| RESEARCH ARTICLE

Morocco's Inclusive Education Program through the Lens of Ethnography

Fadoua Kadiri

Doctoral Student, Faculty of Letters, Languages and Arts, Ibn Tofail University, Morocco
Corresponding Author: Fadoua Kadiri, **E-mail**: fadoua.kadiri@uit.ac.ma

| ABSTRACT

This ethnographic research study explores the changes undergone by an integration classroom designed to receive kids with disabilities following the implementation of Morocco's 2019 inclusive education program. This longitudinal study spans two academic years (Jan-Feb, 2021 & Jan-Feb, 2022), given that classes were suspended during the academic year 2019-2020 due to the coronavirus pandemic. This paper uses qualitative tools to examine how the newly-devised inclusive education program affected a Moroccan integration classroom. It relies on participant observations, field notes, and informal questioning in addition to analysis of official documents. The research takes place in a Rabat-based integration classroom housed by the Allal Ben Abdellah public elementary school, a pilot establishment with years of expertise in dealing with kids with disabilities. The research shows that there is still a big confusion between the concepts of integration and inclusion as used in the Moroccan context. Inclusive education is still facing the challenges of lack of training for educators, scarcity of resources and equipment, and the rarity of school aids. However, there are some changes that occurred with the advent of the inclusive education program, like the change in the classroom's demographics and the decrease of segregation of kids with disabilities, which helped many improve especially mild and moderate cases. In addition, the staff is proactive, self-taught, and has a positive attitude, a humane approach, and on-the-job expertise, a fact that helps with the implementation of the inclusive education program.

| KEYWORDS

Disability, inclusive education, adaptations, integration

| ARTICLE DOI: 10.32996/ijllt.2022.5.6.12

1. Introduction

The concept of inclusive education started emerging in the nineties and grew stronger with the announcement and the subsequent adoption by state parties to the UN of sustainable development goals (SDGs) related to inclusive and equitable quality education. The idea was to supplant the widespread practices of exclusion and the predominant medical model of disability, which sees special education and segregation as the best way to cater to the needs of disabled students. Inclusive education embraces the social model of disability which, for its part, considers social obstacles as the real problem, not the disability itself.

The concept of inclusion is very problematic since its tenets and ensuing materialization vary according to the social, cultural, and economic reality. Many believe that inclusion or inclusive education is a process, not a destination (Runswick-Cole, 2011), while others assert that educational inclusion in its current format, which is the simple placement of kids with disabilities in regular classrooms regardless of the quality of instruction, has failed so far (Imray & Colley, 2017).

In fact, it is hard to give an accurate definition of inclusion due to the conflation and confusion with previously used concepts such as mainstreaming or integration. The United Nations defines inclusion as a process of systemic reform relating to content, teaching methods, and structures to remove obstacles in order to provide all students with an equitable and participatory learning experience and an environment that best suits their needs and preferences (United Nations, 2016, para. 11).

In this regard, inclusion is a fundamental human right that is meant to enable all students, even those with complex learning profiles, to be taught in the least restrictive environment.[1] Conducive to learning along with their same-aged peers while adjusting the system to accommodate their specific learning needs (Graham, 2020). This definition sets a clear difference between inclusion and integration which means, for its part, placing persons with disabilities in existing educational institutions and expecting them to function and adjust themselves to the standardized requirements of such institutions (United Nations, 2016, para. 11), a definition that is in line with the principles of equality and not equity[2]. Most of the time, integration involves mildly or moderately affected people and excludes, by definition, individuals with severe or multiple disabilities.

In the world of disability, the use of language is of paramount importance. Very often, the terms inclusive education and mainstreaming are used interchangeably while they are, in fact, mutually exclusive. Mainstreaming is a much older term and refers to the temporary inclusion of students with disabilities in the general educational process, which means that they get to spend part of the school day with regular class peers (Doorlag & Lewis, 1995). This term, which is mistakenly used to talk about inclusive education or even full inclusion, is more in line with integration and was rebranded differently.

Such terminological and linguistic confusion is very dangerous in the sense that the failure of public education policies of integration or mainstreaming, which proved to be inefficient, is wrongly attributed to any current or forthcoming inclusive education efforts.

2. Review of literature in the Moroccan context
Research studies on the state of inclusive education in Moroccan institutions are scant and insufficient. Most findings related to inclusive education in Morocco are derived from large-scale studies conducted in Middle Eastern or Gulf countries, notably Eman Gaad's Inclusive Education in the Middle East (2010), and extrapolated, by default, to the north African country over the presumption that the Kingdom shares the same linguistic, cultural and developmental status as these states, and, therefore, would share the same challenges to inclusive education. Much of the literature and research studies survey the inclusion of kids with disabilities in regular schools in the Arab world, including Morocco, and succeed to some extent in pinpointing the areas most in need of help, such as teacher training, early intervention, transition services and parental involvement (Hadidi & Al Khateeb, 2015).

Other studies, mostly written in the French language, deal mainly with the legal aspect of inclusive education and its operationalization as laid down in the Moroccan state-devised policies (Bettioui, 2021), but with no data on how it is implemented in the field.

The very few existing Morocco-specific research studies rely on information from the different UN bodies and target public policies elaborated by the Moroccan authorities as having one major shortcoming, which is the overuse of quantitative methods to measure the degree of inclusion in Moroccan schools. Consequently, nationwide policies revolve around numerical data like the number of integration classrooms or the number of kids with disabilities inside of them instead of addressing inclusive education quality (Johnstone, Schuelka & Swadek, 2020).

