

Early Childhood Services as Inclusive Contexts. Opportunities to Support Families

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Abstract

The contribution proposes a reflection about the possible inclusive dimensions of early childhood services. Despite the lack of a clear regulatory framework in Italy, there are significant care and education practices that play a crucial role in the early years of life. Support for parenthood in acceptance of diagnosis and the activation of a teamwork with the social and territorial health services are crucial at this stage. In addition is significant to build up ordinary educational contexts that can customize the proposals in a perspective of “special normality”. The professionalism that lives in these services must be able to count on an initial and ongoing training that supports thought and reflection against possible lapses in linear thoughts, often based on normalizing cultural frames. The comments shown come from a research project conducted in the Umbria Region through a self-reflective tool called “Self Reflection Tool” developed by the European Agency for Special Educational Needs and Inclusive Education (2017), with a specific focus on family dimensions.

Keywords: inclusion, early childhood services, parenting support, possibilities, hope.

Abstract

Il contributo propone una riflessione sulle possibili dimensioni inclusive dei servizi per la prima infanzia. Nonostante la mancanza di un chiaro quadro normativo in Italia, esistono significative pratiche di cura ed educazione che svolgono un ruolo cruciale nei primi anni di vita. In questa fase sono importanti il sostegno alla genitorialità nell'accettazione della diagnosi e l'attivazione di un lavoro di équipe con i servizi sociali e sanitari territoriali. Inoltre è rilevante l'allestimento di contesti educativi ordinari, che possano personalizzare le proposte in una prospettiva di “speciale normalità”. Le professionalità che vivono in questi servizi devono poter contare su una formazione iniziale e permanente che sostenga il pensiero e la riflessione contro possibili cadute i pensieri lineari, spesso basati su cornici culturali normalizzanti. Le osservazioni riportate provengono da una ricerca condotta nella Regione Umbria attraverso uno strumento di autoriflessione denominato “Self Reflection Tool” sviluppato dall'Agenzia Europea per i Bisogni Educativi Speciali e

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l'Educazione Inclusiva (2017), con un focus specifico sulle dimensioni familiari.

Parole chiave: inclusione, servizi per la prima infanzia, sostegno alla genitorialità, possibilità, speranza.

1. *Supporting parenting in early childhood*

Childcare services represent an important developmental opportunity for all children in the motor, socio-relational, communicative-linguistic, affective-emotional and cognitive spheres (Barnett, 2011; Pianta et al., 2012). The educational experiences lived in the first six years of life participate significantly in the growth and construction of a life project that dynamically intertwines personal and social dimensions (Fortunati, 2020, p. 18).

In the multiplicity of purposes that these educational contexts pursue, there is also an explicit reference to support for parenting, both in terms of conciliation and support for the primary educational function.

In "Proposal for key principles of a Quality Framework for Early Childhood Education and Care" (Lazzari, 2016), parents are defined as the most important allies in educational intervention in the early years, but also the expression of a growing social, socio-economic, cultural and religious diversity that must be recognised and welcomed, nurturing a climate of trust and mutual respect. The approach referred to starts from the need to recognise the centrality of an ecology of development (Bronfenbrenner, 2002), but at the same time also to design interventions that enable progressive self-efficacy work, which can increase if adequately supported and increased. This is not an intervention on families (Rayna, Bouve, 2013), but a participatory construction to realise a thinking and doing together, a feeling of belonging and mutual accompaniment. In this space of proximity, parents experience meaningful relationships that are based on openness to mutual knowledge possessed, on the sharing of educational practices, on the exchange of family lexicons between adults, on learning to construct "middle ground" between different educational dilemmas (Milani, 2018).

This care among adults takes on an even stronger value when those entering the service are parents who have recently received a diagnosis for their child and who, until now, have been confronted with professional skills and worlds that are more health-related and far removed from educational frameworks. The role that educational staff can play is doubly important: on the one hand, doing everything possible so that

the child can live a serene daily life full of opportunities, and on the other hand, allowing the couple to find a space of acceptance, confrontation and hope. Trying to nurture horizons of possibility is an objective that early childhood services cannot give up and that they must learn to attend to with intentionality and constancy.

An important contribution to these issues was made by the European Agency for Special Educational Needs and Inclusive Education with its Inclusive Early Childhood Education (IECE) project, which aims to identify, analyse and promote the essential elements of inclusive early childhood education. As part of this project, a self-reflection tool called the “Self Reflection Tool” was developed that educators can use to reflect on the inclusiveness of their facility, focusing on the social context and the learning and physical environment. The self-reflection tool focuses on the proximal processes that children experience in services and pays special attention to the context factors that influence each child’s participation.

The tool was initially designed as a moment of external observation and later gained a self-reflection purpose for the teams (Soukakou, 2012).

