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HIDDEN TREASURE HUNGARIAN DOWN SYNDROME ASSOCIATION 2016.

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INTRODUCTION

The purpose of the present handbook is to orient all the participants in early intervention services or inclusive educational settings in preschools and schools. It aims to provide help both to the families involved, and to professional partners in education, social services and healthcare. Its primary goal is to present consistent, complex guidelines that provide individually tailored opportunities to each and every child.

The handbook contains a set of rules that describe the process and methods of the service. It includes:

- the set of conditions and activities required for a high quality service
- procedures and conditions for the specialities of the profession and the qualitative criteria for the implementation of the activities
 - ordered list of activities required for organizing a child's optimal passage through the service system
 - process control, indicators, outcomes
 - supporting standards¹

The handbook encompasses the period from birth through preschool to lower elementary school, integrating two steps that are precursors to social inclusion: early intervention services and inclusive preschool and school settings aimed at in the integration program "School4All".

The handbook is complete with a description of practices in the participating countries, provided in APPENDIX 1. Although all these countries have the legal background that allows for the inclusive education of children with disabilities, they are all in need of an accessible, transparent and complex early intervention service and real life opportunities to actually include these children in mainstream education.

The two thematic units of the handbook were prepared in the hope of promoting these opportunities. The first unit describes early intervention, highlighting the directions for a process that has proved to be the most effective and most productive. Then it goes on to introduce the integration program "School4AII," which aims at integrating children with disabilities in mainstream preschools and schools, enhancing the inclusive index of the institutions concerned, and helping them to take steps towards practical inclusion.

MISSION

All lives are to enrich the world we live in. All of us have innate and unique physical, mental and spiritual gifts and potentials that we utilize in interacting with our environment, including social environment. Some of us, due to genetic, acquired or environmental reasons, face obstacles in their development and in their social relations. These are the people we aim to help.

Our mission is to empower people with disabilities, their families and their communities to overcome the obstacles hindering them in achieving their personal and social goals, through mobilizing resources and the power of knowledge, providing services and programs meeting European standards, and contributing to an inclusive, tolerant society.

¹ Torda Á.-Nagyné Réz I. 2014. Alapprotokoll

1. EARLY INTERVENTION

1.1. The definition of early intervention

Complex early childhood intervention is still in its infancy in all the three countries discussed in the present handbook. The concept of early intervention has gone through an evolution in the past decades. The present handbook uses the term in its widest, most complex sense that incorporates all the conteptual areas used before, and which is based on the definitions given by the European Agency for Special Needs and Inclusive Education in 2005.

Complex early childhood intervention, as defined by the analysis of the European Agency, does not only focus on educational aspects but appreciates the role of health care and social sciences, especially psychology. This concept incorporates the preventive services of the pre- and periconceptional period, and the network of services and provisions targeted at children and their families from conception to entering elementary school. It covers all the activities that give special support to children and their families in order to ensure and enhance the child's personal development, stregthen the family's own competences, and promote the social inclusion of the child and the family.

Early intervention starts with screening, that is detecting and signalling the problem, goes on to a complex and accurate diagnostic process and includes all habilitational/rehabilitational activities. Prevention is of primary importance.

The European Agency, based on country reports, encourages the implementation of the complex early intervention model, that is the joint participation of healthcare, educational and social sectors. Besides, it states the basic requirements that are needed for an effective early intervention. These are the following:

- availability: providing services that are available and accessible for young children and their families as early as possible,
- proximity: providing services as close to the home of the family as possible, ensuring reaching every member of the target population,
- affordability: services are provided free of charge or at a minimal cost observing the needs of the family as a whole,
- diversity of services: balanced involvement of three services, namely health, social services and education, with an emphasis on prevention,
- Interdisciplinary teamworking: joint efforts and coordinated cooperation of professionals belonging to different disciplines in charge of direct support to young children and their families, involving parents as well.

1.2. Participants of early intervention

Early intervention services always focus on the child, their family and close environment. It is important to note that the individual, that is the child with special educational needs is to be considered a complex whole, and therapy has to observe their personality in its entirety. Similarly, the person cannot be separeted from their family and close environment, that is the service has to provide for the whole bio-psycho-social unit.

Service is characterised by multi- and interdisciplinarity. Health care, (special) education and social service all has to be present at the same time: they complete and support each other to provide the highest possible level of service for the individual and their family.

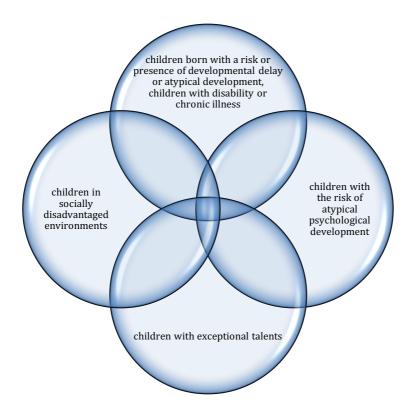
1.2.1. The target group of early intervention: children with special educational needs

Early intervention encompasses the period from conception to age 5. After screening, children are entitled to early intervention if

- measured with a standard diagnostic tool, they show a significant developmental delay in one or more of the following:
 - o motor development
 - o cognitive development
 - o development of vision and hearing
 - o development of communication and speech
 - o social and emotional development and behaviour
 - they have a diagnosis with a prognosis of developmental delay

Figure 1. The target group of early intervention²

All children



...and their families.

At the same time, the child has to be treated along with the other key participant in early intervention, namely the parent, who follows the child's treatment and actively participates in it. Closer and distant relatives are also part of the process: siblings, grandparents, in-laws, who are both helpers in the progress and recievers of the service.

