Inclusion of children with disabilities in mainstream education in Albania: lessons from three regions

Merita Poni[1],

Abstract

This paper reports on the situation of inclusion of children with disabilities in mainstream education in three regions of Albania: Vlora, Gjirokastra and Korca. The study used observation as the main method for data collection. The paper informs on the social progress of children with disabilities aged 5-9 in schools that are piloting inclusive education. The research provides insights into current problems that children with disabilities face in mainstream education and which have an impact on their social progress along with academic achievements. The aim of this paper is to investigate the state of inclusion of children with disabilities by referring to the social progress in school. The study observed 55 children with disabilities in preschool and primary school levels. The findings of the study report that the social progress is influenced by school culture expressed in peers and teachers attitudes towards inclusion of children with disabilities. Mainstreamed children with disabilities like to go to school and socialize with peers in a passive way. Regarding class activities, many of them are not actively engaged and face difficulties in skills for problem -solving and conflict resolution. The paper concludes by discussing potential steps that may positively impact the social progress and the widening socialization opportunities for children with disabilities in mainstreamed education.

Key terms: inclusive education, children with disabilities, attitudes, social competence.

During the period of socialist regime, the special education in Albania has been segregated (Radoman, Nano, Closs, 2006). Children with disabilities were congregated in special schools or residential institutions, to be educated and cared for apart from other children. The special schools offered an educational program while residential centers provided only institutional care. The special schools were divided per typology of impairment. The types of schools existing were the schools for blind children, the school for deaf children, and the schools for children with mental retardation[2]. The schools did not cater for all children with disabilities, because the sector of special education was

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very limited. Few special schools were built in urban areas; thereby, only children living in those urban areas could go to the special school. The special schools provided boarding for a small number of children. Children with motor impairment were sent in residential institutions. However not all children with disabilities were cared for in residential institutions or educated in special schools. Many of them stayed isolated in home.

Other reasons for leaving children with disabilities outside the educational system, during the socialist regime, were related to the attitudes against disability. People with disabilities were considered to be uneducable and any investment on their education was considered a waste of money. Not only were people with disabilities stigmatized by the society at large, but their human capital was devalued by the communist regime which economy relied upon labour supply of able-bodied people. The eugenic social policy of the communist regime rested on the view of people with disabilities as sick individuals in need for protection. Parents of children with disabilities were asked to hand over their children to the government in order to work. Consequently, many children with disabilities were removed from their families and congregated in hospital-like institutions where they spent the rest of their life under material and social deprived conditions. The benefits of a close family ties vanished.

After the collapse of socialist regime Albania faced serious difficulties in educational sector (World Bank, 2006), which are not yet overcome. The situation of special education was closely related with the deteriorated educational system (De Soto, 2005). For a country in difficult economic circumstances building new schools, especially separate special schools, was unlikely to happen, even if desirable (Radoman et al., 2006; World Bank, 2010; UNICEF, 2008). Furthermore, the global economic crisis, the economic situation and the competition for funds between education and other public sectors of health and social security makes it highly unlikely that additional resources will be allocate to the education (Ikonomi, Musai & Sotirofski, 2010)

The myriad of problems in education has been affecting the access of children with disabilities in the educational settings. The crowded ill-equipped mainstream schools, rigid undifferentiated curriculum and undeveloped teachers professional skills (Sultana, 2006) contributed to the access of children with disabilities in mainstream schooling. Disabled children were not required to complete compulsory schooling in Albania; therefore data on them were uncertain and record keeping in unreliable (Radoman et al, 2006). Actually, there is very little in the way of catering for the special needs of around 12,000 children with disabilities with the state offering services to only 9.5% of them in 12 special institutions that provide special care (Ikonomi et al, 2010). Children benefiting from special education are mostly with hearing and vision impairment (UNICEF, 2010), while, children with very severe disabilities and those with significant disabilities are invisible and are receiving no education services at all (Radoman et al, 2006).

