

Accommodating families with disabled children in migratory contexts. Typical situations in Bologna

Abstract

The increasing number of immigrant families with small children who are disabled calls for reflection on the question of reception and related social policies. The research entitled: “Students with disabilities, children of migrants”/ *Alunni con disabilità, figli di migranti. Approcci culturali, questioni educative, prospettive inclusive*, carried out in Bologna, shows that it is necessary to renew the services to the person and the educational institutions -- Bodies that cooperate in assisting disabled minors – and to update the reception and accompaniment of families with disabled minors in order to respond appropriately to their contingent needs. In view of the small number of studies and ministerial guidelines that focus on such “double diversity”, this research shows the urgent need for a sound, paradigmatic praxis that could prove useful in other contexts.

Key words: disability, migration, urban context, Institutions, integration.

Introduction

In Italy, in the last decade a rapid increase in the migratory phenomenon marked by settlement has been observed, as shown by the high number of families and the increase in the number of pupils of migrant families. These facts have profoundly transformed the urban scene, which has become increasingly plural and multicultural. The migratory flow tends to concentrate in some urban areas of Italy, especially in the large cities of the Center North, since these towns offer more opportunities for employment and a network of public services, considered to be more practical (public transport, good social and health services...).

According to the Twenty-third Migration Report, published by the ISMU Foundation (Initiatives and Studies on Multi-Ethnicity) in 2017, Bologna rates as the city with the highest percentage of foreign citizens per number of inhabitants and per number of students. The data show that in the area of the *Due Torri*/Two Towers the migration phenomenon is increasingly assuming a structural character, which will end by changing the present social policies. Emerging too is the need to cater for a “new” sector of the population: that constituted by migrant family units with disabled children enrolled in schools in Bologna.

According to the research “Students with disabilities, children of migrants” conducted in Bologna — one of the first studies on the issue of disability in the context of migration — in order to respond to the emerging needs, it is necessary that the institutions responsible for taking care of disabled minors – the socio-health services and schools– be informed about the standard of living of the families so as to adopt appropriate policies to improve the quality of reception and thus implement measures to protect the right to health and education.

I therefore decided to study the role of the Institutions in the phase of welcoming and accompanying the disabled minor and his/her family, but confining the investigation to the metropolitan area of Bologna for two main reasons. First, as mentioned above, in 2017 there were two statistics that placed Bologna at the top of the list of Italy’s most multicultural cities. Therefore, the capital of Emilia is an urban complex that, for several years now, has been called to interface with requests from increasingly multi-cultural people. This situation calls for a re-thinking of social policies and the re-organization of services to the person. Second, because the research on “Students

with disabilities, children of migrants. Cultural approaches, educational issues, inclusive perspectives” was conducted in Bologna concerning the integration of disabled, migrant pupils. This study set out to investigate the role of the personal services and educational institutions during the integration process, and to identify critical issues and good practices. Since, at present, regulations are lacking in this regard, this research has acquired paradigmatic value and furnishes general practical indications that can be applied to other contexts too.

In the first paragraph I have given the data and migratory trends in the context of Bologna. In the following paragraphs I have focused on the data that emerged from the research: “Students with disabilities, children of migrants. Cultural approaches, educational issues, inclusive perspectives”, which, combined with recent studies in the field of anthropology, ethnography and the transcultural approach, allow one to analyze the situation of families, the main difficulties, the role of institutions and the good praxis which support reception and inclusion.

The migratory experience in Bologna: data and trends

The Report published in the month of October 2017 by the “Regional Observatory on the phenomenon of Migration” highlighted some interesting aspects. In the first place, the Province of Emilia-Romagna is the region with the highest number of foreign inhabitants and the highest incidence of citizens from foreign countries compared to the total resident population: with 11.9%. Emilia-Romagna exceeds the national average (8.3%) and comes before Lombardy (11.4%). Indeed, Bologna and the Province have registered a boom in applications for residence; in 2017, 118,013 migrants were registered (770 more than in 2016), with an incidence of 15.4%, the highest in the Emilia-Romagna Region. The largest community of residents is from Romania (*c.* 89,000 residents), equal to 16.7% of foreigners - the largest community in Italy overall. In second place is the community from Morocco (11.6%), in third place from Albania (11.0%), followed by Ukraine (6.1%), China and Moldova (both 5.5%).