Reflection on these issues has also grown recently in Italy.

Legislative Decree No. 65 of April 13, 2017 established the integrated education and education system, which reordered the framework nationwide. Article 1 reports how equal opportunities for education, care, relationships, and play, are guaranteed to girls and boys, from birth to six years, in order to develop potential for relationships, autonomy, creativity, and learning, in an appropriate affective, playful, and cognitive context, overcoming territorial, economic, ethnic, and cultural inequalities and barriers. It is argued that the integrated system of education and schooling from birth to six years therefore contributes to reducing cultural, social and relational disadvantages, promoting the inclusion of all girls and boys, respecting all diversities, through personalized interventions. The inclusive dimension has also been called up in the recent Pedagogical Guidelines for the “zerosei” integrated system and in the National Guidelines for Early Childhood Education Services, dismissed in December 2021.

The former document states how

the inclusion of children with disabilities or special educational needs in everyone’s school requires specific attention. First and foremost, the commitment required of these children in confronting the new context and supporting them in coping with it must be recognized, but the important enabling and

rehabilitative function of the learning and social experience carried out within the peer group and in a safe, welcoming and stimulating environment must also be valued (Ministry of Education, 2020, p. 18).

The second states the following

in nurseries, the most common organizational forms are sections, i.e., groups of children, defined numerically and often in relation to age criteria. Each section is assigned a minimum unit of educators in relation to the numerical ratio established by regional regulations, possibly enhanced to ensure inclusiveness if a girl or boy with disabilities is present (Ministry of Education, 2021, p. 45).

Beginning with the complexity of inclusive dimensions and the brevity of the writing, the paper mainly focuses on some qualitative aspects related to the family environment, with special attention to the presence of children with certification and in the process of recognition.

2. Special families: evolving experiences

The birth of a child represents a critical event within any couple's relationship that gradually discovers the meaning of parenthood. The usual modes of organisation and functioning, experienced up to that moment, are inadequate and a new adaptation must be considered. The time and outcome of this process depend on a multiplicity of factors: some socio-economic dimensions (income, education, good social integration), cognitive (good perception and acceptance of the child), relational (cohesion and solidity of the couple, adaptability, problem solving skills, social support network). The literature reports that, today more than ever, especially in Western contexts, children are the result of an intentional choice, desired when one has the perception of being ready to accept this challenge (Gauchet, 2010; Iori, Riva, Augelli, 2020). Whereas before a child was a gift of nature, a fairly unconscious fruit of life, now it is the result of an expressed will, of a defined project. All this also applies to those parents who at some point receive a diagnostic communication that immediately appears as an unexpected destination.

There are in fact disabling conditions that are easily recognised through specific screening and parents are informed of them before birth or in the very first months of life.

In addition, in fact, to possible examinations that may have been activated during gestation, there are neonatal screening programmes that aim to diagnose congenital diseases at an early stage for which specific therapeutic interventions are available, which, if undertaken before the manifestation of symptoms, can significantly improve the prognosis and quality of life of the youngest children. Added to this are all the pathways that are activated on the basis of referrals from parents by their own decision or by suggestion and indication from other educational figures.

The emotional experiences, which this news entails, are often compared in literature to a real mourning: the child dreamt of, imagined, expected, does not exist, was never born.

In reality, even in this case, the reactions may be different and even complementary: they may depend on the psychological characteristics of each of the spouses and other family members, the relational dynamics between them and any other children, the economic possibilities, the characteristics of the social fabric, the presence of a network of efficient and effective operators and services. There may be disorientation and disappointment, longer and more difficult adjustment and reorganisation times, greater burdensome developmental tasks due to the numerous clinical assessments, difficulties in the path of acceptance, fears and bargaining on the part of the couple, also relating to the choice of having other children.

The communication of the diagnosis is a fundamental step that remains impressed as a memory not only for the emotional impact it provokes, but also because it profoundly marks the construction of imaginaries with respect to one's own and one's child's life project (Caldin, Serra, 2012, p. 29).

The task performed by the medical team is complex, comparable to «being able to immerse oneself in a story of illness, creating an “intimate” relationship exactly as happens in the interpretation of a poem or a novel» (Zannini, 2008, p. 62). It is not a question of asking for an empathic attitude, humanly complex to live, but of attempting to interweave relational skills that hold together active listening, a careful use of words and non-verbal communication; a way of being in the relationship close to what Bachtin calls *exotopia* (1997).