Although dealing with poverty and economic challenges, since 1990's, the government of Albania, has constantly worked to develop a policy framework on education. The Ministry of Education and Science (MoES) has been planning reforms towards inclusive education since 2008, based on commitments undertaken under various strategies and success of NGOs projects (Ikonomi et al., 2010). The new Law on Pre-University Education, approved in 2012 (MoES, 2012a) is a reflection of existing policy documents and international conventions that Albania has ratified. To mention just few of them, of major importance are the Constitution of the Republic of Albania (Albanian

Parliament, 1998) which states the right to education for all regardless social background; the United Nations Convention of the Rights of Child, ratified in 1992 that highlights the right to be educated in community; The United Convention on the Rights of People with Disabilities signed in 2009 (and ratified in 2012), the National Education Strategy for 2004-2015 (MoES, 2004a) that focuses on Pre-University Education and decentralization of educational sector and the Strategy for Education for All of 2004 (MoES, 2004b); the National Strategy for Children (National Committee on Women and Family, 2001) that articulates the right for quality education without discriminating against diversity of learners; National Strategy on People with Disabilities that concentrates on the right to mainstream education for all children with disabilities (MoLSAEO, 2005); the National Crosscutting Strategy on Social Inclusion MoLSAEO, 2007) that stresses the right for social inclusion; the National Strategy on Roma People (MoLSAEO, 2003) that promotes the mainstream education for Roma children; the National Strategy on Gender Equality and Domestic Violence (MoLSAEO, 2006) that calls for gender equality in education and for strict measures against violence against women and children. A more direct impact on inclusive Education was exerted by the Law on Pre-university Education of 1995 (Albanian Parliament, 1995) and the Normative Clauses on Special Education of 2002 (MoES, 2002).

The concept of inclusive education in the educational policy expressed in the new Law on Pre-University Education (MoES, 2012) is also influenced by the UNESCO (2005) definition where following elements are highlighted: (i) Inclusion is a process; (ii) Inclusion is concerned with the identification and removal of barriers; (iii) Inclusion is about the presence, participation and achievement of all student; (iv) Inclusion involves a particular emphasis on those groups of learners who may be at risk of marginalization, exclusion or under-achievement.

Such a definition implies some necessary steps such as embracing diversity of all learners, improving policy and practice, widening access to education to excluded and marginalized children to mainstream education and applying a shared curriculum of culture. It is clear from that definition that inclusion is called to challenge segregated special education for people with disabilities by promoting a child-centered rather than a professional-oriented education. Instead of fitting children to the existing forms of special education, inclusion urges the educational system to fit to children's needs. The aspiration for inclusion in education derives from the social model of disability that discredited the exclusionary practice of segregation created by the psycho-medical model whose legacy had negative impact upon the life of people with disabilities. The inclusion principle in education concerns first of all children with disabilities who face much resistance to be included in mainstream education. However, looking at inclusion as a generic frame, UNESCO definition may overlook the specific needs of children with disabilities whose interests are capital in inclusive education.

Lately, in November 2012, the Albanian Parliament ratified the United Nations Convention on the Rights of People with Disabilities (MoLSAEO, 2012) where inclusive education is seen as prerequisite to social inclusion and it should be provided within the general system of education (Article 24 on Education). As per UNCRPD definition the main outcomes of inclusive education are: (i) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity; (ii) The development by persons with

disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential and (iii) enabling persons with disabilities to participate effectively in a free society (Article 24).

Although important for paving the path for inclusive education, policy alone cannot transform the system of education into a more inclusive one. Other factors, such as teachers' attitudes and non-disabled children attitudes towards inclusion and development of inclusive practices, are equally important (Poni, Koka, Ndrio, Xhamo, Goci & Cela, 2010). The reform initiatives in the education sector require substantial efforts from national stakeholders for further development of a teaching and learning system which is based on innovative practices (Sultana, 2008).

Inclusive education policy in Albania is part of international efforts in education sector. Since 1990s, the inclusive education has known constant expansion all over the world and has become a global agenda (Maijer, Pijl, & Hegarty, 1997). As the result of the inclusive education policy, more children with disabilities are being educated in general schools. The policy is imposing a radical change to the general education system trying to adapt it to the diversity of learners. Innovative policies are often followed by resistance as they imply a changing of the status-quo and traditional values (Ainscow, Farrell & Tweddle, 2000). The change implies transformation of teachers' attitudes towards children with disabilities as potential learners in general school.