In most cases, the motivation that pushes immigrants to come and settle in Italy, especially in the Central-Northern regions, such as Emilia-Romagna, is of an economic nature; in search of work in the hope of improving their socio-economic circumstances. In many cases more pressing humanitarian reasons surface: flight from a country at war or from a situation where basic human rights are denied (refugees and asylum seekers); the prospect of receiving appropriate assistance in case of sick or disabled relatives.²

Compared to a few years ago, the data show that in Emilia-Romagna the immigration phenomenon is assuming an increasingly structural and less temporary character. One aspect that confirms this trend is shown by the rise in the number of foreigners who have acquired Italian citizenship.³ This is a general trend that can be observed in other regions too. In fact, up to a few years ago, Italy represented a country of transit for migrants from Africa and the Middle East who wanted to reach the countries of Northern Europe in order to join relatives and gain access to a better labour market. Today, Italy increasingly offers a context in which to settle permanently especially in view of the restrictive migration policies adopted by some European States in recent months. The permanent nature of migration is further confirmed by a second significant aspect: the increase in the number of students enrolled at school. This highlights the intention of the majority of migrant families to settle definitively in the country of arrival.

According to the Twenty-third Report on Migration, 2017, published by the ISMU Foundation and presented in Milan on 5 December 2017, Bologna figures as the city with the highest number of multi-ethnic classes in Italy. The figures for the capital of Emilia are higher than

those for other cities such as Milan, Rome, Turin and Genoa due to the percentage of foreign children attending school. Based on the data provided by the Ministry of Education, Bologna is not only among the top ten provinces for the presence of immigrants attending school at every level and grade, but comes first due to the concentration of foreigners who represent 15.4% of the students enrolled. A percentage that is higher than Milan 14.7%, Turin 12.3%, Genoa 12.1%, and Rome 10%. Furthermore, the Report of the ISMU Foundation for 2017 points out that Bologna has the highest percentage - equal to 14% - of schools that exceed the 30% limit of foreign students, a ceiling set by the Ministry of Education. On account of this the Scholastic Regional Office annually issues exceptions to this ruling to permit the Institutes to form classes with a larger number of non-Italian students than the ceiling set by the Ministry. As in the rest of Italy, in Bologna too, the highest percentage of foreign students is in the kindergarten.⁴

The statistics for the last few years show an increase in the number of migrant students with disabilities enrolled in Italian schools. According to the latest statistics available on disability in the migratory context (school year 2014/15), disabled migrants number 28,117 (of whom 8,921 are female) showing an increase compared to the previous year equal to 1,491 (the incidence of foreign students on the total of disabled students is 12%), with figures above the average in the kindergarten (15.2%), in primary school (13.8%) and in lower secondary school (12.6%). This is a phenomenon that varies according to age, culture of origin, type of incapacity and territorial impact. Emilia-Romagna comes after Lombardy and the Veneto Regions⁵ with the highest number of enrollments.

A migrant family with a disabled child has a valid reason for settling in Italy, because Italy offers a good model of integration for students with disabilities in a communal school and the possibility of access to appropriate social-health assistance – services that are not always guaranteed in the respective country of origin. However, there are often many difficulties to be faced in everyday life, as highlighted by the research “Students with disabilities, children of migrants” presented below.⁶

The research: “Students with disabilities, children of migrants. Cultural approaches, educational issues, inclusive perspectives”

The research conducted in the Bologna area with the scientific supervision and coordination of Prof. Roberta Caldin, Professor of Special Pedagogy at the University of Bologna, took place from 2008 to 2010. The survey took the form of research-action aimed at investigating the standard of living of migrant families with small, disabled children and the role of the Institutions responsible for taking care of children with disabilities during the process of integration.

As provided for by Law 104/1992 (Framework Law for Assistance, Social Integration and the Rights of Handicapped Persons): “the school and the social-health services are the institutions called to assist in the development of a disabled child through interventions of a combined rehabilitative and educational nature, aimed at enabling the child to acquire the necessary skills for socialization, learning and autonomy”.⁷ The success of the research project owed much to the commitment of the researchers and experts involved in exploring a still little-known terrain, and in coordinating the data and studying the policies to be adopted in order to guarantee a high level of service to a migrant subject with disabilities.