In empathy, in fact, the practitioner isolates and decontextualises certain features of the other's experience in order to understand it according to his own experience, thus keeping his own context valid. He somehow simulates “put-

ting himself in the other's shoes", but in reality, at the last moment, he "puts the other in his own shoes". In exotopia, on the other hand, the search begins when, having tried to put oneself in the other's shoes, one realises that they do not fit. But in order to realise this, one must "expose oneself", [...] activate a reflexive attitude with respect to one's own professional epistemology and one's own implicit knowledge, which powerfully determines care practices (Depalmas, Alodola, 2013, p. 24).

In these situations, however, one has to reckon with the irruption of the world of health and rehabilitation, with technical and specific languages, with the possibility of oscillating between the resignation of being a "sick family" and the hope of being a "healthy family" anyway.

Very often mechanisms are activated, especially in the maternal figure who cancels her identity as a woman, companion, friend, worker in order to fix her project only on that child: it is an attempt to even the score between guilt and merit, between condemnation or absolution, to forgive herself and become acceptable (Basset, 2007).

The rehabilitation paths, which are activated immediately after diagnosis, should be as participatory as possible so that there can also be a growth in parental skills, in learning to formulate requests for help that are less confusing and more respectful of that child's identity.

In reality, this is a goal still only partially achieved for a few reasons: it is not easy to overcome the pyramidal mentality typical of hospital institutions, the bureaucratic mentality that tends to categorize, the difficulties for operators due to their daily relationship with suffering, and training that is often lacking on the human level because it is still very much focused on the acquisition of techniques (Kanizsa, Dosso, 2006, p. 7).

3. Possible supports in early childhood services

Enrolling a child with disabilities in a 0-3 service is then much more than an educational choice: it means trying to come out of hiding, to expose oneself and one's child to the common world, to the risk of stumbling into the gazes and judgments of others; to imagine that it will be possible to live also from ordinariness and everyday life beyond the therapy courses.

Early childhood services within these dynamics assume a daily take-over of the family: the initial interview is certainly one of the most important moments of the relationship. Within this dialogue, mediators may

also emerge who play a fundamental role in the transitions between home and school (Bulgarelli, 2018). The quality of support is also played out at the moment of welcome in the morning and at the moment of dismissal on leaving. In these spaces there is the possibility of receiving, containing and sharing emotional experiences and narratives first from the parental unit and then from the educational staff: these are precious moments capable of jointly modelling practices and building resilience skills.

In other cases, the first difficulties may manifest themselves during the first experiences in educational services and pre-schools. In the heterochrony of each development, there may be different times and spaces of manifestation that may sometimes need environmental adjustments, which call into question care practices rather than rehabilitative and therapeutic interventions on the children themselves. In these situations, the early childhood services must activate a real educational direction that contemplates a series of actions that must be managed with attention, competence and kindness (Amadori, Maggiolini, 2021).

First and foremost, before communicating any difficulties, the educational staff must have activated various individualisation and personalisation strategies to allow the child genuine activity and participation. In addition to detailed and careful observation, in different contexts and situations and well documented over time, it is necessary to verify that multiple actions of involvement, motivation, expression have been introduced. An inclusive professional experiments with different strategies, self-reflectively questions his or her own actions, contexts, timing and language, assesses whether significant support is needed from the adults of reference, who may also need support in their parental task alone.

If this type of preliminary work is taken care of carefully, the resulting educational responsibility implies a different type of communication with the family.

In these circumstances, in addition to a constant exercise of listening, it is right that the educational staff should keep to their task and not risk a slide into languages and categories of thought that belong to other knowledge, including medical knowledge. It is therefore not up to educators and teachers to hypothesise possible diagnostic categories, lightly and incompetently, but to try to describe as best they can, as also suggested by the International Classification of Functioning, Disability and Health (ICF), the identity and functioning of that child, paying attention to the developmental possibilities and difficulties, obstacles and environmental and personal facilitations from a biopsychosocial perspective (OMS, 2001).

This communication, even if well argued and accompanied by a meaningful relational dimension, may provoke different reactions in the receiving parental couple: the resulting suffering is not always able to be channelled into correct behaviour. Reactions of rejection, denial, avoidance may occur. A competent educational direction takes up this moment of disillusionment, welcomes it, does not judge it, is present with care and attention, with hope and trust: it tries together with the couple to imagine possible life stories that come to terms with the children's abilities. In the time of waiting for a diagnosis, however, other slips are possible: one may in fact think that the lack of a definition can justify careless, unspecialised action and the risk is to suspend, more or less consciously, educational intervention. One may in fact, under false good intentions, wait for the medical world, after the identification of the deficit, to give the coordinates for intervention. In the process of assessment and certification, the first relations with the social and health services involved in diagnosis and care are activated. It is possible that childcare services are considered by other professionals only as a space for care and socialisation. In these circumstances, educators are called upon to bear witness to their educational value by bringing rich and varied forms of documentation as professional evidence. These writings make it possible to draw up profiles of the children, as rich and detailed narratives both of the characteristics of the youngest children and of the interventions implemented, with more or less success (Sannipoli, 2022).

