Ideas and thoughts of Italian teachers on the professional future of persons with disability

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Abstract

Background The literature places special focus on the quality of life (QoL) of individuals with disability and on their self-determination and social and work participation. The field of vocational guidance also considers the satisfaction these individuals experience concerning their future crucial to their QoL. At the same time, however, persons with disability are at great risk of not making highly advantageous choices for their future. Hence, teachers and career counsellors can play an important role in vocational guidance for persons with disability.

Methods The present study was aimed at investigating the ideas of a group of teachers asked to describe in writing the future of hypothetical students with disability. Their descriptions were first analysed to verify whether any reference was made to the construct of QoL and whether a significant role was attributed to aspects of work inclusion and work satisfaction. Response category differences were then compared for curricular teachers vs. specialised teachers, elementary school teachers vs. middle school teachers, and low self-efficacy vs. high self-efficacy teachers.

Results Teachers describing the future of a hypothetical student with Down’s syndrome mentioned some aspects of QoL and emphasised certain features over others. Several category type differences teachers emerged, although not always in line with expectations.

Conclusions Teachers’ ideas on the future of individuals with intellectual disability are characterised by a certain bias towards the restrictions that impairment can imply. In consideration of our findings, the need for training actions is highlighted.

Keywords intellectual disability, professional future, quality of life, teachers, vocational guidance, work

Introduction

In Italy, as in several other Western countries, many ‘innovations’ in the field of disability have been developed over the last few years. These advances have not only stimulated significant changes in research, but have also led to modifications in the programming and assessment of rehabilitation and social integration programmes for individuals with disability.

The changes we consider most important and guidelines for our research work, concern:

• The generally acknowledged superiority of inclusion over institutionalisation models (Minnow 1990; Wehmeyer & Patton 2000; Guralnick 2001a; Wehmeyer 2003; Nota & Soresi 2004; Soresi & Nota 2004; Perera 2007);
• The consensus on the need to personalise intervention and to conduct systematic assessment of the efficacy of what is actually done in intervention programmes (Reid et al. 2001; Stancilffe 2001; Rondal 2004; Schalock & Luckasson 2004; Soresi 2004);
• The shift of focus onto users’ needs and rights, quality of life, participation and self-determination, as factors that must be considered evaluation criteria for the legitimacy and efficacy of intervention (Schalock 1999; Schalock et al. 2002; Wehmeyer 2006; Nota et al. 2007); and
• The importance, when programming treatment and inclusion, of recognising context characteristics and of attributing meaningful roles to family members, teachers and health service providers (Wehmeyer & Patton 2000; Guralnick 2001b; Luckasson et al. 2002; Soresi & Nota 2004; Wehmeyer 2006).

These new assumptions all essentially point to an ecological-behavioural perspective, which has also been endorsed by the World Health Organization (WHO) and is currently being disseminated through the WHO’s International Classification of Functioning, a set of new criteria for evaluating disabilities and human functioning (although this new approach does not underestimate the influence of impairment and of other genetic and organic ‘determinants’) (WHO 2001; Wehmeyer 2003).

The construct of quality of life (QoL) occupies a central place in WHO papers addressing disability issues. Recognition of the key role of this construct can be viewed as legitimisation and validation criterion for biomedical, habilitative and rehabilitative intervention programmes. Increasingly, the ultimate goal of any treatment programme is to enable targeted individuals to enjoy life conditions and levels of well-being and satisfaction that are decidedly higher than those they previously experienced (Schalock & Luckasson 2004; Soresi 2007). Moreover, in accordance with Cowen (1994) and in terms of ‘wellbeing’ and QoL, ‘psychological’ and ‘relational’ aspects that have traditionally been ignored when talking about ‘health’ must now be given due consideration – e.g. the importance of individuals feeling at ease with their families and in their professional environments (i.e. school and work), the satisfaction they experience in interpersonal relationships, and opportunities to carry out diversified activities and tasks, in consideration of their age and abilities.