The project, characterized by a strong interdisciplinary approach, involved the co-operation of different Institutions: the Municipality of Bologna, the Faculty of Primary Education Sciences of

the University of Bologna, the Regional Education Office, the ASL of Bologna, the "Cavazza" Institute for the Blind and the "Gualandi" Foundation of Bologna.⁸ The research group selected some themes for analysis: the condition of the families in the country of arrival (Argiropoulos), the territorial health and hygiene services (Leonardi), the educational and didactic approaches (Caldin, Dainese, Gori).

To ascertain the condition of the families, the methods of reception and the didactic approaches the research analyzed 304 Questionnaires (kindergarten, primary and secondary school teachers), *focus groups* and interviews (36 teachers, 7 assistant teachers), 4 head masters, 33 parents, 6 health-care workers).

This project was one of the first studies at the national level to examine the issue of disability in the migratory context.⁹ To date, the survey "Students with disabilities, children of migrants" provides the main theoretical framework to understand better the condition of the families and the role of the social/health and educational services during the phase of reception and integration. In fact, on the subject of "double diversity" there are no approved norms, although the phenomenon is on the increase. There are some mono-thematic documents: Ministerial Circulars and Guidelines for the reception of foreign students and Ministerial Circulars and Guidelines for disabled students. However there are no protocols or documents that focus on "double diversity". In view of the lack of official regulations on the topic, the indications provided by the Bologna Research Project are a helpful theoretical and methodological reference which — combined with recent studies in the field of anthropology and ethnography — offer practical guidelines for inclusive situations.

Attention to the family and the migratory flow, one of the aspects dealt with by the survey, covers the sociological context as well as outlining a methodical systemic approach. The family is in fact the primary context of the child, the protagonist of his/her future and an integral part of the network of the school and social-health services. The professionals who accept responsibility for a child with a disability must take into account the conditions in which the family lives and its cultural background to indicate appropriate methods of care.

Migrant parents with disabled children. Examples of integration in critical situations and good praxis

The histories of the families the researchers gathered to take part in the survey: "Students with disabilities, children of migrants" revealed a significant cross-section of a world that has as yet been little investigated which the social/health services and school should learn about in order to improve their relationship with the family/ies and implement targeted action. According to the research, the risk of social exclusion due to barriers such as language and different concepts regarding the cultural interpretation of disability and its treatment are two of the most critical areas that can compromise a serene relationship with families.

Below, I have analyzed some issues that were identified in the "domestic" context of the home, during the reception and accompaniment phases. Regarding the difficulties noticed, I shall describe some approaches that in the course of the research proved to be particularly effective and functional, to the point of being indicated as good practice, as functional actions with a high level of co-operation, helpful in other contexts.

The risk of social exclusion

The various interviews showed that the families are often alone, struggling with difficulties of a linguistic and economic nature. They feel disoriented and live in precarious working conditions

and hardship.¹⁰ The difficulty to integrate socially and find employment typical of migration is increased further for families with disabled children who often cannot rely on a solid social network.¹¹ As addressed in theory by the Argentine scholar Carlos Sluski, displacement for the migrant results in the impoverishment of the “social cocoon of the individual”, the narrowing of the social network in which he/she was inserted. When people migrate “they must necessarily leave behind a good part, if not all, the social support they benefitted from, including the wider context of friends and acquaintances, the reassuring world of the extended family”.¹² From a relational point of view, migration is a stressful experience due to the lack of the social network and the feeling of abandonment the migrant suffers from due to the loss of primary bonds.¹³

The reduced social network does not guarantee support in the face of critical events, such as the loss of work or the disability of a family member.¹⁴ The Bologna research project shows that migrant families with disabled minors are often unaware of the Rights of people with disabilities and thus tend to come into conflict with social workers, an occurrence that drives many parents to fatalism and withdrawal from the project.¹⁵ Several of the families taking part in the research had little contact with ethnic and / or culturally based associations. Indeed, they often did not know about the existence of associations of families with a disabled member. The lack of contact with the sphere of such associations precludes the possibility of forming helpful ties, which can be of great help in the care of a child in extra-school hours.¹⁶

In view of the urgent situations described so far, it would be good to intervene on the relational and assistance front to respond appropriately to the emerging needs. To help form ties within the territory and to guarantee support for families in difficulty, researcher Argiropoulos has suggested some comprehensive methods: promote the formation of parents in cooperative groups (groups of migrants and mixed groups with and without Italian citizenship); encourage the involvement of ethnic and voluntary associations in synergy with the Territorial Services network; set up a Home Assistance Service in cases of severe disability, involving both the public and private sectors; at the legislative level introduce the issue of residence permits granted “for reasons of disability support” to encourage family reunification for the care and assistance of disabled relatives.¹⁷