For years, Morocco banked on multidisciplinary centers to school children with disabilities and provided them with an adequate education. These facilities, notably Al Amal Center, Al Bassma Center, or La Passerelle Center, elaborated special education programs and applied the principle of separation to teach kids with disabilities oversimplified curricula that focus mainly on life skills and basic trades.

A quick review of state-devised policies to provide kids with disabilities with decent education reveals that in addition to special education dispensed in the aforementioned specialized centers, which fall within the framework of exclusion, the North African country has special education classes that are more compatible with the paradigm of segregation but are called, paradoxically, integration classrooms.

In 2019, the country announced the launch of a far-reaching, inclusive education program bearing the motto of "no child left behind" that had the ambition of closing all integration classrooms, usually hosted by public schools and run by Moroccan associations, and including all kids with disabilities in regular classrooms.

The purpose of this research is to conduct a diagnostic assessment of how the conceptualization of inclusive education, as stated in the official documents issued by the national education ministry in 2019, was implemented in reality.

The Moroccan inclusive education program was launched in the summer of the year 2019. This timing made it impossible to commence implementing the plan by the start of the school year 2019-2020. While the parties concerned were struggling to honor

---

[1] Least Restrictive Environment or LRE means that students with disabilities should spend as much time possible with typically-developing students in a regular classroom.
[2] Equality means that everyone is treated the same, while equity means that each individual's needs are met to guarantee his success.

their inclusive education-related commitments, besides other challenges in the education sector, the coronavirus broke out and caused the suspension of classes for the rest of the year. In the following academic year, 2020-2021, classes resumed very late, with many kids with disabilities not attending due to their fragility (many have multiple disabilities or comorbidities) and the parental fear that they may catch the virus. It was not until the mid of the school year that a real academic continuity was taking place but still following the old model of integration. This is why I will refer, hereinafter, to the 2020-2021 school year as the pre-inclusive education program period and 2021-2022 as the post-inclusive education program period since this school year marked the start of the gradual implementation of the inclusive education program.

3. Methodology
This research paper uses qualitative tools to examine how the newly-devised inclusive education program was carried out in a Moroccan integrated classroom. This is an ethnographic study that relies in its data collection on participant observations, field notes, and informal questioning, in addition to analysis of official documents.

3.1 Setting
The research takes place in a Rabat-based integrated classroom housed by the Allal Ben Abdellah public school, a pilot establishment with years of expertise in dealing with kids with disabilities.

4. Results
The data was collected during weekly visits to the integration classroom, made mostly on Wednesdays to see the parents of the disabled kids (Moroccan schools work only mornings on Wednesdays) and observe members of the multidisciplinary team who work on that day. The course of two months (Jan. & Feb.) helped unravel many barriers:

4.1. The pre-inclusive education program state of affairs
4.1.1 Physical environment and demographics
The Allal Ben Abdellah-based integration classroom is medium-sized, accessible, and barrier-free from the school gateway to the classroom door, which is ideal for users of wheelchairs, walking frames, crutches, or orthotics. The classroom has a circle-shaped arrangement of seats and offers an optimal physical environment that facilitates mobility and accessibility to materials and helps to engage students better than making them sit in straight rows or in clusters. The classroom is furnished with special tables and comfortable chairs designed to support the back of the student and provide space to write.

According to Stowitschek, Gable, and Hendrickson (1980), planning the room arrangement should take into account typical student groupings, storage needs for equipment, and procedures for distribution and collection of materials and student work. In this regard, the classroom seems to meet the criteria that ensure a functional organization of space; in addition, the teacher can move the class outside on sunny days to perform activities such as drawing and painting, which is beneficial and soothing for the kids, especially the autistic ones and those with sensory processing disorder.

Besides, the schedule is very flexible and does not require that all students arrive and leave at the same time. It allows the students, especially the autistic ones, to come late or leave early, a fact that helps build their tolerance of sitting in a classroom with strangers and generalize that skill. Unlike deaf and blind students who do not require slashing the time spent at school, autistic kids and students with developmental delay, cerebral palsy, and learning disabilities should have fewer schooling hours than typical kids (Ministry of National Education, 2017).

The demographics inside the integration classroom, on the other hand, are problematic. It is noticeable that the students' age varies between 4 to 17, with no division of the class into sub-groups with similar diagnoses. According to Doorlag & Lewis (1995, p. 201), "a skill-specific group is made up of students requiring instruction in the same skill area. This type of homogeneous grouping (..) is the most effective means of individualizing instruction."

The researchers also enumerate heterogeneous groupings where students are presented with models of social skills to copy and flexible groupings which use different formats depending on the need. However, these kids are clustered together in the same integration classroom regardless of the rationale behind the above-mentioned grouping formats and the provisions of the 2017 document on integration classrooms, produced by the ministry of national education, which sets the age of enrollment in these classrooms at 5 to 6 and specifies the duration of schooling at 6 years to match the age of an elementary school graduate which should be 12 years old.

This unknowingly-chosen heterogeneous grouping, probably due to the size of the classroom, entails mixing various diagnoses with different severity levels. In the absence of comprehensive medical files for each child, data collection concerning diagnoses relied mainly on observation and open-ended, unstructured, and informal questioning of the staff. Statistically speaking, the predominant disorder in the integration classroom is autism (7), followed by a developmental delay (2), Down Syndrome (1), and

cerebral palsy (1); however, these figures and types of disability are constantly changing due to many factors notably precariousness.

