

ENHANCING LATVIA'S EARLY CHILDHOOD PREVENTIVE SYSTEM THROUGH A COMPARATIVE ANALYSIS WITH ITALY

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ABSTRACT

This study presents an ongoing comparative analysis of Italy's inclusive education system, including its early childhood preventive system. Italy is considered among the key countries in Europe for developed inclusive education and intervention systems due to its strong commitment to inclusive services and its demonstrated success in providing high-quality support and intervention to young children with development difficulties. The results of this study will provide valuable insights into the structure, policies and practices of the Italian inclusive education system and – briefly – into the development of a more effective and efficient inclusive early childhood preventive and inclusive education system in Latvia. The study is based on a review of the relevant statutory acts, literature and policy documents. The study highlights the key factors that contribute to the success of the Italian system and identifies best practices that could be adapted and implemented in Latvia. For instance, in cases where a child is diagnosed with learning impairments, a personalized didactic plan is created instead of an individualized learning plan as it is considered a more social approach to addressing learning difficulties. Italy has had extensive experience with the creation of functionally dynamic plans within inclusive education for many years, a counterpart of which can be seen in Latvia. However, the full potential of this approach is not utilized, hence it is important to learn about the practices of other countries in creating such plans. These and other questions are discussed in the analysis in order to improve the quality and accessibility of inclusive education in Latvia and to promote positive outcomes for young children and their families.

Keywords: *child development, inclusive education, education plans, early intervention, Italy*

Introduction

Early child development (ECD) is a foundation for adult well-being and population health. Growing scientific evidence highlights the long-lasting consequences of events or experiences that occur in early childhood for both physical and neurobiological systems that guide physiological and behavioural responses to stress during an individual's

life (Gonçalves et al., 2019; Hertzman & Power, 2004; Walker et al., 2011). Promoting healthy ECD is a core priority to attain a more equitable, fair and wealthy society. Comprehensive and culturally relevant ECD interventions are designed to avoid or cut down on the physical, cognitive, and emotional limitations faced by children experiencing social disadvantages.

More than 70% of OECD countries with available data have integrated early childhood education and care (ECEC) services, where one or several authorities are responsible for administering the whole ECEC system and setting adequate intentional education for children from the age of 0 or 1 until entry into primary education (OECD, 2019a). During the ECEC stage, it is sometimes observed that the child lacks sufficient social, cognitive, and problem-solving abilities. Their interactions with adults and peers are delayed, their academic performance is affected, and there may also be instances of problematic behaviour.

Preventing issues or intervening early while problems are relatively minor is advantageous for both the child and their family. Intervention services for young children who have developmental delays or are at risk have been shown to positively impact outcomes across developmental domains, including health (National Scientific Council on the Developing Child, 2010), language and communication (American Speech-Language-Hearing Association, 2008), cognitive development (Hebbeler, 2009) and social-emotional development (Landa et al., 2011). Families benefit from early intervention by being able to better meet their children's special needs from an early age and throughout their lives (Dunst, 2021; Hebbeler et al., 2007). Benefits to society include reducing the nation's economic burden through a decreased need for special education (Hebbeler et al., 2007).

The Latvian Education Development Guidelines 2021–2027 (*Ministru kabineta rīkojums Nr. 436*) emphasize that it is important to establish and implement an early prevention system for children, providing comprehensive, systemically integrated pedagogical and psychological support to meet the child's developmental needs. Such a system should cover all stages related to the provision of children's developmental needs – research, assessment and diagnosis, early and appropriate support (intervention) and monitoring, reducing the risks of developmental, behavioural and other disorders in children, and addressing problems related to the capacity of municipal pedagogical-medical commissions and the coordination of inclusive education support centres.

Since 2019, Latvia has been working with the state and local government sector to advance projects on the development of a framework for the implementation of early childhood development assessments (ECDAs) and, at the same time, a reform plan for the pedagogical-medical commissions with the goal of aligning this commission's approach to the globally prevalent biopsychosocial model in the process of assessing children with special needs. The development and validation process of the ECDA tool is currently in its final stages (Raščevska & Nīmante, 2022), and it is planned that this tool, together with a manual and action algorithm as well as early interventions for children, will be introduced in practice at the end of 2023 (Pārresoru koordinācijas centrs, 2022).