Linguistic and interpretative difficulties: the concept of disability in other cultures

According to research conducted by Prof. Caldin, the main factors that hinder serene relations between families and the public services can be traced to the area of communication: the migrant parents’ confusion and poor knowledge of Italian as regards the meaning. These interconnected factors show how communication can unfortunately end up in misunderstanding.¹⁸

To help overcome the parents' linguistic difficulties, some practical tools could be introduced: the translation of the documents into the respective mother tongue concerning the practical role and function of the public services and the relative information for taking charge of a minor, such as the Individualized Educational Plan (IEP); to provide linguistic and cultural mediation during conversation.

As the research stresses, the policies indicated have not yet been approved and implemented at the local level; in particular, linguistic-cultural mediation should be promoted because it facilitates communication between two different realities, not only at the language level, but also at

the cultural level.¹⁹ In fact, there are often substantial differences in the concept of care and disability, which we would stress are conditioned by culture. They vary from culture to culture and depend on the context of reference, and call for a different approach.²⁰ In fact, if the Western clinical model is based on the body's functions and considers the disease with objectivity and rationality, the traditional medicine of some countries is based on a holistic view of the world and of the individual.²¹

In some cultures disease is seen as an alteration of the energetic balance (China and Latin America); as the "loss of the soul" caused by the intrusion of a malign entity into a healthy body (Gypsy peoples) or as a divine punishment consequent on the violation of a taboo.²² These views influence the reaction to a disability (with fear, resignation or a sense of guilt), the method of treatment (traditional medicine of the country of origin and/or Western medicine) and the expectation of the quality of life of the disabled child.²³ This situation is marked by tension between the different cultural views of disability because the migrant user's approach to Western medicine is based on: the knowledge in his possession; his/her feelings of (trust/distrust); social status (residence permit, residence, knowledge of Italian),²⁴ at times oscillating between the method of Western treatment and the traditional method of the country of origin.

When the migrant gains access to the health structure of a Western society, a barrier may arise because the scientific knowledge and the diagnostic methods used by the health-care workers do not coincide with the system of reference familiar to him/her.²⁵ This is a very important aspect that social-health workers and teachers need to know in order to avoid conflict and misunderstanding. If, in fact, most migrant parents accept the bio-medical treatment typical of the Western world, it might happen that Senegalese parents (Sérère culture) with a mentally disabled child oppose the rehabilitative medical therapy prescribed, because in the community of origin the "strange" behaviour of the minor is considered a sign of closeness to the world of the ancestors.²⁶

Inclusive resources to facilitate communication

Given the parents' linguistic difficulty and the various cultural views of disability, how can the social-health care workers and teachers' knowledge interact with the knowledge of parents? To promote dialogue, it is necessary to acquire new tools, forms of approach to interpret the ethnographic material that the migrants bring with them.²⁷ It is only with an "informed anthropological gaze" that those working in the socio-health-care and educational area can in fact prescribe targeted interventions.²⁸

In the first place, inter-cultural training courses should be provided to train the personnel to adopt an open attitude to the Other. In view of the increase in migrant users, the social service workers and educational staff are called upon to acquire skills and methodologies in the anthropological and ethnographic area. It is desirable that the staff acquire conceptual knowledge to enable them to interpret the cultural references of the migrant, and thus promote a fruitful exchange which shows that a culture is not abstract and general, but rooted in the individual, with its contradictions and hybridization. Such dialogue can serve to establish "a common sphere of meanings" and a shared symbolic world.²⁹ Furthermore, in these years the intercultural training and approach of the staff has shown that such training is necessary to promote helpful exchanges with the families, stripped of stereotypes and prejudice, in order to avoid creating a hierarchy between the various ways of thinking and thus enable the different cultures to meet.³⁰