The educational direction for children with disabilities changed from special into integrated education, by 1970, after the evidence of adversary effects of special educational practice into the socialization and achievements of children with disabilities. Special education came firstly under critique of scholars with disabilities based on social model of disability which was created by UPIAS (1976). Social model held the psycho-medical model responsible for drawing division boundaries between people into normal and abnormal, valued and devalued, educable and uneducable, special and typical that resulted into exclusion of people with disabilities from society (Barnes, 1990; Barnes 2007; Deal, 2007; Finkelstein, 2002; Oliver, 1986; Wolfensberger, 1996). By locating the problem inside the person and pathologysing the difference, under the guise of care, the medical model expelled people with disabilities out of the collective space (Armstrong, Armstrong & Barton, 2000) and confined them in segregated institutions for rehabilitation and education where control over life was lost and dependency were taught (French and Swain, 2004). The social model considers disability and labels associated with them as historical social constructions and not inherent qualities of a person. The social model challenged the ideology of medical model which under benevolent intentions, indeed added to the stigma and produced social disablism (Oliver, 1992; Priestley, 1998; Thomas, 2004; Barnes, 2007). The social model influenced a lot the shift of disability paradigm and inclusive education. However it has been criticized for disembodiment of disability (Shakespeare & Watson, 2002; Beckett, 2006) which may have a negative impact on the needs-based support strategies.

Another critique comes from critical sociology which revealed the political dimension of oppressive nature of special education. Challenging special education on the ethical grounds, sociologists questioned the 'egalitarian' philosophy and benevolent pedagogy of special education (Tomlinson, 1982; Tomlinson, 1999; Barton, 1988; Barton, 1996; Barton 2006). The notions of deficit, of sub-normality, and special needs came under critique as prejudices that reduced people with disabilities capacity on what they cannot rather on what

they can do. Additionally, schooling plays a significant distributive role in reproduction of economic, cultural and social inequalities (Barton, 2006) and special education through the process of exclusion has reinforced inequity for children special needs. Sociological perspective has played an important role in discovering the underpinning philosophy of special education and the economic, politic, and social interests associated with it, however it does not help classroom teaching strategy (Clogh &Corbett, 2001).

In education the psycho-medical paradigm has been replaced by the interactive paradigm (Clark, Dyson, Millward & Skidmore, 1995) considering both, the child needs and the educational circumstances, important for integration. Although integration has been a better practice compared to segregated education, the problem of quality of education and friendship of integrated children has been persistent. The integration practice showed that children were physically present but did not participate emotionally or socially to the group of peers. Rather than affective belonging to the school community, the integration of children with disabilities resulted in a location shift from special to regular schooling. Therefore to avoid the negative impact of integration, another concept emerged: Inclusion, which meant a 'true integration' (Farrell, 2001:7) where children belong and learn together. Inclusion is a rights-based approach stating that all children have the right to attend the mainstream school and be fully included in its academic and social process (Mittler, 2000). Since 1990, many scholars internationally share the idea of inclusive education (Ainscow, 1991; Allan, 1999, Booth, 1999; Clough & Corbett, 2000; Dyson, 1990; Slee, 2001).

Despite the high profile that is given to the subject, the whole issue of inclusion remains extremely contentious and there is a whole range of contradictory views and practices (Farrell, 2001; Mittler, 2000; Ainscow, 1999). Although the term allows for different definitions, many authors agree that inclusion is a process, not a single movement or ideology (Clough and Corbett, 2000; Burke & Southerland, 2004; Florian, 2009; Forlin 2010). Inclusive education is about participation of all children and young people and reducing exclusion from culture, curricula and communities of learning (Barton & Tomlinson 1985; Barton & Tomlinson, 1984; Barton, 2006; Booth, 1999; Clough & Corbett, 2001). Inclusion seems to be less concerned with supposed needs rather than rights (Thomas & Loxley, 2007). However, the rights-based perspective may sound naïve if not followed by an adequate support to the children in the mainstream school (Ainscow, Farrell & Tweddle, 2000; Rouse, 2010). This concern resonates with the needs-based approach that argues for a specific support to the child based on impairment. The dichotomy between the rights-based and needs-based approaches over inclusion and exclusion is an artificial concern because both are inclusionist while advocating for social justice, democracy equality, and the right to be the same and different (Ravet, 2011). Moreover, inclusive education is foremost an ethical issue, otherwise it can be reduced to a technical issue (Allan, 1996; Lunt and Norwich, 1999; Armstrong et al, 2000; Miles, 2007).