In virtually all QoL definitions reported in the literature and in nearly all theoretical QoL models of individuals with disability (Felce & Perry 1995; Schalock & Verdugo 2002; Nota et al. 2006), reference is made to domains such as self-determination, choice autonomy and opportunity, and perceived satisfaction with one’s own occupation and social relationships, social integration and adjustment (Hughes et al. 1995; Schalock & Verdugo 2002).

Hence, these domains are obviously also important for vocational guidance researchers and counsellors. Lent & Brown (2008) state that by ‘setting and progressing towards personal goals, engaging in valued activities, and interacting with those in their social support system, people contribute to their own growth and sense of purpose, organise and make meaning of their lives, and, in turn, are able to enhance their own subjective wellbeing’. These authors also maintain that overall life satisfaction is influenced by the ‘sense of satisfaction that people experience within the central domains of their lives, including work’ (p. 9).

This concept is especially important for individuals with intellectual disability (ID), who are at greater risk of unemployment than people with other forms of disability are (even though many, e.g. those with mild ID, do possess the necessary requisites to find a job – even in competitive settings). For example, Cinamon & Gifsh (2004) interviewed young people with mild ID and concluded that many were aware that work was important not only as a source of income, but also as a factor that can help meet several psychological needs. We also investigated the concept of work in a group of individuals with ID by using an interview template proposed by Chaves et al. (2004); we found that participants frequently considered work in a positive light and as a pleasant activity that allowed them to spend time with others (Ferrari et al. 2008).

Our findings in the above-cited paper also pointed to a need to involve teachers in the vocational guidance activities of their students with ID. In fact, although it is generally thought that the vocational development of these individuals will be determined by their own limitations, evidence has shown that it is also influenced by the attitudes of
significant others towards them (Soresi et al. in press). Concerning school effort and school achievement, numerous data provide evidence for the idea that the presence of disability, or the disability label itself, negatively influences teachers’ perceptions and expectations for their students with disabilities (e.g. Dunn 1968; Foster & Ysseldyke 1976; Algozine & Sutherland 1977; Taylor et al. 1983) in public school and even college classrooms (Minner & Prater 1984; Beilke & Yssel 1999). Moreover, Bianco (2005) has observed that special education and general education teachers tend to refer disability-label students to gifted programmes less frequently than they do with students having no disability labels—‘the emphasis on identifying and remediating deficit areas may obscure special education teachers’ capacity to recognise gifted abilities among their students’ (p. 290). These teachers’ low expectations are manifested with a tendency to provide more rewards and fewer punishments, and show more pity and less anger than with non-disabled students. This bias, in turn, leads to lower school achievement expectations, demotivation, anger and frustration in the students with disability themselves (Ferri et al. 2001). Similarly, Forlin et al. (1999) maintain that teachers frequently have low expectations about these individuals’ ability to learn, and feel the same about areas in which these youths could achieve average or high levels of learning (Schunk 1989, 1995).

With reference to more relational aspects and inclusion processes, a study by Kemp & Carter (2005) showed weak correlations between teachers’ perceptions of the behaviour of children with disability in inclusive classes—such as following instructions immediately, responding to individual questions and completing worksheets—and the children’s actual behaviour. The authors characterised these teachers’ perceptions, however, as being essential for ensuring an effective integration process. Prücher & Langfeldt (2002) showed how the opinions of expert special education teachers in Germany played a key role in the transfer of children from regular classes to special classes. Yet, no correlations emerged between the children’s characteristics (such as gender, age and IQ) and the teachers’ opinions on the children’s comprehension and task performance difficulties, academic, cognitive ability, and language deficits, low IQ and attention deficits. Although findings from studies such as these indicate a need to develop assessment based on a wide variety of procedures and sources, so as to properly plan intervention in school environments, they also demonstrate the ways in which teachers’ biased perceptions can negatively condition inclusion processes and can even determine the transfer of a student from regular to special classes.

As to the vocational future of persons with disability, Alston et al. (2002) showed that teachers and parents frequently show negative attitudes towards the idea that students with learning disabilities are able to undertake educational pathways in science and engineering faculties and tend to discourage enrolment in these faculties. Gilmore et al. (2003) found that only approximately 40% of the teachers they surveyed considered it likely that individuals with Down’s syndrome are able to get a job and live autonomously. The same authors also found that the most optimistic expectations concerning achievable adulthood goals for these students were held by teachers that were rated as being more in favour of school inclusion.