It is worth mentioning that the autism diagnosis often overlaps with other medical conditions such as epilepsy and cerebral palsy or learning difficulties such as ADHD[3]. In this regard, accommodations become more challenging as they should cover the physical or mobility aspect and the learning one.

The various diagnoses brought together in the same classroom raise the curriculum issue and the methods of teaching it. Each disorder has its own specificities: for instance, autistic kids do not usually have a learning disability but rather behavioral challenges, while kids with down syndrome or those with developmental delay have trouble retaining and assimilating information, hence the need for an individualized education program.

4.2. Absence of IEP and adaptations

The Individualized Education Program (IEP) is a plan that lays down the learning needs of students with disabilities. It specifies the special instructions, support, and services a child requires to achieve his yearly schooling goals. This educational approach is differentiated and individualized and uses facilitation, motivation, and repetition to ensure that the children thrive inside the school (Ministry of National Education, 2017).

An IEP is elaborated by the integration classroom teacher, the multidisciplinary team, the parents, the student, and other relevant support staff and is reviewed annually to monitor the kid's progress. The IEP is based on a pertinent assessment of the kid's strengths and weaknesses and should lead to appropriate educational results. For instance, a child with social skills and communication difficulties should have an IEP goal of staying with his class during physical education for at least 30 minutes without disrupting the group (Smith et al., 2014).

Because of their success in facilitating inclusive education, IEPs are mandated in many countries and strongly recommended in others (Hayes & Bulat, 2020).

In Morocco, integration classrooms, known as CLIS (classes pour l'intégration scolaire), have no educational programs or curricula (Finel, 2015). This situation leaves the choice of activities inside the integration classroom to the teacher's discretionary power. Many times, the teacher would choose a handwriting exercise for the whole class regardless of the varying fine and gross motor skills of the children or their underdeveloped pincer grasp. As a result, two autistics who could not follow instructions were just doodling, and a quadriplegic wheelchair user did not participate, which is itself an exclusionary practice inside a place supposedly meant for integration.

The handwriting activity could have been modified for those who cannot write by offering them a board to point to the letter, select cards with the right letter, or even match identical letters on pieces of paper to demonstrate at least a recognition of the shape of the specific letter. Such modifications are called adaptations, and they refer to any accommodations that address the unique learning needs of the student and, at the same time, maintain the integrity of the lesson (Fisher, Frey & Thousand, 2003).

Adaptations are usually laid out in the Individualized Education Program, and they concern changes in the delivery of the lesson, the method of the student's response or performance, and the way of his evaluation that does not alter the content of the curriculum very much. In this regard, adaptations used inside the integration classroom can involve several types of modifications such as size (decrease the student's workload), time (give additional time to complete the task), input (change the way instruction is presented), level of support (change the amount of individual assistance) and output (change the way students respond) (Miller, 2002).

For Moroccan pediatric neurologist El Madani (2020), adaptations should focus more on the output and the level of support. In this sense, El Madani strongly advocates prioritizing oral exams, multiple-choice questions, illustrated lessons, highlighted titles and outlines, and auditory-based teaching for kids who are not very visual.

In Moroccan public schools, students with disabilities who sit for exams are offered limited adaptations related to time, output via multiple-choice questions, and level of support by allowing into the exam room a parent-paid helper to assist the student; however, the material and equipment that could facilitate the life of the student and optimize his performance are inexistent.

4.3. Equipment, services, and transportation

In an integration classroom, equipment is part of the physical adaptations that helps with the students' learning process. Equipment can range from thick pencils for students with poor fine motor skills to software and next generation apps; but, in this specific integration classroom, equipment is limited to crayons for drawing, some puzzles and mazes, and handcrafted educational toys

---

[3] Attention deficit hyperactivity disorder

like painted plastic cups to teach colors and shapes. One striking remark is that the equipment in the integration classroom does not differ from that in a regular classroom.

Many believe that special equipment is mostly used by the deaf and the blind, and this is one of many reasons why students falling into these two categories of disability are seldom seen in integration classrooms and are taught in their own specialized schools that receive students with such disabilities exclusively. But, in reality, not all disability-linked equipment is Braille materials, embossed maps, or magnification devices. Students with learning disabilities or developmental delays can benefit from a multitude of material solutions like large-print books and audio-taped text, which help bypass learning or reading difficulties like dyslexia by getting information through listening instead of reading (Rogan & Havir, 1993).

More sophisticated high-tech equipment includes tablets and computers, which should be introduced at a young age, especially in the case of disorders such as severe dysgraphia (El Madani, 2020). Computers are usually equipped with instructional software, the most common of which are tutorials, drill and practice programs, simulations, problem solving programs, educational games, teacher utility programs, and software tools such as word processors and data management programs (Doorlag & Lewis, 1995). The use of computers can also be adapted for students with disabilities to include modified keyboards, input alternatives such as single switches, and voice input devices (Doorlag & Lewis, 1995).

Technology and artificial intelligence have made headway over the past few years and are expected to advance more in the future. Apps which can turn speech into text are inexpensive and available on mobile devices with a large array of functionalities, such as word prediction in Arabic. They are priceless for many students with disabilities since speaking is often easier than typing, which requires fine motor skills. Vice-versa, text-to-speech apps, such as Proloquo4Text, are also available for non-speaking students, mainly individuals with dyspraxia or autism, and future developments in AI technology would, eventually, lead to systems that help create equations, graphs, and diagrams (Wood, 2019).