The ethical grounds of inclusion are largely shared by Albanian policy-makers and teachers, but evidence from research (Poni et al, 2010; Ballhysa & Flagler, 2010; Ikonomi et al, 2010; Nano, 2007; Radoman et al, 2006; Closs, Nano & Ikonomi, 2003) informs that the implementation is facing resistance and is creating contradicting feelings and views. Amongst other barriers, teachers' attitudes are considered to be the most difficult ones. A compelling body of research demonstrates that teachers hold negative attitudes towards implementing inclusion and do not see inclusion as a principle that should be followed (Wisner & Mazurek, 2005). However attitudes are not fixed and may change as result

of interaction with children with disabilities (Forlin et al; 2010; Forlin et al, 2011). The positive attitudes are strong predictors for inclusive education (Avramidis, Bylis & Burden, 2000). Nevertheless, the analysis of literature review shows greater evidence of positive attitudes towards ideology of inclusion, but no evidence of total inclusion in educational provision (Avramidis & Norwich, 2002). The inclusion policy places in teachers a huge responsibility for implementation meaning that teachers do not only have to accept the ethics of inclusion but have to make it a reality in the classroom. Nonetheless, policy pressure may cause tensions in inexperienced teachers. This is well documented in a comparative research done by Norwich (2008) in USA, UK and the Netherlands that discovered that the policy created dilemmatic position among educational practitioners. Norwich (2008) found that the practitioners in the Netherlands recognized the limits to inclusion due to the gap between ideals and practice of inclusion.

In order for policy of inclusion to be implemented in classroom and school context, a shift of paradigm on education is needed. The change from limited access - of especially Roma and of children with disabilities - to inclusive education depends both on a change at educational policy and practice levels. However, the change will not happen if teachers, as key actors of the process are not equipped with necessary attitudes, knowledge and skills within a supportive environment (Fullan, 2007; Jordan et al, 2009; Ikonomi et al, 2010; Poni et al, 2010). Another factor influencing inclusion is the peers' attitude towards students with disabilities.

MoES is increasingly recognizing the role of teachers for inclusive education, but is overlooking that of non-disabled children. The Institute for Educational Policy Development, a MoES agency, is designing programs for professional development of teachers in cooperation with civil society partners and international expertise. The NGOs are creating and sustaining inclusive educational practice through development projects. One of them is the International Organization Save the Children that since 2008 has been promoting access and inclusive education of children with disabilities in 34 kindergartens and schools in six areas of the country (Tirana, Berat, Librazhd, Gjirokastër, Korça and Vlora). Assessed children are enrolled in mainstream schools and supported with Individual Education Plans compiled by teachers, headmasters and school psychologists. Local Education Authorities are involved in supporting teachers training and monitoring the children with disabilities integration.

This article reports the level of inclusion of children with disabilities in mainstream schools as a result of the Save the Children and MEDPAK (2012) project in three regions: Gjirokastër, Korça and Vlora. The study covers 9 kindergartens and 11 elementary schools. The subjects of study are children with disabilities that represent only 10% of children that benefit from the project in three regions. The data are gathered through observation report on the attitudes of peers towards inclusion.

Methodology

The measured indicator is the attitude of peers towards inclusion. In order to achieve a clear picture of the inclusion of 55 children with disabilities in school, this study made use of observation. The observation format was adapted by similar instruments used to observe the socialization and to measure the indicators of inclusive education (van de Grift, 2007). For measuring the level of peers' acceptance were observed the communication and the interaction. For each observed child, was prepared a detailed

description on the kind of disability and on the socialization aspects. The information gathered through observation was backed up by teachers' opinion on each case. The majority of observed children were with intellectual disabilities.

The key operational terms used in this study are disability and special educational needs. The concept of disability is referred to the definition of the National Strategy of People with Disabilities (MoES, 2005). The disability represents a long-term condition that restricts the cognitive, motor and emotional abilities. Disability derives from the combination of personal impairment (that is inherent) with the environmental factors (that are external). For that reason, the disability is not a person's problem. It has to do with the environment as well that can hinder or facilitate the person's life. People with disabilities have special needs that derive from the combination of living conditions with individual characteristics.

Although the strategy on disability states a clear social model of disability, the professional practice is medical oriented. In order to have access to professional support from public service provision, people with disabilities must be defined as disabled by a state medical commission (KMCAP[3]). The medical commission assesses the visible physical, sensory and mental impairments. Children having invisible impairments are not assessed. Therefore they may be at risk of being exposed to the complex difficulties of regular schooling process without specialized support for their special educational needs.