Such a standardized and validated set of methodological tools for early childhood development assessment in the digital environment does not exist in Latvia at the time of writing; therefore, the functioning of this tool is not regulated in the national legislation. It is unequivocally clear that in order to carry out this early childhood assessment and any intervention, a complex, multi-institutional (education, health and welfare) solution that performs multiple functions is needed. Examples include coordinating communication between stakeholders involved in early childhood screening, coordinating system management, and ensuring that children identified as having special needs are supported in their daily education.

Currently, there are temporary regulation in force stipulating that the assessment of a child is carried out, if necessary, either by pre-school support team or by a pedagogical medical commission. With the introduction of the novel preventative child support system, the responsibility for this undertaking might fall under the purview of a recently established organization or by a pedagogical-medical commission.

Due to the fact that one of the objectives of the Latvian Education Development Guidelines (*Ministru kabineta rīkojums Nr. 436*) is to establish and implement an early prevention system for children and implement a reform plan for pedagogical-medical commissions, one of the tasks initiated by the Cross-Sectoral Coordination Centre of the Republic of Latvia is to conduct research on other countries' early childhood intervention and inclusive education systems (Pārresoru koordinācijas centrs, 2023). The comparison of different countries is done primarily with the aim of expanding international knowledge and horizons and secondarily, as a rule, as a prerequisite for comparative, cooperative and normative activities (Bürli, 2019).

The experiences of Lithuania and Estonia have principally been taken into account when researching European countries on foreign practices as they are Latvia's neighbours. Other countries whose inclusive education policies and organizations have been studied are Sweden and Canada. These countries were chosen in the context of positive OECD research on good practices in inclusive education (Raščevska et al., 2019). Italy and Portugal were selected as the next countries to be studied in the context of early childhood intervention systems, as they have fully implemented inclusive education at all levels of education (from pre-school to university) and have the relevant legislation in place (Begeny & Martens, 2007; Ianes, 2020; Marsili et al., 2021; UNESCO, 2020). This research has led to a number of valuable insights, system characteristics and architectures, which the Latvian working group hopefully will consider when designing Latvian early intervention and inclusive education systems while bearing in mind the historical and cultural differences between the countries (Bürli, 2019). However, examples and experiences from abroad can give Latvia broader insights into the possibilities that can be developed in the design of the new early development assessment system.

For reasons of space, this article reflects only on a study of the Italian system of inclusive education and early preventive support for children to integrate good practices into the future structure of the Latvian Child Development Support Centre (Pārresoru koordinācijas centrs, 2023). Therefore, this research aims to improve Latvia's inclusive education

system, especially concerning the implementation of an early intervention system, through (1) providing a brief review of the development of statutory acts regarding early childhood education and inclusion in Italy aimed at understanding the legal framework and its implications and (2) reviewing the inclusive education system in Italy in accordance with statutory acts with a view to the practices which could be implemented in Latvia.

Methodology

Information on the current situation of the early intervention systems for children in Italy was obtained from its laws and regulations, primarily from Law 104/1992 (*Legge 5 febbraio 1992, n. 104, 1992*), which is considered to be the most relevant law regulating issues related to disability, learning and developmental disabilities, as well early childhood education and inclusion.

The methodology encompasses the following undertakings. First, a selection of relevant statutory acts in their chronological appearance is analyzed based on their alignment with the subject of early childhood education and inclusion. This involves an examination of legal databases and official legislative sources to ensure the inclusion of key acts. Second, statutory acts related to early childhood education, disability, inclusion and related areas are classified together to facilitate a coherent analysis. Third, during this analysis, attention is paid to cross-references and dependencies between different statutory acts. This approach provides an understanding of how various acts interact and contribute to the overall legal landscape. Fourth, the review focuses on identifying key elements within the statutory acts, including definitions, principles, rights, obligations and procedures related to early childhood education and inclusion. Finally, the outcomes of the statutory review are integrated with the literature review on practices that could be discussed in Latvia.

Results

A Brief Overview of Statutory Acts Regarding Inclusive Education

According to Article 34 of the Constitution of the Republic of Italy, education is accessible to all. Furthermore, Article 3 stipulates that “the duty of the republic is to remove all obstacles that limit the freedom and equality of citizens in order to ensure the full development of a person.”