This does not mean that all assistive or adaptive solutions should be fancy and expensive. Sometimes using noise-cancelling headphones, shades, and tennis balls under chairs to camouflage noise, favoring chairs with bars for feet, and allowing anti-stress balls for fidgeting can have the biggest impact on the well-being of these students (El Madani, 2020). In addition, communication and in-class participation can be facilitated and encouraged with cheap means like pictures, flashcards, and pictograms (Ministry of National Education, 2017).

All students in the integration classroom are offered the same amount of therapy by the multidisciplinary team regardless of their diagnosis and particularities. They get one hour of speech therapy and one hour of occupational therapy per week. Those with motor difficulties like cerebral palsy get an additional hour of physical therapy. Therapy sessions are held in a separate room that comprises a few sensory items like gym balls and a trampoline. The room also serves as a consult room for the school psychologist, who comes weekly to check on the kids he is treating.

Consequently, on-site services and therapies are not tailored to the students' needs which can range from a mild impairment in pronunciation like students with Down Syndrome to being completely non-speaking and past the age of traditional speech therapy like autistic students. In this regard, Gernsbacher (2008) posits that early diagnosis is key when it comes to accommodating the different modes of expressive language, especially for autistic children. In a research paper, she asserts that later speech fluency is predictable depending on the vocalizations and motor skills of the person as a toddler. This study is of paramount importance and concurs with the common knowledge that infants' poor fine motor skills like pointing could mean a future consequential speech disorder in childhood or even adolescence. It also means that an early refined diagnosis could open the door to assistive technology and augmentative and alternative communication instead of wasting years on speech therapy and waiting for miracles.

As for transportation, there are no specially-designed buses to carry students with disabilities, mainly those with physical impairment, to and from the school. This means that the integration classrooms are not community-based and available inside every public school. The few integration classrooms which are based in Rabat serve the whole region, and the burden of carrying the student back and forth is borne by the parents.

According to El Madani (2020), schooling students with disabilities should be at the closest school to home to ensure the continuity of their education. The lack of local schools is the reason why many drop out in the middle of the school year or have very irregular attendance patterns, leading to the constantly-changing demographics inside the integration classroom.

Another hurdle facing the process of integration is that access to the classroom is payable.

4.4. Fees, teachers' training, and school aids
To get enrolled in the integration classroom, students have to pay a monthly fee that starts at 600 dirhams for the benefit of the association managing the classroom. It is worth mentioning that the Moroccan ministry of national education does not directly run these integration classrooms but does delegate their management to local associations or organizations in return for yearly

funding attributed to these bodies. In the world of disability, financial resources are vital for improving the quality of services as well as facilities and infrastructure (Ediyanto et al., 2017).

Integration classrooms opened their doors to disabled students in the academic year 1997-1998 and have been struggling since then with funding and staffing issues. Ministerial circular N 14.039, dated April 2014, emphasized the need to earmark the human and financial resources necessary for the functioning of these classrooms (Ministry of National Education, 2017, p.20). However, little to no equipment has been allocated to these facilities, which remain heavily dependent on sporadic donations by foreign nonprofits.

Besides issues of accessibility, awareness, and comorbidities, poverty and precariousness are among the chief reasons behind students with disabilities dropping out of school, and if civil society stakeholders consider the integration classroom's fee symbolic, the salary of school aid, for its part, is not.

A sweeping majority of students with disabilities are in need of one-on-one instruction with a customized rhythm and level of intensity. Teachers are usually unable to offer both regular and individualized education, let alone the constant shifting between the two. Hence, teacher's assistants are made available in many countries and are often funded by the government (Rämä, Kontu, & Pirttimaa, 2020).

According to the Moroccan strategic vision for education reform (2015-2030), public authorities in charge of education and training are tasked with ensuring the right to quality education for students with disabilities by training the educational staff on integrated education, offering them continuous training in this area and providing school aids, helpers or assistants (Ministry of National Education, 2017).

The plan implies that the state is responsible for bringing, training, and paying for school aid, a common practice in many foreign countries like France, which has a special body called "MDPH."[4] in charge of assigning school aid to students with disabilities, or England, which increased threefold the number of school aids in mainstream schools from 79,000 in 2000 to 224,000 in 2017 (Webster & Blatchford, 2020).

It is undeniable that school aids play a pivotal role in delivering structured interventions in one-to-one or small-group settings and have a strong, positive impact on student attainment (Webster & Blatchford, 2020, p.385). They also perform class management, socialization, and behavioral roles (Sharma & Salend, 2016). Nevertheless, in our integration classroom, which sits up to 11 students, only three school aids are present. These teaching assistants are permanent helpers hired by the parents to assist their children in the learning process.

A salary of a trained, professional school aid can reach 5000 MAD entirely incurred by the parents and not reimbursed by social security. This exorbitant price is the reason why many parents leave their kids with no support inside the integration classroom or decide to keep them out of school. Others resolve to the collective helper solution, which basically means that the permanent school aid, who is in charge of assisting one student, could lend a helping hand to another in exchange for a sum of money that the parents can afford.

It is worth mentioning that the Ministry of National Education does issue authorizations for mothers of kids with disabilities to accompany their children inside the inclusive school and be their school aids. This is a golden solution for families with limited financial resources; however, the overprotective and oversensitive attitude of some mothers can hinder the process of their children's integration.