Another useful method to understand and interrogate the ethnographic material of the migrants is linguistic-cultural mediation. The linguistic-cultural mediator is not a simple interpreter or a translator; the specificity of his professional role lies in the ability to build a bridge between the “here” (the language, people, institutions, customs, history and traditions of the host country) and the “there” (the language, the individuals, the history and the traditions of the migrant). The mediator puts people in touch, deciphers and makes intelligible the information provided by institutions to the user. The mediator must therefore be able to perceive the interests and needs of the user and explain them so that the Public Services can respond to them appropriately, but must also explain the public services function to the user so that he/she can access them autonomously.³¹ The role assigned to this social worker is therefore a comprehensive one: to facilitate communication during interviews with members of the staff; listen; interpret; translate; decipher; support, negotiate; orientate.³² However, as mentioned above, linguistic-cultural mediation is not a service that is available throughout the territory, often the interventions are linked to specific projects, with limited resources and time. The critical issues (often precarious work contract, lack of univocal institutional recognition of the professional status of the worker, small number of *ad hoc* training courses and up-dates) lead many mediators to decide to change jobs.³³ Guaranteeing better protection and greater professional recognition are two basic requirements to avoid a continuous change of staff and so build a reliable service.³⁴ Furthermore, the data of the research in Bologna show that thanks to the linguistic/cultural mediation the relations between the health-care workers and the migrant families is more inclusive and serene.

Besides the mediator is important because he/she can explain to the family the way the care of a disabled child works, describing the role of the social/health services (medical-rehabilitation area) and the role of the school (educational area) in the integration process. To simplify the complexity of the interventions managed by the medical-rehabilitation team often “numerous” (this aspect depends on the severity of the disability of each child; a team usually consists of: an infant neuropsychiatrist, speech therapist, psycho-motorist, therapist, communication assistant, supportive teacher and curricular teacher), it would be good to introduce another capillary resource: i.e. the Case Manager.

The *case manager* is the professional who, in addition to his/her role (as, for example, speech therapist or neuro-psychiatrist), in agreement with the other members of the group of experts, acts as the direct interlocutor with the family and regularly reports on the educational and rehabilitative progress of the minor.³⁵

Within the framework involving the Institutes responsible for the care of a disabled minor, the intercultural training provided for health-care workers and teachers, linguistic-cultural mediation and the *case manager* are assets with a new methodological orientation. This mixed practice covers the initial phase of reception, accompanying and care for a disabled child and of his/her family. It is a multidisciplinary approach that serves to analyze the phenomenon of migration and of disability from various perspectives. This mixed practice in the area of rehabilitation and pedagogy is based on the comparison of different points of view, between different cultural models and different disciplines (such as ethnography, cultural anthropology, Special Pedagogy, Intercultural Pedagogy, ethno-psychiatry).³⁶

Conclusion

The framework outlined by the research carried out in Bologna shows that through the knowledge of the conditions of the families and their emerging needs, the Institutions called to co-

operate in the care of a disabled minor and his/her family can define inclusive situations, thanks to these resources and tools.

In view of the linguistic and interpretative difficulties, it is necessary to renew the methods of communication (translation of documents, presence of the linguistic-cultural mediator during interviews), introduce policies to facilitate relations with the family (intercultural training of the staff, appoint a *case manager* in the group of experts, organise regular meetings), promote interdisciplinary methods (comparison of different cultural models and disciplines) to provide a mixed methodological orientation. Only a global approach, qualified to tackle the phenomenon from multiple perspectives, can in fact provide an in-depth picture of the situation and call for appropriate responses to the needs of minors and their families.³⁷

Given the absence of ministerial protocols and guidelines that set out welcome and accompaniment policies, to date the research entitled: “*Alunni con disabilità, figli di migranti*” constitutes a valuable reference to draw on for good praxis and helpful indications concerning disability in the context of migration.

FOOTNOTES:

* She holds a degree in the Science of Primary Formation from the University of Bologna, Italy.

1. *Osservatorio Regionale* on the migration phenomenon. Report “Cittadini stranieri in Emilia Romagna. Residents and demographic statistics”, pp. 9-10.

2. The two humanitarian motivations can co-exist. In these cases the norm provides for the creation of a humanitarian corridor to grant asylum to patients in conditions of vulnerability (disability, serious illnesses) to facilitate travel to Europe with an official visa.... In Italy the first corridors were opened in 2015-2016, by means of a protocol agreement between the Ministry for the Interior and the Sant’Egidio Community (CODINI, Ennio. Regulations, pp. 106-107).

3. *Osservatorio Regionale* on the migration phenomenon, *op. cit.* p. 16.