Before a major turning point in providing access to education occurred in 1971, Italy had special schools for children with mental and physical disabilities and special classes for “students with disabilities”. The most significant changes took place in 1971 with the promulgation of Law No. 118/1971 (*Legge 30 marzo 1971, n. 118*), which was an essential step in the development of inclusive education. Article 29 of this law states: “Compulsory education has to take place in regular classes of public schools, except when the subjects suffer from such severe intellectual deficiencies and physical impairments that they are able to block or make extremely difficult learning or insertion in ordinary classes”.

The next significant turning point occurred in 1977 when Law 517/1977 (*Legge 4 agosto 1977, n. 517, 1977*) was adopted, on the basis of which “procedures to integrate students with disabilities by providing special teachers” were introduced in public primary and secondary schools.

In 1992, Law 104/1992 (*Legge 5 febbraio 1992, n. 104, 1992*) was adopted. This law is the main framework for all issues related to disability. It guarantees special rights for people with disabilities and their families, provides assistance, determines full integration and the implementation of preventive and functional rehabilitation measures, and ensures the protection of social, economic and legal frameworks.

Article 1 of this law stipulates that the Italian Republic guarantees full respect for human dignity and the right to freedom and autonomy of the disabled and promotes their full integration in the family, school, work and society. In addition, Article 12 stipulates that disabled children (who, within the framework of the law, are persons who have stable or progressive physical, mental or sensory disorders that are the cause of difficulties in learning, relationships or professional integration and cause unfavourable marginalization) are guaranteed full inclusion in kindergartens at the age of 0–3 years. The right of disabled people to education and training is also guaranteed in standard classes of educational institutions of all levels and universities. The goal of educational integration is to develop the potential of a person with a disability in learning, communication, relationships and socialization. The exercise of the right to education and training cannot be hindered by learning difficulties or other difficulties resulting from or related to a disability.

The adoption of this law demonstrates a clear shift from a medical education model to a social education model in Italy, indicating the need to transform society to align with the needs of individuals with disabilities (Marsili et al., 2021). With the establishment of the International Classification of Functioning, Disability and Health (ICF) (WHO, n.d.) and the initiation of its implementation in Italy, a transition to a biopsychosocial approach is taking place. This shift is attributed to the universal relevance of the ICF, which extends beyond individuals with disabilities to encompass all of humanity. Concurrently, the ICF fosters a multidisciplinary perspective, facilitating dialogue and collaboration across various domains: health, social, educational, clinical, and statistical (Sannipoli, 2015). The statutory acts adopted in 2017 (*Decreto legislativo 13 aprile 2017, n. 66*) and 2019 (*Decreto legislativo 7 agosto 2019, n. 96*) have integrated the ICF’s theoretical and practical structure, strengthening those changes that, step by step, lead to a new inclusive model (Marsili et al., 2021).

Early Assessment of the Child: From Birth to Individual Education Plan or Individual Didactic Plan

Every child is assigned a family doctor after birth. Law 833 of 1978 (*Legge 23 dicembre 1978, n. 833*) stipulates the duties of the family doctor to assess the child’s condition (physical, cognitive and behavioural) at certain intervals (they are more frequent in the infant and small child period, then occur, on average, twice a year). This legal

obligation is respected by doctors and parents, and almost all children are taken to see a family doctor at least twice a year.

During these visits, the doctor's duty is to evaluate the child's health condition and development by filling in a model form. In the event that the doctor or parents suspect that the child's development is not progressing as it should or that the child has any difficulties, special needs related to possible health disorders, or developmental delay, the doctor reports this to the responsible service under the supervision of the Ministry of Health. The child's teacher has the same obligations if the child is in a pre-school educational institution.

In short, children up to the age of 18 are under the supervision of a family doctor, and the doctor examines the child twice a year.

When the family doctor has reported to the responsible organ of the Ministry of Health that a specific child has a developmental delay or health problem, a medical commission of the national health system equipped with adequate healthcare specialists must determine whether the child has a medical diagnosis of a mental or physical disability using a categorization for children with special needs. At this stage, a generic diagnosis will be given, although additional in-depth research may be requested for a more specific one. The medical commission issues a document certifying the disability and the resulting right to receive the support measures provided for in the current legal acts (for example, financial benefits). This document is a prerequisite for starting administrative procedures for inclusion in all areas of society, including educational institutions.