The first aim of the present work was to investigate inclusive school teachers’ representations of the vocational future of students with ID, by analysing whether the teachers mentioned the construct of QoL and/or attributed a significant role to the factors of work inclusion and work satisfaction.

The second aim was to verify the following hypotheses: consistently with the literature examining school inclusion effects (see Stoler 1992; Scruggs & Mastropieri 1996; Wilczenski 1997; and for a review, Ferrari et al. 2006; Soresi 2007), we assumed that teachers’ expectations and representations would vary in function of their specific disability training and psychopedagogical preparation. In Italy, curricular teachers of inclusive classes work alongside specialised teachers who, unlike the former, receive specific training in disability issues. We therefore expected that the specialised teachers would hold more multifaceted and ‘positive’ representations concerning the future of individuals with ID, given these teachers’ presumably higher levels of professional self-efficacy and less pessimistic and stereotyped views of disability. Second, elementary school teachers in Italy benefit from greater psychopedagogical training than middle school teach-
ers typically do, give that university courses are required for elementary school teachers, who can also profit from more frequent in-service training courses. We therefore expected elementary teachers to hold more multifaceted and ‘positive’ representations about the future of students with ID than their middle school colleagues.

Lastly, in consideration of the fact that teachers’ self-efficacy beliefs are closely linked to their perceptions of being able to positively influence people’s lives (Larson et al. 1993; Nota et al. 2007) and of their opportunities to learn and develop professionally (Meijer & Foster 1988), we hypothesised that teachers with higher levels of professional self-efficacy would hold more multifaceted and ‘positive’ representations of the future of students with ID than teachers with low levels of self-efficacy would.

In brief, the empirical questions guiding this exploratory study were as follows:

1. To which domains do teachers engaged in school inclusion activities refer when asked to reflect on the future of a student with ID?
2. Do these domains present differences in relation to the amount of information received on ID (curricular vs. specialised teachers)?
3. Do elementary school teachers represent the future of students with ID differently from their middle school colleagues?
4. Do teachers’ professional self-efficacy beliefs significantly affect their representations of the future of students with ID?

Method

Participants

Six school districts located in a north-eastern province of Italy and having the same head offices for their elementary and middle schools were selected. A total of 72 public inclusive school teachers in these districts were surveyed. Half of these teachers (36) were curricular teachers, and the other half (36) had received specialised training in working with students with disability (special education teachers). The latter were working as inclusion facilitators at the same schools as the curricular teachers were.

Fifty per cent of the participants were working in the districts’ elementary schools and the other 50%, in its middle schools; their mean age was 40.78 (SD 7.35). All the teachers were women who had taught inclusive classes having at least one student with disability, for a minimum of 3 years.

Instruments

To investigate their ideas on the future of individuals with ID, the teachers were asked to describe the future of a hypothetical student with Down’s syndrome, in writing. The following description was first presented: ‘Paolo, a child of approximately the same age as your students, has Down’s syndrome. At school he has problems doing the most important tasks (reading, writing, and math). In addition to confirming his difficulties, teachers that have taught him in the past see him has a sociable child, capable of being liked by his classmates’.

After presentation of this description, the teachers were asked the following question: ‘When Paolo is 25 years old, what do you think his life will be like? Try to imagine it and describe it’.

The teachers received one of two versions of the hypothetical student’s description: one with a male student and one with a female student. Fifty per cent of participants were presented with the ‘male’ version and the remaining 50% with the ‘female’ version.

The Italian adaptation of Friedman and Kass’s (2002) Classroom and School Context Teacher Self-Efficacy Scale was used to investigate the teachers’ professional self-efficacy beliefs. The scale consists of 33 items to which participants respond on a 6-point Likert-type scale (1 = not at all, 2 = very little, 3 = fairly, 4 = a lot, 5 = very much, 6 = perfectly). Item examples are: ‘I believe my teaching produces positive change in my students’ lives’; ‘I think I know how to identify and deal with my students’ problems before they get very bad’.