As for the training offered to both teachers and school aids, it is either inadequate or nonexistent. Very little data on disability and inclusive education is included in training modules dedicated to teachers, whether in public elementary schools, middle schools, or high schools, and even teacher educators are unaware of inclusion and its prerequisites. In developing countries where information about inclusion is starting to be given concrete substance as part of teacher training, teacher educators also require up-skilling before being able to prepare teachers for inclusive education (Forlin, 2013). Enacting an inclusive approach requires appropriate preparation of all stakeholders. This particularly applies to the training of staff at all levels, from the system to the classroom (Forlin, 2013).

Local associations strive to remedy the training problem by bringing international and professional trainers to train families and staff working with disabled students. However, the cost of training, which usually spans three days, is expensive and sometimes amounts to over 1600 MAD.

---

[4] Les maisons départementales pour les personnes handicapées

The government has launched, recently a program dubbed "RAAFIQ."[5], a first in the country. It is meant to train 180 persons, free of charge, in one week, on autism-related techniques and methods. The program, which was pushed by autism organizations operating in Morocco, failed to include other types of disability and, like the training offered by associations, emphasized the theoretical side at the expense of the practical one. Thus, the training recipients had no resources, tools, or support once they started field work and had to face alone hardship linked mainly to behaviors.

In our integration classroom, the criteria for hiring the teacher are not very specific. A school degree and teaching experience are required as in any other regular classroom, and this is why we find that the teacher is using in the integration classroom the same pedagogical methods used for typical kids. The main techniques used for teaching all students with disabilities are physical guidance, verbal guidance, and repetition. As for behaviors, the teacher is completely uninformed about positive behavior support[6] and does, at some point, deprive a student of his break as a corrective measure, while all behavioral interventions advise against it, especially for autistic kids (El Madani, 2020).

5. The post-inclusive education program situation
5.1. New labeling and demographics
One of the main changes that occurred after the commencement of the implementation of the Moroccan inclusive education program is the conversion of the integration classroom into a resource room. In its official document laying down the broad lines of the inclusive education program, the Ministry of National Education (2019, p.41) specifies that the resource room is a space meant to be visited from time to time, depending on the need, to rehabilitate and support the students' physical, psychological and social abilities. It explains that the resource room completes the limited time of instruction in the inclusive classroom by offering additional activities that would enable the student with disabilities to catch up with their peers and provides special equipment or logistics that are unavailable in the regular classroom.

Ideally, and within the framework of inclusion, students with disabilities are supposed to be taught in a regular classroom and benefit from pullout support, which means that support is provided outside the regular classroom by a resource teacher (Bergsma, 2022).

A resource teacher, another new label that substitutes the integration classroom teacher, has the mission of providing part-time special services to students with disabilities and assisting the general education teacher in adapting instruction for the student in the regular classroom (Doorlag & Lewis, 1995). He also supports parents, associations, and institutions in establishing innovative practices and setting up mechanisms for facilitating school inclusion (Garnier, 2018).

In our integration classroom, which is now called a resource room, the parameters of inclusion are somehow different. The kids are not included the whole day in a regular classroom and pulled out from time to time for remedial or extra activities in the resource room but; rather, they get to spend two hours each day in a regular classroom and the rest of the day at the resource room, a situation more compatible with the definition of mainstreaming. It is worth mentioning that this part-time mainstreaming is conducted at the level of the kindergarten, not at the elementary school.

As for the demographics, they changed tremendously with the kids now all aged under 10 and with similar or close diagnoses, a fact that made the resource room seem more homogeneous. This similitude also unburdened the resource teacher of instruction differentiation since all students are young, responsive, and approximately at the same skill level. This was apparent when doing a shape coloring activity, and all students succeeded in coloring the right shapes they were asked to.

The removal of older disabled students, usually with severe diagnoses, raised the issue of the lack of facilities for adolescent and even adult individuals with disabilities. Centers receiving students aged over 15 are very few, cost up to 2000 MAD, mandate the presence of school aid and have a long waiting list. One parent confessed to me that she would be keeping her son at home because she could not afford the price of the new association, and her son had become too old to stay in the resource room.

5.2. Improvement of mild and moderate cases
Even though inclusion parameters are not implemented to the letter, a noticeable improvement in students with mild and moderate disabilities took place. The part-time mainstreaming proved to be very beneficial for these students as it offered valuable peer interaction that contributes to building social skills. The new placement is an ideal framework to observe and imitate typical students and desirable behaviors, which include notably sitting quietly without disrupting the class, paying attention, engaging in conversations, taking turns, and participating in reciprocal activities (Sansosti & Sansosti, 2012). It also helped extinguish some inappropriate behaviors like jumping and exiting the classroom repeatedly.

---

[5] Acronym for « Ressources et appui en autisme pour des familles et intervenants qualifiés »
[6] Behavior support techniques like tangible reinforcers and breaks.

Prior to the inclusive education program, the segregation of kids with disabilities inside the former integration room had a major drawback which was the imitation of bad behaviors. Although the teaching of socially-acceptable behaviors can take weeks to build from scratch and shape, using a behavioral intervention plan, students with disabilities, especially autistic ones, are very quick to pick up inappropriate behaviors when they occur in their immediate environment, which affects their schooling.

The learning process, whether for students with disabilities or typical ones, has some prerequisites to take place, such as joint attention, eye contact, sitting on a chair, following instructions, hand-eye coordination, staying on task, pointing and imitation. The acquisition of these basic skills lays the groundwork for real learning, such as matching and identifying shapes, colors, letters, and numbers (Maurice, 2006).