In the event that the commission gives an opinion that the child has special needs, then a doctor-specialist conduct an in-depth study of the child and determine the child's specific medical diagnosis. This can sometimes take a long time while all the necessary research and tests are carried out (for example, an autism test can take up to two months). The commission will decide whether the child has the disability (based on article 3 of Law 104/1992 (*Legge 5 febbraio 1992, n. 104*, 1992)). There is another possibility that the child has specific learning impairments, such as dyscalculia, dysgraphia, or dyslexia. These learning impairments can be certified by any doctor. Finally, the third type of special needs is called special educational needs. The school makes the particular decision regarding special educational needs based on linguistic, socio-economic and/or behavioural difficulties (Zanazzi & Politicelli, 2017).

The next sequential step is creating the child's dynamically functional profile (*profilo dinamico funzionale*, PDF), which is updated at the end of kindergarten, primary school and secondary school. This profile can be updated by a specialized doctor or expert on the health status of each child, a child neuropsychiatrist, a rehabilitation therapist, a social assistant or representative of the relevant municipality, representatives of the educational institution, or their parents. The PDF is an interdisciplinary collaboration tool containing various planned interventions to develop the abilities of an individual with a disability to achieve their potential goals. A comprehensive assessment is conducted at specific points on the child's cognitive abilities, socialization and communication skills, linguistic, sensory and motor skills, neuropsychological condition, autonomy,

and learning ability. The main goal of the PDF is the broadest possible knowledge and the deepest possible understanding of a student's functioning, strengths and weaknesses. Unfortunately, it is not uncommon for the drafting of the PDF to be based on a medical model approach, describing the child's abilities and possible development based on their medical diagnosis (Ianes et al., 2010).

Latvian statutory documents do not provide the preparation of such a broad and comprehensive document. As the aim of such a functional plan is closely linked to the processes for the pupil's successful integration into the school environment, more effective learning and socialization, the possibility of developing such a functional plan, at least in the pre-school age group, should be discussed in Latvia, along with the introduction of an early prevention system. There may be some similarities between the PDF and a study on child with special needs prepared by a specialist in accordance with the legislation of the Republic of Latvia, an opinion containing the recommended support measures and educational programme (*Ministru kabineta noteikumi Nr. 556*, 2019), but it is comparable to the PDF only in some aspects and is considered a much simpler document that may never be reviewed again, may not be presented to educational institutions if the parent does not want it to be, and is only of a recommendatory nature. Gaining an in-depth understanding of the student's situation, exploring their abilities, identifying their weaknesses and understanding the various causes leading to such a situation requires the involvement of a wide range of people and professionals (Ianes et al., 2010).

The second step is to develop an individual education plan for each student (*piano educativo individualizzato*, PEI) (*Decreto interministeriale n. 182 del 29 dicembre 2020*) based on this PDF, where the main task is to formulate goals that are in line with the person's life plan, asking whether the necessary skills that we are trying to equip the child with are relevant to him/her, improve his/her life skills, increase the real quality of his/her life and can be used in the ecosystems and relationships in which the pupil finds him/herself (Ianes et al., 2010). The PEI is a document that describes integrated and balanced interventions that are prepared for a student with a disability within a specified period of time.

From a didactical point of view, it is essential that the PEIs include real life goals related to a specific person, and it is therefore essential to choose goals that are as adult-oriented as possible and to use "adult" methods to achieve these goals (Montobio & Lepri, 2000), e.g. learning how to work and developing leisure planning skills, skills for autonomous/assisted living, skills for building and maintaining a social support network, and skills for managing their economic resources.

When considering Latvia's experience in preparing individual plans within the educational process (*Ministru kabineta noteikumi Nr. 556*, 2019), definite practical improvements can be observed in their formulation. Educational institutions strive to create them as meaningfully as possible, but they still tend to be quite uniform, mainly oriented towards achieving learning objectives corresponding to the chosen educational program. It might be necessary to initiate discussions on the approach to creating individual learning plans, placing similar emphasis on acquiring life skills and goals to Italy, as one of

the most crucial skills for anyone is to be autonomous and independent. There is also a tendency to isolate children with individual learning needs from the classroom, create special classes, and have children learn individually with support personnel outside regular class hours. Here, there is a need to move beyond the old “pupil with a disability-support teacher” model of cooperation, as the pupil needs to become accustomed to the different situations of discomfort and difficulty that can only occur in a school community made up of teachers, other pupils and other individuals (Ianes & Macchia, 2013; Ianes et al., 2010).