Factor analyses conducted on the Italian version have yielded three factors capable of accounting for 60.64% of the total variance; the total alpha of the scales is 0.90. The present work used an overall self-efficacy score derived from the sum of scores on the various items. The distribution median was used to identify two teacher groups: a ‘low self-efficacy group’ (below the median) and a ‘high self-efficacy group’ (above the median).
Procedure

Data collection

The teachers were contacted at their schools (i.e. regular schools including children with disability). Once selected, the teachers were personally contacted by a psychologist on our research team, who had delineated four participant groups made up of, respectively, 16 curricular elementary school teachers, 16 specialised elementary school teachers, 16 curricular middle school teachers and 16 specialised middle school teachers. In a specially prepared setting (a staff room reserved for the purpose), the participants were informed of the aim of the research and shown the questions they were to answer in writing. They were also asked for their consent to participate in the study and were assured that their answers would be kept confidential. The activities of ‘describing the future’ and filling out the questionnaire took approximately 20 min per participant.

Qualitative analyses were first conducted after data collection, to establish the categories that would most adequately represent the teachers’ representations of the hypothetical student’s future.

Research team for category selection

The team selecting the categories was composed of four members: two judges, an auditor and a research consultant. The two judges were the two co-authors of the present work and are psychologists. One is a professor and the other, a researcher at the Psychology Faculty of the University of Padua; the auditor was another researcher; and the research consultant was a professor from the same faculty. They are all experts on the issues examined in the study.

Development of coding scheme

The two judges first independently analysed the teachers’ descriptions to establish the categories for participant representation coding. The judges then met together and re-examined the category list, in light of the auditor’s suggestions. The list was then re-analysed together with the research consultant (Hill et al. 1997, 2005; Morrow & Smith 2000).

Once the final category list had been prepared, the two judges individually coded each participant’s response. These codifications were re-examined first by the two judges jointly and then together with the research consultant, to reach final a consensus.

Then we proceeded with the second phase of the work and with hypothesis verification.

Results

Categories used to describe the future of an individual with Down’s syndrome

In describing the future of a hypothetical student with Down’s syndrome, our participants emphasised certain aspects over others. For instance, some teachers highlighted the role of work inclusion (e.g. ‘Paolo will work in the family business, carrying out simple and repetitive tasks. Work will enable him to live a normal social life, as he will be able to meet a lot of people . . .’ participant #2); some emphasised the role of social integration (e.g. ‘She will continue to be very sweet in her ways and, she will therefore have a satisfactory social and personal life and will live in a serene environment that will make her feel secure’, participant #11); some emphasised personal autonomy (e.g. ‘He will achieve a good degree of autonomy, which will allow him to lead an almost normal and independent life’, participant #44).

The category lists identified by the research team and the frequencies and percentages with which participants mentioned each category are presented in Table 1.

We applied Fisher’s exact probability test to verify our hypotheses.

Preliminary analyses

Preliminary analyses conducted to measure our teachers’ self-efficacy levels yielded significant differences between curricular and specialised teachers, with the latter showing higher levels of self-efficacy (curricular teachers: M: 125.30; SD: 13.98; specialised teachers: M: 133.08; SD: 13.37; F: 5.984, P < 0.03) as hypothesised.

Preliminary analyses were also conducted to verify whether the gender of the hypothetical student produced significant effects: the variable, however, yielded no significant effects in terms of categories and was therefore not considered again in subsequent analyses.
Table 1 Categories and examples of participants' answers