The learning process is complex as it is made up of diverse, interdependent elements and involves sub-skills, cognitive capacities, and implicit and explicit modalities to assimilate information (Crahay & Dutrévis, 2015). However, the social context and peer interaction remain the decisive factors in modelling good behaviors and improving academically. For instance, when a typical student assists a disabled one in an activity, provides an explanation, or facilitates a task, the information is well received and better comprehended than when it comes from an adult or an authority figure like a teacher.

In our case, the mainstreamed students were participating, on a daily basis, in group activities where they were part of collective projects and joint activities. For instance, a student with poor fine motor skills could not use the scissors but was given the paper pieces to glue them and was applauded for that by his group members. This type of encouragement and acknowledgment by peers is invaluable for the self-esteem of these children.

According to the Ministry of National Education (2019), peer support and continuous encouragement and motivation play an essential role in strengthening the student's self-confidence, autonomy, and sense of belonging, which helps with the student's improvement and the fostering of an atmosphere of acceptance.

5.3. Impact of mainstreaming on typical kids
Part-time mainstreaming had huge benefits not only for students with disabilities but also for typically-developing ones. According to Megapanou (2022), inclusive education has a positive impact on typically-developing students as they benefit academically and socially from the presence of their peers with disabilities and are more likely to develop empathy and accept diversity inside the classroom.

Indeed, social acceptance by classmates is as important as instructional output by the teacher and contributes to creating an effective inclusive environment (Smith et al., 2014). Many believe that the inclusion of students with disabilities in a regular classroom would slow down the pace of instruction and disrupt the learning of non-disabled students. Nothing could be farther from the truth. A few days after the start of the implementation of the part-time mainstreaming and after a short introduction and explanation of some behaviors by the regular classroom's teacher, the kids got used quickly to the attendance of students with disabilities and stopped asking questions (one recurrent question is why some students do not speak) and were not paying a lot of attention when challenging behaviors occurred.

Though little children are known to be sometimes mean, there was no instance of bullying inside the classroom, and even the staring decreased gradually. Rather, typically-developing kids were compassionate and friendly towards their peers with disabilities, a fact that indicates that disability was normalized and accepted as something natural. It also shows that they have embraced diversity, a gain they will carry with them into adolescence and adulthood and will contribute to establishing a more equitable society.

One heartwarming sight was children playing altogether during recess with no stigma attached to disability or difference, just kids being kids to the extent that it is hard to tell the disabled from the non-disabled, all the more so because most students have invisible disabilities like autism or learning disabilities. This is somewhat an accomplishment since students with disabilities could not mingle previously with other children and were taking their breaks at different times.

5.4. Impact of mainstreaming on school aids
One noticeable change that occurred after the part-time mainstreaming began is the involvement of school aids and their attempt to integrate the students they are in charge of. It is unclear if the change was pushed by the parents who saw their children included in a regular classroom and were requiring more of the aid or by the new setting and the climate of competitiveness and inclusion.

Most school aids have a positive attitude and an understanding toward disability even if they are underpaid and not trained in early intervention techniques. All the personnel are women except for the multi-disciplinary team, which includes some men. Direct observation of the school aids' interaction inside the regular classroom indicates a humane approach as they are very much inclined to assist other students with disabilities even if they are not paid for their services. This collective effort contributes to achieving a real synergy and making the classroom more inclusive.

One instance of humane treatment of students with disabilities is when an unaccompanied boy had a major meltdown and was taken outside by aid to calm down. The incident was not dealt with as bad behavior that should be corrected or punished. Rather, the aid examined the boy to check for sources of ailment and encouraged him to point to where it hurts since he was non-speaking. The boy turned out to have some tooth decay that was making him uncomfortable.

Moreover, the school aids seem to be self-taught and learn on the job. For example, because the classroom has a predominance of autistic students, they learned the hard way that autistics need frequent breaks and sensory input like jumping or running during their break. As a consequence, fewer meltdowns were happening, and the learning process was, most of the time, not affected.

The part-time mainstreaming and the human element, namely the staff and the school aids, seem to be the driving force behind the inclusive education program. Though lacking in resources and equipment, these school aids, along with the teachers, are handling daily challenges proactively and ensuring that the students with disabilities are taking part, as their typically-developing peers, in all interactive classroom activities.

It is worth mentioning that the ministry of national education does offer training on inclusive education to its personnel and has increased such sessions and workshops under the new inclusive education program. However, even if such training remains theoretical, generalized, and not tailored to specific needs, as one teacher confided to me, school aids are deprived of them because, legally, they are not employees of the ministry. They are just individuals hired by the parents who also pay for their insurance against accidents inside the school. The role of the ministry is limited to issuing authorizations to these school aids to operate inside its premises.

As for the services, equipment, and resources, nothing has changed. This status quo is due to the fact that the new inclusive education program was underfunded and lacked the financial resources necessary to purchase, for instance, computers and audiobooks for dyslexic kids, knowing that a laptop would make a lot of existing open sources[7] accessible and available to these kids.

The inclusive education program was launched in parallel with the mandatory enrollment of children in kindergartens starting at the age of 4. The State announced that children could join kindergartens free of charge while, previously, mandatory education started in the first grade at 6 years old. The decision affected the association's financial resources, which was hosting, the integration classroom and kindergarten classrooms, and led to a slight downsizing of its employees.