The PEI is created by a multidisciplinary group of specialists consisting of support and regular teachers, a school support teacher, parents and other support specialists (for example, speech therapists, psychologists, etc.). This multidisciplinary group of specialists jointly discusses the goals, ideas and proposal of training plans. Meetings take place approximately three times a year. The plan primarily outlines tools and strategies to create a learning environment based on relationships, socialization, communication, leadership and autonomy. It also points to individualized teaching and assessment methods.

The law provides for the development of adapted educational plans for almost all students in the Italian school system with special educational needs (including students with disabilities, specific learning disabilities, specific developmental disabilities or socio-economic, cultural or language deficiencies). They allow students to improve their abilities and knowledge based on their skills and expected area(s) of improvement.

Another tool used by schools in Italy is the personalized didactic plan (*piano didattico personalizzato*, PDP) (*Legge 8 ottobre 2010, n. 170*, 2010), which is relatively new, having only entered into force in the last ten years. Importantly, the law obliges all educational institutions to notify the family and intervene if they notice any signs of a learning disability. This tool is aimed at pupils with learning disabilities such as dyslexia, dyscalculia, dysgraphia, and dyspraxia and was introduced to highlight the educational needs of pupils with learning disabilities attending mainstream schools. The PDP is also referred to in the literature as a “contract” between the family and the school, regulating expected actions and behaviours to reach educational goals (Fogarolo & Ambrosini, 2013; Zanazzi & Politicelli, 2017), because the family also has certain responsibilities. This plan primarily reflects compensation and remedial measures. Compensation aims to minimize the negative effects of the impairment in order to achieve functionally adequate performance in any case, while remedial measures are an acknowledgement of the situation and aim at adequate protective actions to avoid the impairment leading to a general educational failure with personal consequences (Fogarolo & Ambrosini, 2013).

In the case of learning disabilities, learning is impaired but not impossible; while specific functions are impaired, others are intact and should function normally. Unfortunately, in Latvia, learning disabilities are still classified under a separate curriculum code, even though children are studying a general education programme, and schools can even refuse to enrol a child if they are unable to provide the curriculum code (special support). This approach is considered outdated, as learning disabilities clearly require specific knowledge on the part of the teacher. However, unfortunately, Latvian teachers’

lack of professional knowledge (OECD, 2019b) about learning disabilities creates a stigma whereby they refer these pupils to special classes, schools, etc., where they will receive a “better approach”.

With the benefit of these two plans and the *PDF*, children in Italy receive the most current necessary support in health care, education and at home. Furthermore, Article 5 of Law 104/1992 (*Legge 5 febbraio 1992, n. 104, 1992*) provides that disabled people have the guaranteed right to choose services that are considered the most suitable even outside their territorial district. For instance, here are following services that children with special needs have the right to receive:

- 1) Special education: This may include specialized schools or inclusion in mainstream schools (pre-schools) with the support of special education teachers, therapists and assistants.
- 2) Physical therapy: This may include rehabilitation and mobility and physical function therapy, including the use of assistive devices.
- 3) Occupational therapy: This includes therapy to improve fine motor skills, dexterity, and the ability to participate in daily activities.
- 4) Speech therapy: This may include therapy to improve communication and language skills.
- 5) Behavioural therapy: This may include therapy to address behavioural or emotional difficulties associated with the disability.
- 6) Assistive technology: This can include devices such as wheelchairs, hearing aids, and adaptive software to help people with disabilities participate in everyday life.
- 7) Home health care: This may include services such as nursing care, rehabilitation, and support with activities of daily living at home.
- 8) Respite care: This can include temporary support for families caring for a person with a disability, including overnight or weekend stays in specialist facilities.
- 9) Transportation: This may include special transportation services to help people with disabilities get to and from school, work, or appointments.