<table>
<thead>
<tr>
<th>Category</th>
<th>Example</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) mention work</td>
<td>'… will become a factory worker' (participant #3)</td>
<td>57</td>
<td>79.2</td>
</tr>
<tr>
<td>(1a) indicates whether he/she will work or not</td>
<td>'I think he might work in the future …' (participant #18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If it is thought that the person with disability will find work, an occupation is indicated:</td>
<td>'At the working level, inclusion will be hard because of his difficulties, his limited understanding and people's prejudice' (participant #20)</td>
<td>47</td>
<td>94.0</td>
</tr>
<tr>
<td>(1a.1) job in competitive settings</td>
<td>'Paola likes mixing with people and with children; working as a school caretaker will make her very happy' (participant #33)</td>
<td>9</td>
<td>23.1</td>
</tr>
<tr>
<td>(1a.2) job in sheltered/protected environments</td>
<td>'He will do manual work in a cooperative for individuals with disability' (participant #10)</td>
<td>30</td>
<td>76.9</td>
</tr>
<tr>
<td>(2) makes reference to social inclusion (presence of social contacts and of a relational life)</td>
<td>'Her disposition will help her establish gratifying relationships with others' (participant #52)</td>
<td>39</td>
<td>54.2</td>
</tr>
<tr>
<td>If social inclusion is mentioned, relationships are indicated:</td>
<td>'He will have friends with and without disability' (participant #62)</td>
<td>4</td>
<td>11.7</td>
</tr>
<tr>
<td>(2a.1) good level of inclusion, relationships also with individuals without disability</td>
<td>'She will live in the family, close to brothers and sisters that she will often see; will enjoy the parties held in the sheltered cooperative where she works' (participant #54)</td>
<td>27</td>
<td>79.4</td>
</tr>
<tr>
<td>(2a.2) fairly good inclusion, relationships with family members/social service providers and individuals with disability</td>
<td>'Although he will try his best, his relational life will be limited' (participant #43)</td>
<td>3</td>
<td>11.8</td>
</tr>
<tr>
<td>(2a.3) poor inclusion, social difficulties, relationships with family members</td>
<td>See the examples below</td>
<td>27</td>
<td>37.5</td>
</tr>
<tr>
<td>(3) mention well-being (emotional and psychological; lack/ presence of discomfort and difficulties)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If well-being is mentioned, its level is indicated:</td>
<td>'She will be able to develop good confidence in herself' (participant #63)</td>
<td>5</td>
<td>18.5</td>
</tr>
<tr>
<td>(3a.1) high well-being, high levels of satisfaction, positive psychological characteristics</td>
<td>'She will have to be helped to develop her self-esteem and self-confidence' (participant #58)</td>
<td>21</td>
<td>77.8</td>
</tr>
<tr>
<td>(3a.2) moderate well-being, satisfaction, presence of fairly positive psychological conditions</td>
<td>'Sometimes he is violent; sometimes he just flops on the bed and cries' (participant #36)</td>
<td>1</td>
<td>3.7</td>
</tr>
<tr>
<td>(3a.3) poor well-being, presence of difficulties and discomfort</td>
<td>See the examples below</td>
<td>16</td>
<td>22.2</td>
</tr>
<tr>
<td>(4) makes reference to autonomy and self-determination (autonomy in moving about, in managing his/her own life, in making autonomous decisions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If autonomy/self-determination is mentioned, its level is indicated:</td>
<td>'From a personal point of view, he will reach a good amount of independence and autonomy and will make use of his own potential' (participant #70)</td>
<td>2</td>
<td>16.7</td>
</tr>
<tr>
<td>(4a.1) good level of autonomy, autonomy in managing various life activities</td>
<td>'From a personal point of view she is fairly autonomous' (participant #65)</td>
<td>19</td>
<td>83.3</td>
</tr>
<tr>
<td>(4a.2) moderate autonomy, autonomy in managing some life activities</td>
<td>'She will feel accepted by the members of her family' (participant #45)</td>
<td>17</td>
<td>23.6</td>
</tr>
<tr>
<td>(5) makes reference to satisfaction about relationships with family members</td>
<td>'She will do sports and play music and she will be happy about that' (participant #26)</td>
<td>8</td>
<td>11.1</td>
</tr>
<tr>
<td>(6) makes reference to satisfaction about leisure activities</td>
<td>'The school will have to appoint qualified personnel and achieve educational continuity' (participant #27)</td>
<td>9</td>
<td>12.5</td>
</tr>
<tr>
<td>(7) makes reference to the importance of services for the student's future</td>
<td>'I think he will attend a center for individuals with disability' (participant #15)</td>
<td>7</td>
<td>9.7</td>
</tr>
<tr>
<td>(8) imagines the student will stay in a environment for individuals with disability</td>
<td>'Paolo will be able to count on his pleasantness to overcome his intellectual disability, to involve the people around him and make them accept his limitations' (participant #7)</td>
<td>44</td>
<td>61.1</td>
</tr>
</tbody>
</table>
The following results were found for category type:

1. **Reference to work** was mentioned in the descriptions of 57 participants (79.2%). Most of these teachers thought that the person *would work* (47; 94%)—three teachers thought that the person would not work). For example, participant #1 stated: ‘Paola will be able to work’. Moreover, 39 of them specified the environment in which the person with Down’s syndrome would work: 30 (76.9%) thought it would be a sheltered setting and 9 (23.1%) thought it would be a competitive setting. As to the sheltered setting responses, participant #18 wrote: ‘He could work in a sheltered laboratory’. Participant #45 referred to a competitive setting as follows: ‘She could hold a job that involves contact with the public, such as a receptionist or delivery person’. The teachers who most frequently mentioned work were the elementary school teachers (elementary school: 33, 57.9%; middle school: 24, 42.1%; \( \chi^2: 5.084, P < 0.003 \)) and teachers with high levels of self-efficacy beliefs (high self-efficacy beliefs: 32, 56.1%; low self-efficacy beliefs: 25, 43.9%; \( \chi^2: 4.126, P < 0.05 \)). A difference in terms of work setting emerged for curricular and specialised teachers, given that the specialised teachers more frequently mentioned competitive settings than curricular teachers did (specialised teachers: 8, 88.9%; curricular teachers: 1, 11.1%; \( \chi^2: 5.019, P < 0.04 \)).

2. **Reference to the relational sphere** was observed in the descriptions of 39 teachers (54.2%). For example, participant #70 stated: ‘He will be much loved and will have a meaningful social life’. Four of these 39 teachers indicated that the person with disability would be able to count on a heterogeneous relational network; 27 (79.4%) wrote that he/she will have relationships, especially with family members (e.g. participant #5 stated: ‘He has established good relationships with other workers with disability who work in the cooperative and he lives with his parents’) and with other individuals with disability; yet, three (11.8%) of these teachers thought that the person would be virtually isolated in the future.

3. **Reference to well-being** emerged in the descriptions of 27 teachers (37.5%). Some of them also indicated degree of well-being: five (18.5%) teachers mentioned a high level of well-being; 21 (77.8%), a moderate level; and only 1 (3.7%), a low level. An example of a high level of well-being response was made by participant #49, who stated: ‘She is satisfied with her personal and social life’. A moderate level of well-being response was (participant #61) ‘If helped and stimulated, Paolo could achieve good self-esteem’.

4. **Reference to autonomy and self-determination** was found in the descriptions of 16 teachers (22.2%). Two of these (16.7%) mentioned a high level of autonomy and self-determination, and 19 (83.3), a moderate level of autonomy. Participant #71 made a moderate level of autonomy response by stating ‘He is sufficiently autonomous only in his own environment’.

5. **Reference to satisfaction about family relationships** was made in the descriptions of 17 teachers (23.6%). For example, participant #47 stated: ‘She is loved and pampered by her family’. Participants indicating that individuals with disability would be satisfied with their own family relationships were more frequently curricular teachers (five specialised teachers, 29.4%; 12 curricular teachers, 70.6%; \( \chi^2: 3.773, P < 0.05 \)).

6. **Reference to satisfaction about leisure** emerged in the descriptions of eight teachers (11.1%). For instance, participant #14 wrote: ‘She goes out with his friends; goes swimming; and she loves dancing’.

7. **Reference to importance of services for the future** was made by nine teachers (12.5%): participant #51 stated that ‘He will have to be supported by “experts” on his difficulties’.

8. **Imagining the person living in an environment geared to individuals with disability** emerged in the descriptions of seven teachers (9.7%), most of whom were specialised teachers (six specialised teachers, 85.7%; one curricular teacher, 14.3%; \( \chi^2: 3.956, P < 0.05 \)); e.g. participant #40, who stated: ‘I see Paolo in a sheltered community’.

