

ORGANIZATION AND HUMAN RESOURCE FOR SUPPORTING INTEGRATED EDUCATION OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

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Abstract

In the second half of the last century the special needs education's experiences highlighted the attention to the negative effects of the segregated education, the selection and segregation mechanisms. In accordance with international trends educational initiations were launched in relation to integrated education of children with special educational needs in Hungary. While integrated education has become widely accepted, the normal pedagogy's demand for special knowledge emerged. It became apparent that the integrated education of children with special educational needs can be optimally achieved only in cooperation with the special schools and teachers.

Keywords: children with special educational needs (SEN), disabilities, integrated education, mainstream schools, resource centre

Interpretation of the concept of integration

The concept of integration is used in many ways by various disciplines such as mathematics, biology, sociology, psychology, economics, political sciences, so it has many meanings depending on the context. It is a word of latin origin meaning assimilation of separated parts to a larger unit. In a pedagogical sense it means the education of children with SENⁱ together with their typical peers. The Encyclopedia of Special Education edited by Zsuzsa Mesterházi defines it as a pedagogical trend beginning in the 1970s which means the education of children with handicap, disability, social disadvantage together with other children close to their home.

The integration approach was developed from the realization that children were stigmatized and discriminated by the segregated education. The precursor of this approach was the normalization principle from Scandinavia, which means that the disabled people should be offered the same conditions as other people. The society is responsible for their unfavourable status since it

ⁱ By the Act CXC of 2011 on National Public Education "children/students with special educational needs" means children/students requiring special treatment who, based on the expert opinion of the committee of experts, are handicapped or have perceptual, mental deficiency or speech disorder, or have multiple disabilities in case of the simultaneous occurrence of several deficiencies or have autism spectrum disorder or any other psychic disorder (serious disorder concerning learning or the control of attention or behaviour). In Hungary the term "special educational needs" was first mentioned by legislation in 1993. Previously the concerned population was called "disabled children/students". This expression is included in the concept of special educational needs, the two terms are not interchangeable. To avoid confusion we use the term "special educational needs" for the period before 2003.

doesn't accommodate the conditions to them, and makes impractical claims on them (LÁNYINÉ 1993). Under the civil rights movements in the United States the Act of 1975 on Education guaranteed the least restrictive educational environment for the children with special educational needs. It could be segregated or integrated environment depending on the children's abilities. The aim of the Italian movements was to abolish segregation and discrimination which led to the ceasing of state schools. It is obvious that the idea of integrating children with special needs integration became widespread abroad. The situation is similar in Hungary.

Development of supporting system

Responding to the influences coming from foreign countries there were also initiatives in Hungary for developing a policy of the integration of children with special needs into mainstream schools. The first attempts for integration started in the 1970s.

The first steps were made to integrate students with perceptual disorders (hearing, visual impairment) and the physically disabled children. This was followed by the integration of children with learning difficulties.

In Hungary, the network of mobile special education teacher service was set up in parallel with the implementation of integrated education system. At the end of the 1970s mobile special education teachers started to work in ordinary schools to cover the needs of visually impaired students. In that time this innovation was not widely known as the integration and inclusion of students with special needs was a brand new idea in the 1980s and 1990s. However, in the EU a resolution^j was made in 1990, placing the integration of youngsters into ordinary education a primary approach. This resolution also suggests that the expert knowledge of special need education should be applied in ordinary schools as well (HALÁSZ 2004).

There have been different methods worldwide in the mainstreaming education for the inclusion. Certain schools employ special education teachers who are members of the school board, and they work together with teachers, and help the integration process. In certain countries special education takes place within the ordinary education system. These countries and institutions have applied their incorporated knowledge, creativity, expert knowledge, and infrastructure to achieve more (JOHNSTONE 1997). There are other institutions and methods such as mobile special teacher service, resource centres^k which help the integration by providing professional pedagogical services (GEREBENNÉ 1996). In some cases the segregated schools were transformed into resource centres. Their tasks are varying, aiming the parents, teachers, and children. They also take part in the training of teachers,

^j Council of the European Union (1990) – Resolution of the Council and the Ministers for Education meeting within the Council of 31 May 1990 concerning integration of children and young people with disabilities into ordinary systems of education. Official journal NO. C 162, 03/07/1990.

