a dialectical relationship. The history of the child's behavior emerges from the intertwining of these two lines. In the first line the fundamental processes are learning processes, while in the second the appropriation process is fundamental. Appropriation is the basic mechanism of individual psychological development in human beings. Through this mechanism, the human individual makes the objects produced during the historical-social process his/her own, turning them into his/her own internal phenomena.

Now, in some children, the existence of damage causes a divergence between the lines and gives rise to the so-called disabilities. The concept of deviant development is based on the central idea that a biological or social problem in the child disturbs his/her development. Now, there is a primary and a secondary level of impairment, since a primary disability (for example, the absence of vision) can cause a secondary disability, which in turn can give rise to other disabilities that multiply geometrically. However, developmental problems can be compensated; the social compensation of the damage implies that society can act positively to correct original disabilities. Consequently, says Vygotsky, society is the key to the harmonious development of the individual with developmental problems.

George Engel, professor of psychiatry and medicine, was one of the first scientists to introduce this thinking also in the health sciences: "...the boundaries between health and illness, between well-being and illness,

are far from clear and will never be clear as they are diffused by cultural, social and psychological considerations” (Engel G.L., 1977, p. 132).

Considering the inexistence, in Portugal, of a support to guide the process of identification and intervention as regards children with special educational needs, in 2008, with the implementation of the then new legislative document for the area of Special Education, the Ministry of Education determined the use of the ICF as fundamental in defining the school population that should benefit from a specialized support. “Students with significant limitations in terms of activity and participation in one or more domains of life, resulting from permanent functional and structural changes, resulting in continued difficulties in terms of communication, learning, mobility, autonomy, interpersonal relationships and social participation” (Decree-Law no. 3/2008, of January 7, art. 1, point 1), would then be the object of educational measures aimed at adapting the teaching-learning process. In order to conclude who these students would be, an assessment by reference to the ICF (and its version for children and young people - ICF-CJ) was essential in order to derive a profile of the student’s functionality.

Since then, several authors in Portugal have focused on the ICF’s role in education, admitting its biopsychosocial character (Candeias A.A. - Rosário A.C. - Zaragoça M.J., 2013; Sanches-Ferreira M. et al., 2013).

The World Health Organization [WHO] (2013) determined that the ICF could provide information for a correct diagnosis, as well as be useful in the evaluation of children, in the understanding of forms of child participation, in the analysis of educational environments, in supporting the eligibility of a particular child for educational services, in the definition of goals for the child. The use of ICF should facilitate the cooperation between professionals from different sectors.

Despite the efforts made by Portugal to promote an inclusive school, in 2016 the United Nations Commission made some recommendations to the country. In the concluding remarks on Portugal’s initial report on the implementation of the Convention on the Rights of Persons with Disabilities (signed in 2009), the Commission recommended that Portugal, among others, should review the educational legislation in order to adapt it to the Convention, taking “measures to strengthen human and material resources and to facilitate access and enjoyment of inclusive and quality education for all students with disabilities, providing public schools with adequate resources to ensure the inclusion of all students with disabilities in regular classes” (UN, 2016). The same the report of the working group on special education (created by Order no. one of his students (Cunha - Alves - Cruz - Duarte, 2014). As a result, in July 2017 a new legislative proposal for inclusive education was published. It was under pub-

lic discussion for about three months with wide participation from different entities, both personally and collectively.

A year later, schools finally received a new legal framework for inclusive education. Decree-Law n° 54/2018, of 6 July, establishes “the principles and norms that guarantee inclusion, as a process that aims to respond to the diversity of the needs and potential of each and every one of the students, by increasing participation in the learning processes and in the life of the educational community” (Point 1, Art. 1.^o).

- An Inclusive Model of School for all

In Decree-Law n° 54/2018, the educational support system eliminates the need to categorize in order to intervene, focusing instead on the support that the school makes available to all students. An evaluation process to support learning is advocated, valuing the student’s academic, behavioral, social and emotional aspects, as well as environmental factors. The entire sequencing and dynamics of the intervention derives from this interaction.

At the same time, a commitment to methodological options is assumed: (i) universal design for learning and (ii) a multilevel approach in accessing the curriculum. The universal design for learning constitutes a “structuring and guiding model in the construction of accessible learning environments for all students”. It is considered an “essential tool in planning and action in the classroom”. The multilevel approach, on the other hand, is a “comprehensive model of action, within an educational scope at the school level”, with a view to the “success of each and every student through the organization of an integrated set of measures to support learning” (Pereira F. et al., 2018, p. 17), defined in three different levels of intervention: universal, selective and additional. In this sense, regular monitoring of students’ performance and progress, as well as valuing the formative dimension of evaluation, are crucial to assess the quality and level of success of interventions as well as the type of support measures for learning and inclusion.

Throughout compulsory education, in all educational and training pathways of all educational and teaching establishments, the management teams are called upon to clearly define the lines of action for inclusion in order to welcome and value all the diversity of its population, that is, to establish and clarify how inclusion will be operationalized as well as to monitor and evaluate operationalization.