6. Discussion

Morocco ratified the Convention of the Rights of Persons with Disabilities and its Optional Protocol in 2009. The Kingdom also adhered to achieving the UN SDGs, mainly the salient, disability-related goals calling for reducing inequalities. As a consequence, the country's 2011 constitution laid down provisions guaranteeing access to education for children with disabilities, integrating them into social life, and facilitating their enjoyment of the rights and freedoms recognized by all.

However, the North African country fell short of coming up with an effective plan guaranteeing that every child born with a specific developmental disorder or syndrome is provided with an adequate education. In 2019, it launched a large-scale and very ambitious inclusive education plan but failed in earmarking the appropriate financial and human resources for its implementation.

According to the Cour des Comptes[8] (2022), the inclusive education program had major shortcomings, namely the absence of objectives, deadlines, and cost estimation. It also failed to specify stakeholders and their responsibilities, as well as monitoring mechanisms using accurate indicators, a fact that hampers the principle of accountability. The body also revealed a lack of coordination and consultation with the parties concerned, at the operational level, regarding the acquisition of didactic equipment, staff training, and infrastructure rehabilitation.

This report is in line with the findings of this ethnographic investigation in terms of insufficient budget, training, and equipment and confirms that "the adoption of the wording from international declarations into local policies, without considering the implications for implementation that will vary enormously based on regional needs, will not produce an effective inclusive approach to education" (Forlin, 2013, p.28).

However, there are some cheap, tangible steps that could be taken that would make regular classrooms more inclusive such as awareness-raising.

---

[7] For instance, the Digital Accessible Information System (DAISY) is an open source for the visually-impaired but can also benefit dyslexic students.
[8] Court of Audit

Awareness-raising campaigns should not be limited to celebrating the International Day of Persons with Disabilities once a year or to launching an inclusive education program. On the contrary, there is a dire need to inform typically-developing students of differences and disabilities before receiving students with disabilities into regular classrooms. This can be achieved through holding in-class discussions to correct misconceptions and inviting guest speakers with disabilities to offer positive role models. Another efficient way to raise students' awareness and experience and normalize disability is through simulation, like traveling around the school in a wheelchair, wearing a blindfold, using earplugs, and attempting to communicate without speaking (Doorlag & Lewis, 1995, p.171).

In addition, a sensory room might come in handy as most students with disabilities have learning disabilities or autism and are in need of a safe haven to let off steam, stress, and anxiety linked to being in a noisy environment, especially during recess. Such room should comprise sensory integration equipment like mats and hammocks.

Another crucial measure that does not cost much and can have a tremendous impact on the inclusive classroom is peer support and mentoring. Peer tutors are students, usually overachievers, who learn to perform instructional duties like checking assignments or teaching specific skills to students with disabilities in need of extra help. Tasks should be related to school learning and not to behavioral support or teaching life skills. This way, peer support can be beneficial not only for the said student but also for the tutor (Doorlag & Lewis, 1995, p.214-215). However, this solution requires a prior action of awareness-raising among the parents who might object to making their children tutors, thinking that it might negatively affect their academic performance.

Adult volunteering can also open the door for many students with disabilities who cannot afford school aids. Platt and Platt (1980) explain that volunteers can choose between working with students on a one-on-one basis, working with small groups, performing clerical duties, and supervising activities outside the classroom. Volunteers can be common people, parents who want to help, retired people, or professionals involved in the health or education sectors who need real-life expertise.

In addition, parental involvement and parents-staff collaboration are crucial for the effective inclusion of students with disabilities. This involvement positively impacts students' grades, attendance, attitudes, and motivation (Kellough & Kellough, 2008). Parents are the best to know the strong points, triggers, and preferences of their children and can play a tremendous role in the process of decision-making regarding their children.

7. Conclusion and areas for future research

Inclusive education helps us discover our multi-layered humanity and how complex and diverse human beings can be. The dynamics of inclusion, within the framework of the social model of disability, do work both ways: it facilitates and helps students with disabilities integrate and better connect with society and makes the latter more compassionate and egalitarian.

This ethnographic study should be supplemented by a quantitative one to know the number of the targeted population because no inclusive education program can be efficient without knowing the exact number of students with disabilities that should be served. The most recent figures related to the Moroccan disabled community date back to 2014 and are estimated at 1,354,428 people (Finel, 2015, p.9). This number includes people with visible disabilities, while people with invisible disabilities like autism and learning disabilities have no nationwide database (Houcine El Ouardi, personal communication, n.d.). However, in the capital Rabat, for instance, the state keeps records of the number of students with disabilities enrolled in elementary, middle, and high schools and which amounted to 1254 for the academic year 2021-2022 (Bouchra Bouguiyou, personal communication, 2022).

Conflicts of interest: The author declares no conflict of interest to disclose.
Publisher's Note: All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers.

References

[1]   Bergsma, S. (2022). The regular classroom as the battleground for inclusive special needs education: *An assessment of options of special needs education in the Commonwealth Caribbean*.

[2]   Bettioui, A. (2021). Etat des lieux de l'éducation des enfants en situation de handicap au Maroc. *Revue Marocaine de l'Évaluation et de la Recherche Educative*, (5), 279-292.

[3]   Crahay, M., & Dutrévis, M. (2015). *Psychologie des apprentissages scolaires*. De Boeck Supérieur.

[4]   Cour des comptes. (2022). Rapport annuel de la cour des comptes au titres des années 2019 et 2020. Retrieved May 10, 2022, from http://www.courdescomptes.ma/fr/Page-27/publications/rapport-annuel/rapport-annuel-de-la-cour-des-comptes-au-titre-des-annees-2019-et-2020/1-261/

[5]   Doorlag, D. H., & Lewis, R. B. (1995). *Teaching special students in the mainstream*. Merrill Prentice Hall.