^k The most well-known are the Ayres Clinic in South-California, the Frosting School in Pasadena, Affolter Institution in Switzerland. These institutions work with children with special needs, and also function as resource centres for teachers and parents.

developing pedagogical tools, materials and methods, put about pedagogical guidance and counselling with children individually or in small groups (KÓPATAKINÉ 2009).

By the end of the century more and more children with special needs were taught in the ordinary schools. The implementation of integrated education method has inferred significant changes in the organisation and education and welfare work of the ordinary schools and segregated institutions. The attendance of students with special needs in ordinary schools had been a signal highlighting the deficiencies and insufficiencies of the pedagogical settings. Not only had been shortages in expert knowledge and infrastructure but in the approach towards acceptance and tolerance of individual differences. This suggests that only statistical and formal integration had been achieved, which, in other words, is a forced integration required by the authorities the institutions belong to. It can also be acknowledged as a compensation of demographic decline. Whatever happened, there is obviously a need for special pedagogy in ordinary schools too, as students with special needs can be taught only by cooperating with special education teachers.

At the same time segregated schools had experienced the decline of the number of enrolled students, and the existence of segregated schools was at stake (KÓPATAKINÉ 2004). Insecurity appeared at both organisational and individual level. It became inevitable that the current special education system and the roles of the teachers within this system were not up to mark. New methods were needed. Realising the need, more and more institutions offered services to support integrated education programmes, leaving behind the traditional roles and methods. Cooperation had begun. The first steps of forming the resource centres can be seen in "Study Clinic" program. The project was advocated between 1992-1995 by FEFA ("Closing up to the European Higher Education" Fund). It supported those children aged 5-12 who suffered from deficiencies in learning and needed development or therapy and significantly underperformed as compared to the standards of their age and of average schools. The program also provided teachers with professional help and conducted research on the development of learning abilities. The program placed major emphasis on the development of special need education services that can be applied in everyday teaching methods (MESTERHÁZI 1994). This program had a huge influence on segregated schools, as it provided future aspects, it also outlined and featured the principles of the organisational structure (PAPP-MILE 2012).

Reacting to the need for special education knowledge, more and more segregated schools started to provide schools and day nurseries with a full range of academic and support. Special institution models were developed called special need education centres, which operated a professional development and consultation system similarly to the international resource centres. A newly introduced service was the mobile special need teacher, who by forming a network helped ordinary schools to educate children with special needs. The strong demand for help has brought forth these special education need services without legal background, which is a good example of the

schools' self-development efforts and the cooperation of pedagogy and special need education.

Adapted physical and conductive education methodological institution: APEMI

The Act LXXIX of 1993 on Public Education and its supplement in 2003 provide the legal framework for special need education services to support the integration process. This establishes the provisions to set up a new institution called APEMI. APEMI can be formed on the bases of segregated schools. The law allows special schools to develop and broaden their services to stand for integration. This law has been significant to the special schools because it helps the professional development, widening the competences and cooperation between teachers, special education teachers and parents. The 3rd paragraph of the Act LXXIX of 1993 on Public Education states that APEMI can cover special pedagogical professional services and pedagogical assistance service, besides its usual education tasks. APEMI can accomplish special tasks and maintain a mobile special teacher network. It may perform pedagogical professional and pedagogical assistance services in compliance with its objectives. Pedagogical professional services include pedagogical evaluation, professional counselling and special subject-related tasks, provision of educational information, public education administration services, supporting and organisation of the training, in-service training and self-education of the teachers, organisation and harmonisation of study, sports and talent promotion competitions, information and counselling service for students, early intervention and development. Pedagogical assistance services are: adapted physical education consulting, education and care, developmental education, the expert and rehabilitation activity examining learning ability, and the national expert and rehabilitation activity, educational guidance, speech therapeutic care, further study and career counselling, conductive educational service, adapted physical education, school psychology and pre-school psychology service, promotion of particularly talented student. The law finally allowed the further development of special need education and schools nation-wide started to improve their organisations and legitimate their services. Upon joining the EU had helped Hungary to get access to financial resources within the HEFOP program in 2004. This program helped the organisational innovation of special schools with the encouragement of cooperation between institutions. The specification of the applicants determined that only organisations or consortiums could apply, and one of them was required to be a school for special need or APEMI whose role was to support the development of inclusive education and transferring expert knowledge. These requirements ultimately encouraged the institutions to cover pedagogical professional and pedagogical assistance services. APEMIs that had already been functioning were able to achieve further development, or widen their activities in schools and day nurseries.