In education, the special needs are related to the learning ability (MoES/Normative Clauses, 2002). In order to improve the learning abilities, curricular interventions are needed to adapt educational program to the children needs. Not all of children with disabilities may have special educational needs (SEN). For instance, children with motor impairment have no learning difficulty: a child in wheelchair needs an adapted environment rather than an IEP. Children with intellectual disabilities, children experiencing emotional and behavioral difficulties, children with ADHD and with Autism Spectrum Disorder (ASD) are more in need for educational support. Among children with SEN the most vulnerable group are children with intellectual disabilities, whose impairment reduces cognition abilities. Children with SEN have more specific needs to learn and they need an IEP to attend school. Often the intellectual impairment and emotional difficulties are not visible and these children needs might be neglected. Teachers and peers may misunderstand them. Thereby, the inclusion of them may represent a real challenge to the mainstreamed education

The acceptance of children with disabilities from non-disabled peers is considered to be as important as teachers' attitudes for inclusion. Acceptance is a main condition and indicator for harmonious co-habitation. Acceptance is different form physical presence. The acceptance creates the conditions for inclusion, while the presence is a physical integration. The main scope of inclusive education is just inclusion and not the presence. To be included in education, children with disabilities need to be socialized with the non-disabled peers. However even the presence of children with disabilities in regular school is very positive as it is a precondition for further integration and inclusion as to be accepted, children with disabilities need first to be among children. The acceptance from peers was assessed by observing the communication and interaction with disabled students, in and outside the classroom.

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3   KMCAP is the acronym for Medical Commission on Assessment of Work Ability (Komisioni Mjekesor per Caktimin e Aftesise per Pune)

Results of the study

The peers were observed if they communicated with a desk mate with disabilities. The attitude in desk informed on the quality of interaction between children. The desk was the place where most of cooperation in class took place. The cooperation contributed to socialization and academic cooperation. The results inform that 55% of non-disabled peers did not like to share the desk with pupils with disabilities because prejudices. The identification with disabled children or as their close friends would expose them to verbal violence. Furthermore, they did not know how to communicate or interact with them. However, another half (45%) of non-disabled children accept to stay with children with disabilities in the same desk.

At the beginning of school, children were placed in desks by the teacher; therefore sharing the desk is usually imposed by teacher. Although not their choice, those who shared the desk got used to stay together and even started to welcome their presence. Teachers had a crucial role in promoting the communication between pupils. When asked, the peers answered that they did not like to change the desk friend. During the academic year, teachers found in these children the best friends of pupils with disabilities.

The level of interaction and cooperation in class is similar to the level of acceptance: 42% of the non-disabled children were not cooperating or communicating with children with disabilities during class work, and 42% were cooperating sometimes but not constantly. Only few cooperated regularly and were attentive towards the needs of the desk friend with disabilities. Those are usually the desk peers who under teacher directions work in pair. Teachers' role is decisive in in-class interaction.

During the class breaks was observed a higher level of communication and interaction between peers and children with disabilities. From 42% of interaction in-class, the cooperation raises in 58% out-class. During the break-time peers helped the child with disabilities to fulfill some personal needs, such as: changing books and didactic materials and accompanying to the toilet. The help during breaks was easier to provide compared to the academic support during class. Furthermore, the class cooperation was hindered by the pedagogical pressure to finish the task on time. The peers were worried to finish the task rather than helping the friend with disabilities. The most of academic work was individual. The individualism conditioned by academic tasks competed with the moral principle solidarity. Children were placed in a dilemmatic situation: to help the self or the other. The school values encouraged the personal success. The dedication to the others could hamper the chances for individual success. Therefore, relaxed from pedagogy requirements, the peers were more empathic during class-breaks.

During play time, children were less conventional. In play they set the rules themselves and bypassed the academic normative boundaries imposed on them by the class-teacher. From the study results that 56% of the observed cases did not accept to play with children with disabilities and 44% played sometimes with them. Those not accepting to play felt the pressure of prejudice and the need to win. They thought that the success depends on game quality and quality of players. Children with disabilities were thought to be unable to play and that they presence could compromise the game. When playing children were concentrated to win which rendered them intransigent towards inclusion of friends with disabilities in the game. Peers that accepted to play were more tolerant and less aggressive in play. They considered the game more as an entertainment activity.