9. **A positive vision of the future of individuals with ID** was found in the descriptions of 44 teachers (61.1%). For example, participant #6 wrote: ‘He can have a happy future’. This view was mostly held by curricular teachers (16 specialised teachers, 36.4%; 28 curricular teachers, 63.6%; \( \chi^2: 8.416, P < 0.004 \)).

Table 2 shows the categories yielding significant differences for curricular vs. specialised teachers, elementary vs. middle school teachers, and teachers with low vs. high self-efficacy levels. Specifically,
the table reports the frequencies with which the categories were indicated and relative percentages, chi-squares and significance values.

The overall number of categories used by each participant in their descriptions was also calculated as an indicator of complexity of thinking about the future of an individual with disability. On average, the teachers used 2.5 categories to describe the future of an individual with Down’s syndrome. No differences in this sense emerged between the two teacher types.

**Discussion**

As to our first question concerning the domains of QoL, the teachers refer to when asked to reflect on...
the vocational future of a student with ID, on the whole we found that the teachers’ descriptions covered many important QoL ammits and placed special emphasis on work. It can also be stated that the emerging categories reflected several dimensions and aspects that have been highlighted in several studies – e.g. the importance of: social relationships with parents, friends and disability workers; autonomy; opportunities to make choices; self-determination; access to services promoting inclusion; free time; and sense of well-being (Schalock et al. 2002; Schalock 2004). The factors of focus on work, free time, quality of relations and support network have also been found to be crucial in many other studies, such as the research conducted by Halpern et al. (1993), Parmenter (1988), Brown (1989), Felce & Perry (1995) and Felce (1997). The following aspects (whose role has been underscored by the above-cited authors) were conversely very infrequently mentioned in the present study: material well-being, opportunity to make one’s own money and for one’s own family, opportunity for work- and training-based personal growth, and greater participation in community life.

As to the construct of work (the most frequently mentioned domain), it is important to note that only a minority of the teachers predicted that the student would be working in a competitive inclusive setting. Although this low frequency certainly reflects the current working situation of individuals with ID in Italy (Soresi 2003), it does not seem to consider the advantages that work inclusion can have for these individuals (Rusch 2005).

Other domains were not mentioned as frequently and as far as relational life, well-being and self-determination are concerned, greater focus was placed on the limits that intellectual impairment can entail. This response tendency reflects more traditional ways of conceiving disability – i.e. greater attention to limitations and deficits (Fabian & Liesener 2005). Moreover, the teachers had been asked to think about a hypothetical student with Down's syndrome: scenarios describing persons with disability involving more severe problems in the adjustment sphere might have stimulated a more pessimistic view of their futures. In this connection, Gilmore et al. (2003) showed that most teachers tend to perceive children with Down’s syndrome positively in terms of personality characteristics, considering them affectionate, happy and friendly; they also correctly describe these children’s developmental milestones, such as starting to walk, using the bathroom, and understanding and using language. It is also important to remember that teachers perplexities about inclusion tend to increase in the presence of severe disability and marked forms of maladjustment (Stoler 1992; Scruggs & Mastropieri 1996; Wilczenski 1997; Nota & Soresi 2004).

As to our second question, we expected that the specialised teachers, who had benefited from specific training in disability matters, would present higher levels of professional self-efficacy than the curricular teachers would, and would also give more multifaceted and positive descriptions of the hypothetical student’s future. We found, however, that although eight specialised teachers (as compared with only one curricular teacher) predicted an occupation in a competitive setting, the specialised teachers tended to more frequently depict a ‘negative’ future for the student and to less frequently mention that these individuals would experience satisfactory family relationships; they also reported that, once adults, these students would be included in ‘special’ facilities for individuals with disability. Thus, there was an awareness that the life of a young adult with ID is often characterised by difficulties. In fact, although Italy has laws that, in theory, should stimulate and facilitate work inclusion, very few youths with disability do find an occupation in competitive work settings after leaving school. Most spend their time at home or in day centres where they interact only with other individuals with disability (Nota & Soresi 2004). Moreover, owing to this scarce social contact outside the family circle, these youths tend to experience a sense of depression and isolation as they grow older, which can also create tensions in their family relationships (Carr 1995).