Between 2007-2013 socio-economic developments offered resources for further development of APEMI. The aim of the project, - started in 2008-, was

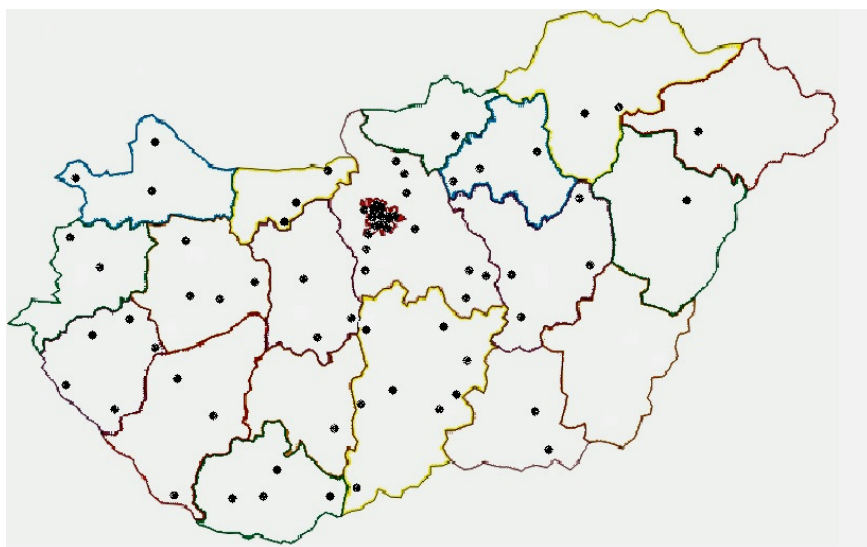
to allow the further development of existing schools and institutions, and to establish new APEMIs for setting up an efficient inclusive service network, which ensures that children with special needs can be taught and developed in local institutions. Human resources development- the training and coaching of teachers to foster integration process-was a complicated task. The establishment of the network of mobile special need teachers was also emphasised. It was a key factor in the project that AMEPI had to operate on the bases of unified standards because of high quality assurance requirements, in addition to the required qualitative and quantitative development. The project concentrated on the development of special need education services to children, but it also focused on providing professional pedagogical services to parents, teachers and other educators, conducting training for teachers, counselling, education-administration service. In 2001 another EU fund became available for APEMIs. The acquisition of special devices, equipment and training were the priorities of the project. This project also helped each institution to become a multifunctional, complex resource centre.

The Act CXC of 2011 on National Public Education has postponed the innovation of APEMIs. The task of providing professional pedagogical services was taken out of their activities. This contradicts the idea of APEMI, as – according to the law – it is responsible for organising the integrated education of children with special needs in a complex way. If APEMI couldn't conduct professional pedagogical services, the integrated education would cover only the health and pedagogical habilitation and rehabilitation of students with disabilities. The optimal frequency of lessons is 1 or 2 a week to achieve any development. Both researches in the pedagogical field, and experience show that successful integration requires affiliation, to have convenient pedagogical settings. As the Scandinavian normalisation principle suggests: making available to all people with disabilities patterns of life and conditions of everyday living which are as close as possible to the regular circumstances and ways of life in society. This cannot be achieved without professional services. Teachers working in the integration process must be supported to develop special pedagogical tools, which are efficient and generative to every child. The efficiency of APEMI lies in its complexity: all participants of the integration process can have the adequate support (PAPP-MILE 2012).

There are 94 APEMIs in Hungary. The Klebelsberg Institution Maintenance Centre runs 95% of them. There are 9 institutions financed by the church, foundations and organisations.

The map indicates that the availability of professional pedagogical services is unequal in Hungary. There are uncovered areas in which the integration of children with special needs is a difficult task to accomplish. There are not any institutions that could provide services and cover their needs; therefore the number of APEMIs should be increased. There should be an institution available for everybody within 20-30 kilometres.

Figure 1. Adapted physical and conductive education methodological institution in Hungary¹



Special need teachers in the integration process

The establishment of APEMIs set new tasks and roles for educators working in the segregated institutions. They had to transfer their expert knowledge and competences into different settings to support the integration in education process. The teacher's role was changing gradually and teachers rather had to act as a counsellor, a therapist, a supervisor, which required the continuous development of both professional and social competences. According to the findings of a research done in 2012, those teachers who spent less time in segregated education are more willing to accept the transformation of their role.