[6]   Ediyanto, E., Atika, I. N., Kawai, N., & Prabowo, E. (2017). Inclusive education in Indonesia from the perspective of Widyaiswara in the Centre for Development and empowerment of teachers and education personnel of kindergartens and special education. *IJDS: Indonesian Journal of Disability Studies*, *4*(2), 104-116.

[7]   El Madani, A. (2020). *Invisible disabilities between education and health*. AZ-Editions. (unofficial translation from Arabic)

[8]   Finel, E. (2015). Model of inclusive education in Morocco based on pilot experience in Souss-Massa-Draa, Handicap International Programme Maghreb (unofficial translation from French).   Retrieved May 12, 2022, from *https://www.men.gov.ma/Ar/Documents/Livretechnique-educationinclusive.pdf*

[9]   Fisher, D., Frey, N., & Thousand, J. (2003). What do special educators need to know and be prepared to do for inclusive schooling to work?. *Teacher education and Special Education*, *26*(1), 42-50.

[10] Forlin, C. (2013). Changing paradigms and future directions for implementing inclusive education in developing countries. *Asian Journal of Inclusive Education*, *1*(2), 19-31

[11] Garnier, P. (2018). *Scolariser des élèves avec des troubles du spectre de l'autisme*. Futuroscope: CANOPÉ Éditions; INSHEA.

[12] Graham, L. J. (2020). Inclusive education in the 21st century. Graham, L. J. (Ed), *Inclusive education for the 21st century: theory, policy, and practice*. Routledge.

[13] Hadidi, M. S., & Al Khateeb, J. M. (2015). Special education in Arab countries: Current challenges. *International Journal of Disability, Development, and Education*, *62*(5), 518-530.

[14] Hayes, A. M., & Bulat, J. (2020). *Disabilities inclusive education systems and policies guide for low-and middle-income countries*. RTI International.

[15] Imray, P., & Colley, A. (2017). *Inclusion is dead: Long live inclusion*. Routledge.

[16] Johnstone, C. J., Schuelka, M. J., & Swadek, G. (2020). Quality education for all? The promises and limitations of the SDG framework for inclusive education and students with disabilities. In *Grading Goal Four* (96-115). Brill Sense.

[17] Kellough, R. D., & Kellough, N. G. (2008). Teaching young adolescents: Methods and resources for middle grades teaching.

[18] Maurice, C. (2006). *Intervention béhaviorale auprès des jeunes enfants autistes*. De Boeck Supérieur.

[19] Megapanou, N. (2022). Preschool Teachers' Views on the Outcomes of Preschool Inclusive Education for Students with Special Educational Needs and Typically Developing Students. *Open Access Library Journal*, *9*(3), 1-17.

[20] Miller, S. P. (2002). *Validated practices for teaching students with diverse needs and abilities*. Allyn & Bacon.

[21] Ministry of national education, vocational training, higher education, and scientific research. (2017). Reference framework for curriculum design for the benefit of children with disabilities in the inclusive classroom. Directorate of Curriculum. (unofficial translation from Arabic)

[22] Ministry of national education, vocational training, higher education, and scientific research. (2019). Reference framework for inclusive education for the benefit of children with disabilities. Directorate of Curriculum. (unofficial translation from Arabic)

[23] Platt, J. M., & Platt, J. S. (1980). Volunteers for special education: A mainstreaming support system. *Teaching Exceptional Children, 13*(1), 31-34.

[24] Rämä, I., Kontu, E., & Pirttimaa, R. (2020). Special education without teaching assistants?: The development process for students with autism. *Journal of Education and Learning*.

[25] Rogan, J., & Havir, C. L. (1993). Using accommodations with students with learning disabilities. *Preventing School Failure: Alternative Education for Children and Youth*, *38*(1), 12-15.

[26] Runswick-Cole, K. (2011). Time to end the bias towards inclusive education?. *British Journal of Special Education*, *38*(3), 112-119.

[27] Sansosti, J. M., & Sansosti, F. J. (2012). Inclusion for students with high-functioning autism spectrum disorders: Definitions and decision making. *Psychology in the Schools*, *49*(10), 917-931.

[28] Sharma, U., & Salend, S. J. (2016). Teaching assistants in inclusive classrooms: A systematic analysis of the international research. *Australian Journal of Teacher Education* (Online), *41*(8), 118-134.

[29] Smith, T. E., Polloway, E. A., Patton, J. R., Dowdy, C. A., & Doughty, T. T. (2014). *Teaching students with special needs in inclusive settings* (6). Pearson.

[30] Stowitschek, J. J., Gable, R. A., & Hendrickson, J. M. (1980). *Instructional materials for exceptional children: Selection, management, and adaptation*. Aspen Systems Corp.

[31] United Nations. (2016). *General comment No. 4 (2016), Article 24: Right to inclusive education* (CRPD/C/GC/4). Retrieved April 2, 2022, from https://www.refworld.org/docid/57c977e34.html

[32] Webster, R. & Blatchford, P. (2020). Rethinking the use of teacher aides. Graham, L. J. (Ed), *Inclusive education for the 21st century: theory, policy, and practice*. Routledge

[33] Wood, A. (2019). Inclusive education for students with chronic illness – challenges and opportunities. Knox, J., Yu, W., & Gallagher, M. (Eds), *Artificial intelligence and inclusive education*. Springer.