Discussion

The results show that the school culture favors individual academic success over collective success. Academic success was a school objective, while the care for others not. The social responsibility was relegated to the private sphere of interpersonal relations. The moral duty of helping the other was not institutional, thing that made children's choice difficult. More help was provided during class-breaks rather than in-class which may inform of the conflict in academic achievement between personal interest and collective welfare.

All children with disabilities shared the desk with a non-disabled peer. The choice was made by the class-teacher. Although non-disabled children were not enthusiastic at the teacher choice in the beginning of school, later they were more assertive and their discomfort of sharing the desk with a different child was vanished. By staying together they got closer to disability problems and became more empathetic. At the end of semester, their feelings and attitudes towards friends with disabilities changed positively.

The desk was a tiny space that conveyed a lot of information on the institutional relationship of children with school and of informal relations of children between themselves. The desk created a strong tie between children and developed in them positive attitudes and emotions such as: intimacy, acceptance, friendship, compassion, liking, mutual understanding and respect for each other. The presence of children that were different exposed them to diversity and prepared them for co-habitation as a social group. The' staying-together' developed in children the cognitive and affective ability for the different others and taught them the social competence of caring for the other. Sharing the same space children developed the social responsibility to help the vulnerable peers to carry out common tasks in school.

Although the children accepting to stay with friends with disabilities in the same desk are only half of class, this is a very good sign for the inclusion of children with disabilities in mainstreamed education. Taking in consideration that the practice of integration is a recent one, the acceptance of non-disabled children to share the desk with children with disabilities, with whom they have never been in contact before, tells that inclusion can happen. It shows as well that children are less resistant to diversity and attitudinal change. Non-disabled children that accepted to be friends of children with disabilities influenced other children whose attitude was discriminatory because of prejudices and ignorance surrounding disability. Children of mainstream school are not trained to interact with children with disabilities. The information on disability can help them understand disability and develop empathy and skills to support peers with disability. The IEP can address that problem by including the training of non-disabled children with skills and knowledge on disability.

Although play is thought as the best place for socialization, in this study the play resulted to be a difficult terrain for inclusion. The observation showed that the nature of play as competition-oriented hindered inclusion. Even though the level of acceptance in play was relatively satisfactory, as almost half of non-disabled children accept to play with children with disabilities, the level of help was very low. Even when present in the play, the children with disabilities were left apart. Few children accepted to play with children with disabilities and help them be part of the team.

Conclusions

The data tell that children with disabilities face the lack of interest by peers, they

are not understood and do not receive adapted help. The high percentage of exclusion informs about the lack of knowledge on disability. Therefore the information and training of non-disabled children to handle the special needs of their friends with disabilities remains a priority.

Empathy that children showed in breaks reduced in classroom not because children stopped to be empathic but because the empathy impeded them achieve the school expectation for academic performance, which at the end leads to individualism. The social responsibility for care and support is left to the discretion of child and relegated to the private sphere of interpersonal relations. Over-estimation of individual academic progress to the expense of the social responsibility renders the children indecisive in choosing what is right and wrong. The social responsibility has a fundamental moral connotation of being part of the social group and children understand that value. Until school does not place this value at the institutional balance, children will defer the social responsibility in class and will run towards individualism. In contrast to class cooperation, the out-class cooperation is much better, because children are relaxed from academic demands of being successful. To help the other is as good as helping the self. Instead of denying help to the desk friend with disability, the non-disabled children shall be encouraged and trained how to help a friend with disability. The support given must have a mark too. To enable children to handle both, the academic task and social support for others in need, the school should institutionalize the socialization and make it equal part of the IEP. The valorization of socialization produces positive effects for both personal and collective success. For this reason, the democratic values of inclusion, acceptance, care for vulnerable children, and support for friends shall be part of the visible curriculum and should not be relegated to the private sphere (personal relations). If the school leaves the socialization to the children discretion only, and by the other hand requires children to run towards personal success only, the goal of school to produce responsible citizens will fail. The study shows that individual academic success has more credits than social responsibility and solidarity. Academic success is a school objective, while the care for others is not. The social responsibility is relegated to the private sphere of interpersonal relations and the moral duty of solidarity is not institutionalized by school as a public benefit. As a conclusion, the social responsibility should be institutionalized as a major public interest that brings benefits to collective co-habitation and to the development of the social competence to care for others.

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