Directives were made in 1997, 2005 and 2012 by the Ministry of Education regulating the education-welfare of children with special needs in day nurseries and schools. These directives set out all the requirements that have to be incorporated into the curriculum of mainstreaming schools. The regulation of 1997 mainly deals with segregated education, further regulations, however, focus on the integrated education taking place in mainstreaming schools. The directives aim to harmonise and increase the fit between students' needs and provisions.

This ensures that the requirements conform to the development phases of children, the proper definition of development areas and their levels. It is also required to define the underdeveloped skills and their rehabilitation and

¹ Based on the Educational Informational System of the Educational Office

habilitation possibilities and the time span of development, education and training. The regulation also states the roles and tasks of the special need teachers in the integration process.

Special need teacher has a key role in relation to the work to be done with disabled children who have been included in mainstream schools. In case of need, a special need teacher mainly delivers support. Special need teacher is responsible for the individual or group habilitation, rehabilitation and development, which can be supported by medical or psychological therapy. The responsibilities of the special need teacher also cover the training of teachers and institutions, counselling in order to improve the relationship between the parents and the institutions.

The special need teacher is a partner in the integration process. The most important element of his activities is to transform the supported school into a tolerant institution where affiliation and acceptance really exists. The institution should have the appropriate educational and pedagogical programmes, hands on knowledge, and approach that fully match the needs of disabled children.

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**SZERVEZET ÉS HUMÁNERŐFORRÁS A SAJÁTOS NEVELÉSI IGÉNYŰ
GYERMEKEK INTEGRÁLT NEVELÉSÉNEK GYÓGYPEDAGÓGIAI
TÁMOGATÁSÁBAN**

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Összefoglaló

A múlt század második felében a sajátos nevelési igényű gyermekek iskoláztatásának tapasztalatai ráirányították a figyelmet az elkülönített iskoláztatás negatív hatásaira, a szelekciós és szegregációs mechanizmusok hátrányteremtő jellegére. A nemzetközi szinten megjelenő integrációs tendenciák hatására hazánkban is elindultak a sajátos nevelési igényű gyermekek integrált nevelésével kapcsolatos pedagógiai kezdeményezések. Az integrált nevelés térhódításával a normál pedagógia irányából megjelent az igény a gyógypedagógiai tudás iránt. Nyilvánvalóvá vált, hogy a sajátos nevelési igényű gyermekek integrált nevelése optimálisan csak a gyógypedagógiával együttműködve valósítható meg.

Míg Magyarországon a kilencvenes években a fogyatékos gyermekek, tanulók együttnevelése még meglehetősen gyerekcipőben járt, az Európai Unióban ebben az időben már miniszteri határozat rögzítette, hogy az integráció kell, hogy jelentse a primer formát az oktatásban. Ugyanebben a határozatban fogalmazódott meg először az a javaslat, hogy a speciális oktatás területén meglévő gyógypedagógiai tudást át kell vinni a főáramba (mainstreaming). A határozat nyomán Európa szerte nagyobb figyelem irányult a már működő és alakuló forrásközpontokra, melyek különböző szakemberek együttműködésével integrációt segítő, oktatási, fejlesztési szolgáltatást biztosítanak.

A külföldi impulzusok hatására, valamint a többségi intézmények gyógypedagógiai tudás iránti igényre reflektálva az ország egyre több szegregált gyógypedagógiai iskolája vállalkozott arra, hogy integrált nevelést támogató szolgáltatásokat nyújtson a környezetében működő többségi óvodák, iskolák számára. Egyedi intézményi modellek alakultak ki, olyan gyógypedagógiai szolgáltató centrumok, amelyek a nemzetközi forrásközpontokhoz hasonló támogató rendszert működtetnek. A centrumokban megjelentek az utazó gyógypedagógusok, akik hálózatot alakítva az intézmény környezetében működő többségi intézményekben segítették a sajátos nevelési igényű gyermekek integrált nevelését. A célterület

igénye és a napi gyakorlat hívta életre ezeket a törvény által nem szabályozott gyógypedagógiai szolgáltatásokat, jó példaként az iskolák önfejlesztő törekvéseinek, valamint a többségi pedagógia és a gyógypedagógia együttműködési készségének.