4. Corneo, Daniela. Students in the classroom. The figures for Bologna top Milan and Rome. ISMU Report: the highest number of classes that exceed the 30% limit. *Corriere di Bologna* online, 09.12.2017.

5. Foundation ISMU, MIUR. National Report on the non-Italian students with Italian nationality. Multi-cultural schools in the local context, pp. 37-40.

6. Caldin, Roberta, Argiropoulos, Dimitrios, dainese, Roberto. Immigrant parents and disabled children. Studies by professionals and the view of the families, pp. 17-18.

7. Bini, Emanuela. Immigrant families with disabled minors. Comprehensive survey of the Italian socio-health and scholastic system, p. 209.

8. Caldin, Roberta. Students with disabilities of migrant parents. Inter-action, contrasts, prospects, p. 28.

9. In Italy there is a shortage of studies on the relationship between disability and migration. For further information on this research consult the book and the review: Caldin, Roberta (ed): *Alunni con disabilità, figli di migrant. Approcci culturali, questioni educative, prospettive inclusive*. Reviews: *Educazione Interculturale. Culture, esperienze, progetti*, v. 9, n. 1, 2011; *Ricerche di Pedagogia e Didattica*, v. 5, n. 1, 2010.

10. Argiropoulos, Dimitrios. Le famiglie/The families, p. 143.

11. Bini, *op. cit.*, p. 205.

12. Sluski, Carlos. Cf. *Migrazione: la prospettiva delle reti sociali/the prospects of the social network*, pp. 157-158.

13. *Ibid.*, p. 64.
14. Bini, *op. cit.*, p. 205.
15. Argiropoulos, *op. cit.*, p. 143.
16. Leonardi, Barbara. *Famiglie, associazionismo e reti sociali*, pp. 127-129.
17. Cf. Argiropoulos, *op. cit.*, pp. 145-146.
18. Leonardi, Barbara. *Il punto di vista dei Servizi Territoriali*, p. 154.
19. Frascà, Valentina. *Disabilità e migrazione: problematiche e sviluppi*, p. 7.
20. Goussot, Alain. *Disabilità, rappresentazioni e mondi culturali*, pp.11-13.
21. Tognetti Bordogna, Mara. *I colori del welfare. Servizi alla persona di fronte all'utenza che cambia*, p. 11.
22. Picozzi, Mario, Sala, Roberta, Tavani, Mario. *Riflessioni su medicina e multiculturalismo*, pp. 28-29.
23. Bini, *op. cit.*, p. 208.
24. Gozzoli, Caterina, Regalia, Camillo. *Migrazioni e famiglie. Percorsi, legami e interventi psicosociali*, p. 217.
25. Pasini, Nicola, Picozzi, Mario. *Salute e immigrazione. Un modello teorico-pratico per le aziende sanitarie*, p. 11.
26. Cf. Goussot, *op. cit.*, p. 13.
27. Pennazio, Valentina, Armani, Samantha, Traverso, Andrea. *Le famiglie migranti di bambini disabili. Progettualità e interventi educativi*, p. 169.
28. Cf. Lepore, Laura. *Per uno sguardo antropologico sulla disabilità: i minori disabili stranieri*, p. 104.
29. Caputo, Barbara. *L'etnicizzazione della malattia in contesto migratorio. Una prospettiva antropologica*, pp. 124-125.
30. Frascà, *op. cit.*, p. 5.
31. Zanetti, Luisa. *Famiglie straniere e servizi sul territorio*, p. 180.
32. Josi, Elisabetta, Palma, Lucia, Sciamplicotti, Fulvio. *Il mediatore culturale nella giustizia minorile*, p. 197.
33. Morandi, Alessandro. *Le buone prassi di mediazione linguistico-culturale e il ruolo di enti e associazioni nella promozione della mediazione in Toscana: esiti di un'indagine*, pp. 82-83, 86-89.
34. Abertini, Valentina. *Gli ambiti della mediazione linguistico-culturale: aspetti positivi e criticità emergenti*, p. 56.
35. Caldin, Argiropoulos, Dainese, *op. cit.*, p. 16.
36. Goussot, Alain. *Bambini stranieri con bisogni speciali: rappresentazione della disabilità dei figli da parte delle famiglie migranti e degli insegnanti*, p. 22.
37. Bini, *op. cit.*, p. 209.

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