In the forums of confrontation, educators must also bring the right questions, without falling into the request for paths and instruments of action, but for a greater knowledge of the deficit dimensions, of the criteria and devices that have guided the diagnosis, of the possible areas of contamination between rehabilitation and educational intervention.

The services for early childhood within these dynamics assume a daily taking charge of the family, an attempt to stand by and restore value and validity. The quality of support is played out precisely in certain privileged moments of daily relations. Two routines, not always valued as they deserve to be, thus become central: the moment of welcome in the morning and that of leave-taking on leaving. In these spaces there is the possibility of receiving, containing and sharing emotional experiences and narratives on the part first of the parental unit and then of the educational staff: these are occasions for transition and communication which, if adequately accompanied, can become precious moments capable of jointly modelling practices. It may happen, and this must be taken into account, that parents do not immediately attach value to these

occasions and are inclined to experience them with haste: it is the task of the educational staff to make this attention grow, to allow them to experience their potential. The logic of remaining on the “threshold”, physically but also metaphorically, is in fact a critical element that can over time degenerate into misunderstandings, especially if one does not have the words to say what one thinks and feels.

Childcare services also offer opportunities for socialisation and exchange, especially in the organisation of peer moments. In addition to the social management, which is in any case a time of sharing, it is possible to find other spaces of being together to share experiences and experiences, supported by educators and pedagogical coordinators, with the aim not only of exchanging care practices, but also the fatigue and pleasure of being a parent. In these sought-after places, the framework that most enhances the words and silences of each and every one is the narrative one, which allows the stories to be presented in their meaning and also allows a dialogue between the many ways of expressing parental care and imagining childhood, disability and one’s own life project.

4. Conclusions: feeding hope, a goal in early childhood

Early childhood services are called upon to become spaces of hope. The word hope is often confused and does not receive the right attention.

Parents who encounter the despair of a diagnostic communication have a right to hope, not understood therefore as mere consolation, indefinite and generic trusting expectation, but as the capacity to perceive themselves as competent with regard to what is possible (Scardicchio, 2021). Within this dimension there is both the functioning of one’s own child, beyond the deficit, but also with respect to one’s own caring duties, to being a good father and mother. The “not yet” on which hope is nourished is not repetition of the present, but expectation of an authentic and therefore unprecedented future, made of changes that are both sustainable and revolutionary (Poli, 2017).

How can an educational service cultivate hope, imagination and aspiration? Educators and teachers have several opportunities that must not be wasted. First of all, the need to systematically and competently exercise reflective practice, especially observation and writing. Learning to document the footsteps of these children, sometimes small, imperceptible, unexpected, is essential: keeping memory of these traces and socialising these discoveries with the parents first and then with the social

and health services and any other educational agencies, means beginning to recognise a life project and naming it. Particularly with the parents, the value of daily exchanges must be strongly recovered: reception and reunion are moments for the construction of a direction of shared practices that evolve imaginaries and allow the socialisation of mediations experienced with more or less success. Another important opportunity is to learn to dialogue collegially with other professionals, bringing all the specificity of the pedagogical culture. Not everything depends on the children and their conditions: there may be contextual factors that, in different ways, hinder the well-being and quality of being in the world, or others that instead favour its expression. The everyday life of the services offers a lens that should not be underestimated, especially as a living environment, in its complexity of ecologies, relationships, and common living spaces (Ianes, 2006).

It may happen that this construction of spaces of hope encounters difficulties, resistance on the part of both parents and educational personnel. In the former case, it is not always the case that the pedagogical horizon is immediately picked up as significant for a variety of reasons: the communication of the diagnosis may be difficult to metabolise, the world of educational services may still have the image of being only welfare, the dream of a sort of “cure” or “normalisation” distances one from the small achievements always seen as of little value. Educators can also fall into despair: it may not be easy to recognise the possibilities of the youngest, to get in tune, to manage and feel adequate with respect to behaviour that is difficult to frame, to resist the temptation of reparation. In some circumstances, it may also happen that the educational personnel have to present emerging difficulties which, if not adequately communicated and supported by open descriptive accounts, weaken or deconstruct the ties with the families.

It is in these situations, however, that educational competence is authentically measured, in those tiring contexts where the ability to build relationships, negotiate, contain, tune and reclaim requires a direction capable of unlearning what one knows and learning from those one encounters.

Being a helping relationship, renouncing to know everything and putting up against contradictions, disorientations, perturbations, means nurturing hope: willing to lose in presumption and control, ready to gain in error, unpredictability, imagination (Caldin, 2017).

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