Magyarországon a közoktatásról szóló 1993. évi LXXIX. törvény 2003. évi módosítása lehetővé tette egy új intézménytípus, az egységes gyógypedagógiai módszertani intézmény (EGYMI) létrehozását azzal a céllal, hogy szakmai tudásbázisként sajátos nevelési igényű gyermekek, tanulók integrációs folyamatát támogassa. Az intézmények szegregált gyógypedagógiai iskolák talaján alakultak ki, pedagógiai szakszolgálati és szakmai szolgáltatási feladatokkal bővítve tevékenységi körüket. az egységes gyógypedagógiai módszertani intézmények az oktató-nevelő munka mellett pedagógiai szakszolgálati és pedagógiai-szakmai szolgáltatási feladatokat is elláthatnak, valamint utazószakember-hálózatot működtethetnek. A felvállalható pedagógiai szakszolgálati feladatok: gyógypedagógiai tanácsadás, korai fejlesztés és gondozás, fejlesztő felkészítés, logopédiai ellátás, konduktív pedagógiai ellátás, gyógytestnevelés. Az ellátható pedagógiai-szakmai szolgáltatások: szaktanácsadás, pedagógiai tájékoztatás, igazgatási, pedagógiai szolgáltatás, pedagógusok önképzésének, továbbképzésének segítése, szervezése, valamint tanuló tájékoztató, tanácsadó szolgálat. A törvény végre nyílt utat adott a gyógypedagógiai innovációnak és az iskolák országszerte több helyen szervezetfejlesztésbe fogtak, illetve már meglévő szolgáltatásaikat legitimálták. Elindult egy intenzív gyógypedagógiai innovációs folyamat, melynek fő célja a szervezetfejlesztés volt, a sajátos nevelési igényű gyermekek, tanulók együttnevelésének optimalizációja érdekében.

Az egységes gyógypedagógiai módszertani intézmények létrejötte új szerepelvárásokat támasztott a szegregált intézményekben eddig tanári feladatokat végző gyógypedagógusok elé. Speciális tudásukat egy másfajta pedagógiai környezetre kellett transzferálniuk, szakmai kompetenciájukat az integrált nevelés támogatásában új szerepkörben kellett működtetniük. A tanári szerepet fokozatosan felváltotta a tanácsadói, terapeuta, szolgáltatói, szupervizori szerepkör, mely folyamatos kompetenciafejlesztést igényelt, nemcsak a szakmai, hanem a szociális kompetenciák területén is. Az integrált nevelést támogató gyógypedagógus feladata nem korlátozódik a sajátos nevelési igényű gyermekek, tanulók habilitációs, rehabilitációs egyéni és/vagy csoportos fejlesztésére. A gyógypedagógus közreműködése kiterjed a gyermeket fogadó pedagógusok felkészítésére, a fogadó intézmény sajátos teendői ellátásának tervezésére és folyamatos tanácsadásra, mely az oktató-nevelő munkán túl a szülők és az intézmény együttműködésére is kellő hangsúlyt helyez. Segíti a pedagógiai diagnózis értelmezését, figyelemmel kíséri a gyermek haladását. Javaslatot tesz gyógypedagógia-specifikus módszerek, módszerkombinációk alkalmazására, a gyermek igényeihez igazodó környezet kialakítására. Segítséget nyújt a szükséges speciális eszközök kiválasztásában. Kapcsolatot tart a szülővel a rehabilitáció sikerességét szolgáló ismeretek átadásával. Részt vesz a befogadó közösség felkészítésében. A habilitációs, rehabilitációs egyéni és kiscsoportos fejlesztéseken kívül az óvodai csoportban, iskolai osztályban is segíti a sajátos

nevelési igényű gyermeket. A gyógypedagógus partner a megoldásokban. Tevékenységének kiemelt célja, hogy az általa támogatott fogadó intézmény valóban befogadóvá váljon. Olyan intézménnyé, ahol a tanítási, nevelési programok, a pedagógiai szemlélet és felkészültség, a szervezés, a tárgyi és személyi feltételek igazodnak a gyermekek speciális szükségleteihez.

Kulcsszavak: sajátos nevelési igényű gyermekek, fogyatékoságok, integrált oktatás, erőforrás centrum