In an increasingly global, plural and heterogeneous society, the school, as a privileged space for the construction of knowledge and training cannot fail to bring together the multiplicity of its students and to promote their maximum participation and progress.

Current educational policies advocate that the curriculum and the learning of students are the essence of school activity. The success of each and every one must be guaranteed, regardless of their physical, personal, or social characteristics.

In order to support these students, the *Multidisciplinary Support Teams for Inclusive Education* (EMAEI) were created as a specific organizational resource, aiming to support the integrated and participatory learning of all those involved in the educational process. This team is responsible for: a) making the educational community aware of inclusive education; b) propose the learning support measures to be mobilized; c) accompany, monitor and evaluate the application of measures to support learning and inclusion; d) provide advice to teachers in the implementation of inclusive pedagogical practices; e) to prepare the technical-pedagogical report and, if applicable, the individual educational program and the planned individual transition plan; f) monitor the functioning of the learning support center.

The *Learning Support Center*, in turn, is a structure where the material resources, skills and knowledge of the school are aggregated. Its general objectives are: a) to support the inclusion of children and young people in the group/class and in the school's routines and activities, namely through the diversification of strategies for accessing the curriculum; b) promote and support access to training, higher education and integration into after-school life; and c) promote and support access to leisure, social participation and independent living.

The specific objectives of the Support center are: a) to promote the quality of student participation in the activities of the class and in other learning contexts; b) to support the teachers of the group or class to which the students belong; c) to support the creation of learning resources and assessment tools for the different components of the curriculum; d) to develop interdisciplinary intervention methodologies that facilitate the processes of learning, as well as the autonomy and adaptation of the student to the school context; e) to promote the creation of structured environments, rich in communication and interaction, which foster learning; and f) to support the organization of the transition process to post-school life.

There are also *Reference Schools* for specific educational needs such as lack of vision, bilingual education and early childhood intervention. These schools are responsible for organizing differentiated educational responses, according to levels of education and teaching and the characteristics of students, namely through access to the curriculum and participation in school activities, promoting their inclusion.

Schools can also develop *partnerships* with each other, with local authorities or with other institutions in the community in order to facilitate the articulation of skills and resources, giving rise to new responses. These partnerships aim to: a) implement measures to support learning and inclusion; b) the development of the individual educational program and the individual transition plan; c) the promotion of independent living; d) provide support to the multidisciplinary team; e) promotion of parental training actions; f) the development of curricular enrichment activities; g) vocational guidance; h) give access to higher education; i) integration in professional training programs; j) provide support in terms of accessibility conditions; k) other actions that prove necessary for the implementation of measures to support learning and inclusion provided for in Decree-law no. 54/2018.

Facilitators & barriers (what works and doesn't work in schools and the social inclusion system)

Gradually, Portuguese legislation brought “different” children into schools and based assessments not only on medical but also on social criteria. Some milestones we should to highlight: (i) legislation after April 25, 1974, with clear progress regarding the requirement to enroll all children in compulsory education; (ii) Law of Foundations of the Educational System of 1986 (document that still today has the essential contours of the time); (iii) Decree-Law No. 319/91 of 23 August, which, despite some obstructions subversions in practice, was the great tool for integration of children with special educational needs into school; (iv) Joint Order No. 105/97, of 1 July, focused on the school’s diversification and on adaptation of strategies to students; (v) Decree-Law no. 3/2008, of 7 January, defining the students to be covered by special education and already with the evident concern of carrying out an ecological and multidisciplinary assessment of the child/young person, with the introduction of the ICF (and CIF-CJ) as a reference structure; (vi) Decree-Law No. 54/2018, of 6 July.

The present inclusive school paradigm results from a confluence of systemic, biopsychosocial models, which are also associated to policies for the inclusion and the well-being of all individuals; it implies changes in values and attitudes, which are reflected in the practices. These changes, driven by Decree Law nº 54/2018, are very recent, and therefore the studies to assess their impact are scarce. One of them is the work of C. Coelho (2020) which highlights the need to:

- reinforce training in the area of inclusive education. It will be necessary for the Ministry of Education to take into account the lack of training in this area and to prioritize its development;

- reinforce teamwork between teachers and specialized technicians. Need to allocate more time to professionals for this articulation;
- stimulate training actions on the construction of attitudes and values in teaching, illustrating the fundamental role and how it influences the practices to be developed;
- build assessment tools for attitudes related to educational values or through observation (in this case, when attitude is accessed through behavior);
- invest in supervision actions in an educational context to identify and analyze which inclusive practices are being implemented and in what way;
- increase community involvement in the implementation of measures that promote inclusion.

As mentioned in the OECD report (2022, pp. 17-22), there are strengths but also challenges in schools and in the inclusive education system in Portugal.