As to the third question guiding our study, elementary school teachers differed from middle school teachers when hypothesizing about the future of individuals with disability, only by more frequently mentioning work. Although this finding is certainly important and encouraging, we cannot state that our hypothesis was confirmed. One possible explanation is that the elementary teachers’
extra specialised training and in-service courses might have almost exclusively focused on teaching and school learning issues and have perhaps not covered the idea that school inclusion should be based on a time perspective and should take on a more comprehensive community and social meaning.

Similar data were also observed for the role of self-efficacy beliefs. Although the teachers with high levels of self-efficacy beliefs were characterised by a higher propensity to think of work when imagining the future of individuals with ID, they did not differ from the teachers with low self-efficacy beliefs along the other dimensions.

Generally speaking, the teachers showed evidence of high levels of ‘realism’, owing either to their knowledge of the actual lives of individuals with disability, or to a tendency to react to the proposed scenario by referring to a more dated conception of disability, which mostly focuses on what persons with disability cannot do (Fabian & Liesener 2005). Given the exploratory nature of the present work, this speculation obviously requires further confirmation through the use of different data gathering methods. For example, teachers could be interviewed and observed in their daily work settings, so as to more precisely identify their thoughts and beliefs. In any event, our participant responses were in line with the findings of other researchers — e.g. Baum et al. (2001), Siegle (2001), Prücher & Langfeldt (2002) and Bianco (2005) — who have shown the value teachers place on identifying and remediating the deficits of children with disability and the importance of receiving specific training aimed at enhancing their own abilities to stay focussed on the potential of these individuals with disability and to support their efforts and endeavours.

The most recent disability classifications and QoL models emphasise ‘functional’ interactive aspects and the need to identify and develop support systems to help the development, adjustment and participation of individuals with disability in their life settings (WHO 2001; Luckasson et al. 2002; Wehmeyer 2006). Yet, ‘translating’ these guidelines into actual educational and rehabilitative practice is proving to be a difficult task. Although in the Western world, the principles of normalisation and integration can generally be considered as ‘taken for granted’ and are also supported by local legislation, individuals with ID still run the risk of unemployment or underemployment. They are also vulnerable to what can be viewed as a re-emergence of varyingly masked forms of institutionalisation — trend that does not bode well for the future of today’s generation of young individuals with disability.

If the principles and the statements found in current QoL models are to be transformed into truly advantageous opportunities for individuals with disability, education should specifically focus on these issues, and teachers (whether curricular or specialised) can play an important role in this process. They should also be given opportunities to participate in specific in-service training activities that will help them be more aware of and capable of fostering the capability of persons with disability (Gilmore et al. 2003).

With reference to the vocational development of individuals with disability, teachers should not only be trained in disability analysis skills and management of educational intervention in heterogeneous settings, but should also focus on strengthening their students’ self-determination, stimulating their interests and self-efficacy beliefs, and encouraging optimism and vocational planning by developing specific forms of intervention with their all of their students – with and without disability – in inclusive educational settings (Alston Bell Hampton 2000; Soresi et al. in press). In addition to ensuring greater quality of school inclusion, such a process would help lay the foundations for a higher probability of work inclusion and a better QoL for these individuals.

This study presents several limits, which must be kept in due consideration. First, it is possible that the research instrument might not have been sufficiently sensitive to gather data representing the participants’ actual ideas. The validity of the interview should therefore be tested in further studies that also use different instruments, such as self-reports. Second, the findings and reflections reported herein concern residents of north-eastern Italy; it is therefore hoped that future research will involve participants from other Italian regions and will also be structured in cross-cultural studies aimed at verifying the generalisability of the considerations formulated. It could also be useful to examine teachers’ ideas on the future of persons with different types
and levels of disability. In particular, teachers could be administered descriptions of individuals with different types and severity of disability, to verify whether their ideas and attitudes vary in function of these factors. Other procedures, such as interviews and direct observation, should also be associated with these methods.

References


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