In Latvia, similar support measures are available for children with special needs, but they are fragmented and do not cover all regions. Currently, discussions between Latvian Cross-border Sectoral Center and the Ministry of Welfare are underway regarding the revision of this service package and the possibilities for receiving it. Exploring Italy’s practices in greater depth would be valuable in this context (Pārresoru koordinācijas centrs, 2022).

In Italy, laws set out comprehensive intersectoral collaboration aiming to provide a holistic range of services for children with special needs. This involves the cooperation of various entities, including the Ministry of Health (provides access to quality health care, including rehabilitation and therapy services), the Ministry of Education, the National Health Service (responsible for coordinating and delivering early intervention and support services for children with special needs and works closely with other organizations and service providers, including the Ministry of Health, the Ministry of Education and local authorities to ensure that children receive the support they need),

the Ministry of Labour and Social Policies (overseeing programs and services aimed at supporting people with disabilities, including employment support and services for families), the Ministry of Transport (providing special transport services for persons with disabilities), non-profit organizations, and advocacy groups. This collaboration ensures the complete well-being and development of pre-school and school children.

Italy's inclusive education system, like any other country, has gaps, such as micro-exclusion processes, difficulties with the support teacher role, difficulties with meeting the needs of children with disabilities and the diffusion of traditional teaching methods (Ianes & Demo, 2013), and difficulties with providing access to secondary schools for students with disabilities (Ianes, 2020; Marsili et al., 2021). Italy also needs to implement and assess the effectiveness of inclusive education practices and school policies, which would enable schools to steer their educational vision and find ways to include every student (Cottini & Morganti, 2016). Latvia's inclusive education system is at an early stage of development (Latvijas Republikas Saeima, 2020), and as Latvia faces similar problems to Italy, the experiences of other countries and their good practices can play an important role in Latvia's inclusive education transformation process.

Conclusions

A shift to a biopsychosocial approach is occurring with the creation of the ICF (WHO, n.d.) and the beginning of its application in Italy (and also slowly in Latvia). This change is credited to the ICF's universal applicability, which goes beyond people with disabilities to include all of humanity. In addition, the ICF promotes a multidisciplinary viewpoint by fostering communication and cooperation between experts in the fields of health, social, education, clinical, and statistics. In the modern world, there is a need to reduce reliance on the medical approach, where a medical diagnosis determines a child's learning needs and other factors.

To provide effective support for children within the context of the biopsychosocial model, Italy has established three key documents in its legislative framework: the functionally dynamic profile (*profilo dinamico funzionale*), which is the key document, the individualized learning plan (*piano educativo individualizzato*), and the personalized didactic plan (*piano didattico personalizzato*).

The main task of the *profilo dinamico funzionale* is to formulate goals that are in line with the child's life plan, asking whether the necessary skills that we are trying to equip the child with are relevant to him/her, improve his/her life skills, increase the real quality of his/her life and can be used in the ecosystems and relationships in which the pupil finds him/herself. This approach is crucial for any country when creating support documents for children with special needs. While something similar to the *piano educativo individualizzato*, specified in Italian legislative acts, can be seen in Latvia's education system, the *piano didattico personalizzato*, designed for children with learning disabilities, is a noteworthy practice that could be transferable to Latvia. This practice would

help prevent the stigmatization of children with learning disabilities and avoid unjustly depriving them of the opportunity to receive secondary education.

The Italian model mentioned above shows that cooperation between different ministries and health authorities can provide comprehensive support for children with special needs. It is important to note that support measures are provided throughout the country, not just in large cities, which enables all children to receive appropriate support regardless of where they live. These aspects deserve thorough investigation, especially considering that one of the functions of the new Latvian Child Development Support Centre is to enhance and establish a cohesive support system for child development. It would encompass the provision of support services, overseeing the quality of early preventive support services' implementation, result monitoring, and collaboration with medical institutions, local governments, and other service providers.

In light of the above, it would be advisable to review Latvia's practices, which do not involve such an extensive and meaningful engagement of subjects in the development of comprehensive educational plans as mandated by Italian statutory acts. Successful inclusion cannot happen in real contexts without the full participation of all people involved or a strong will expressed by the management (Zanazzi & Politicelli, 2017). For all these reasons, analyzing the two countries' experiences is clearly relevant to the creation of new models for child development support systems. However, it is important to remember that each country also has its own cultural characteristics and different societal beliefs, which may hinder a rigid transfer of models from one country to another.

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