- Portugal has a comprehensive structure of inclusive education; however, the education system remains mostly oriented towards the inclusion of students with specific educational needs.
- Education authorities conduct consultations on inclusive education with key stakeholders, but both horizontal and vertical collaboration could be strengthened.
- There has been an increase in the autonomy of schools and local authorities but there is a lack of clarity and coherence regarding the responsibilities for the management of inclusion in education.
- There are a significant number of programs, structures and human resources available to support equity and inclusion in education, but challenges remain regarding their management.
- Teachers in Portugal are highly qualified and value inclusive education, however, initial teacher education does not prepare them sufficiently to deal with diversity, equity and inclusion.
- There are various structures and offers for continuous professional Learning, but these might put considerable burden on teachers and lack practical training.
- The centralized teacher recruitment and allocation system as well as teacher evaluation strategies lead to insecurity that might have a negative impact and equity and inclusion in education.
- The widespread awareness and acceptance of national educational equity and inclusion policies provide a sound basis for developments in schools; however, there is varying implementation of the inclusive policy framework at the school and local levels.

- While most students are in mainstream school's with access to significant resources for the inclusion of students with SEN, current resource use tends to promote strategies that may lead to separate arrangements for students.

- The cluster system offers possibilities for the coordination of school-to-school support in order to promote the development of inclusive practices but there is limited collaboration across the education system.

- Despite efforts to collect data and evaluate some programs, there is a lack of coherent strategy to monitor and evaluate equity and inclusion in education.

Challenges for the future

The social, active and participatory inclusion of all individuals, at school and in the community requires a clear policy promoting equity in the various dimensions of the individual's life, which cannot be dissociated from research and scientific studies and from the knowledge that is gained. Access to education for all, with conditions that allow everyone to succeed, as well as a culture of inclusion in all sectors of community life, are essential for the eradication of prejudice and segregation. This process of change has to be associated with policies guiding the selection of evaluation and intervention models that, in turn, support the selection of instruments for the validation of educational practices. This process was introduced in Portugal with Decree-Law no. 3/2008 of 7 January and has been reaffirmed by Decree-Law no. 55/2018. It is a fact that educational policies have been organized to respond to the diversity of students. This is evidenced by the range of existing new guidelines. These, and in addition the recent legal framework for inclusive education, include: (i) the curriculum for basic and secondary education (Decree-Law n^o 55/2018 of 6 July); (ii) the Profile of Students Leaving Compulsory Schooling (Martins G.O., 2017) and (iii) essential learning, which 'oblige' schools to reorganize, link up and take responsibility for each student to reach the maximum potential.

In this context, a process of training and information for the entire educational community must be a fundamental issue. Therefore, it is necessary to rethink the strategy to be followed and, subsequently, to introduce changes in the initial and continuous training of teachers and other technicians to inform them about the demands of inclusive practices. Making legislative changes, without providing the know-how resources, may disturb the entire intervention process with children and young people, violating the rights of people with disabilities and even human rights. Monitoring and evaluating the implementation of policies and practices are also important factors in an inclusive society.

According to studies carried out, in the 2017/2018 academic year, only 1% of students with special educational needs in Portugal attended special education institutions (DGEEC, 2018), which proves the strong implementation of the inclusive model. On the other hand, it is also essential that students participate in the educational process and, above all, that they progress in learning and in their own life paths. Inclusive education goes beyond accepting the person with a physical or cognitive limitation. Talking about inclusive education means talking about equity, about social justice. Experiencing inclusion at school, respecting personal, cultural, linguistic and religious diversities, empowers children and young people to build a just and balanced society.

Much more than an inclusive school, we want an inclusive society. The inclusive principles that guide education do not end when the student completes compulsory education. We want this conception to go beyond the walls of schools. Equity and equality of opportunity can no longer be a utopia. They must be a guide for policies and practices in which everyone is called to contribute actively to the fight against exclusion.

But the two biggest challenges to inclusion policies in Portugal are probably: 1) to understand thoroughly the concept of inclusion. In Portugal, inclusion targets 'children with SEN', but there are other groups of people who need to be included, namely members of minority cultural groups, members of non-normative sexual groups, psychiatric patients and people with substance dependence: The concept of inclusion adopted by the community through the UN does not only cover people with special educational needs, but all groups marginalized for religious, racial or economic reasons, as well as sick people or members of minority groups of any kind. And 2) to extend the concept of inclusion beyond the school: young adults need support to live in society, i.e., clear support policies for housing, professional training, working, loving and living are urgently needed. Finally, people with disabilities will need support in the elderly years. Policies in this field are to this day still lacking.

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2.8. INCLUSIVE EDUCATION IN SLOVENIA

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Inclusive Education in Slovenia: how is the Inclusive Education system organized?

Based on the Organization and Financing of Education Act (1996), the Education System in Slovenia shall aim at:

- “Guaranteeing optimum development to individuals regardless of their sex, social and cultural background, religion, national origin, and physical and mental disabilities;
- educating for mutual tolerance, developing the awareness of the equality of rights for men and women, respect for human diversity and cooperation, respect for children’s and human rights and fundamental freedoms, and fostering equal

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