² Based on Kereki-Szvatkó, 2015, 18.

1.2.2. Health care, education and social services professionals

The professional background of early intervention is provided by the institutions and experts of the threefold unity of health care, education and social services. Supporting institutes are crucial to interventional and integrational policy, and are responsible for ensuring the legal background, conditions, and quality of health care, social support system and inclusive education.

Professionals working in early education are medical specialists, psychologists, pychoterapists, family doctors, social workers, therapists, physiotherapists, conductors, occupational therapists, speech therapists, special educators, teachers and assistants.

1.2.3. The community

Community encompasses the micro and macro environment that is micro and macro society, which is to primarily

- accept
- · take responsibility
- and support.

State has a primary role in providing equal opportunities and establishing a legal background that supports an inclusive society: accessible environment, accessibility of information and communication, health care, education and employment.

1.2.4. The key worker and the coordinator

In order to safeguard the implementation of the complex and multifaceted process of early intervention, and to guarantee the child's optimal passage through the service system, it advisable to appoint a key worker. This is known as the *key worker model* or *team around the child model*. The key worker or team coordinates the services of different institutes at all stages from detection to entering service, then follows the child's passage through the service system and maintains communication between providers. It is essential that the key worker or team has multiple competences and a wide scope on the population of children, and works as an integrated part of the system.

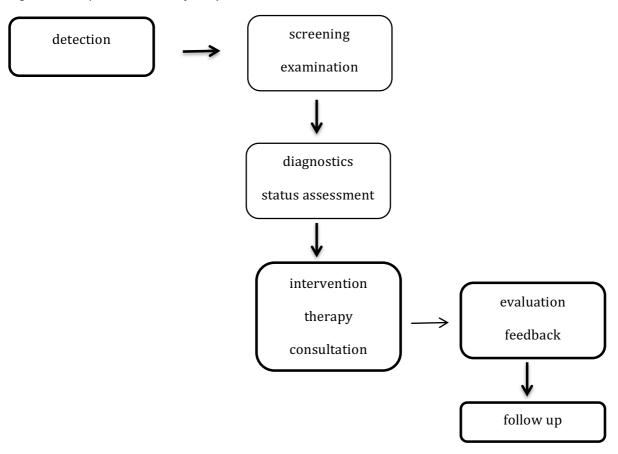
Besides the key worker, the providing institute or the system of providers also have a coordinator, who integrates different services and organizes them for the families on a smaller scale, and supports regular communication among professionals. They are responsible for connecting the key worker and the employees of the providers for the benefit of the families.

1.3. The process of early intervention

The process of early intervention is adapted to the local legal background and special circumstances in each country, although there are standardized elements in the process, and certain steps are even under rigorous regulations, e.g. diagnostics or duties for documentation. Therapies and services however must be tailored to the individual child and family, and for this reason, professionals and the team providing for the family has to enjoy freedom.

The process of early intervention consists of the following elements, which in practice, are constantly revised and updated according to the child's development.

Figure 2: The process model of early intervention



The process model of early intervention combines all the activities directed towards the age group concerned and their families, integrating the system of institutions under different regulations. The service process is understood as a threefold mechanism: input, procedure and output. These levels appear in all professional fields, although the activities themselves are different.

1.3.1. Detection

Detection and recognition of potential problems is based on parents' observations and those of people in direct contact with the child. Parents' and caregivers' observations are constantly completed by professionals' findings from as early as fetal age. Teamwork, that is the mutual support of professionals of different fields, has a crucial role in this process. Supervision and case discussions appear at this step.

1.3.2. Screening

Screening is closely connected to detection, as in many cases detection and recognition takes place at a professional screening. Screening is primarily understood as health care service, as experts of this profession are in charge of regular check ups in this age group.

A professionally well-grounded screening

- has a reliable professional and scientific background
- has the support of a professional team with a wide scope of knowledge and consideration
- allows the presence of parents and provides adequate information for them
- has adequate conditions, personnel and resources, and guarantees discretion
- informs the parent in a written report and allows for a follow up private consultation with the professional

1.3.3. Diagnostics and status assessment

Status assessment allows for assigning the complex service that provides optimal conditions for the development of a young child, that is for shaping the actual content of fulfilling the special educational needs and determining the financial support that the family is entitled for. The characteristics of the child can only be explored and a proper diagnosis can only be given within the frameworks of a holistic approach: the child is not a separate unit that can only be described in isolated details, but a full bio-psycho-social entity complete with their family and community. It is important to bear in mind that the age group concerned shows the most dynamic development, thus exploration through a single observation or from a single point of view makes the diagnostic process doomed to failure. Diagnostics are so closely connected to screening that they cannot be clearly separated. Interdisciplinary teamwork is essential at this step as well.

1.3.4. Intervention, therapy, consultation

The longest part of the service process is the he intervention itself, the therapy, the consultation with and the counselling and support of the parents and the family.

Therapy is always accustomed to the earlier steps of the service, individually tailored in each and every case and includes regular control, feedback and a possibility to change route. The key worker and the coordinator play significant roles in this process as they support and organize the passage of the family through different areas of the public sector, varying systems and institutions. Regular negotiations and free exchange of information among professionals about the child promote optimal development.

A primary requirement for providing any kind of therapy is to have a team of disability specialized professionals working together. Therapy should apply a vast variety of methods adapted to the individual needs of the child and completed with a rich set of devices and tools. Service is provided individually or in small groups.

The most widely used types of therapy are:

- physical therapy
- sensory therapy
- improving early auditory attention
- improving early visual attention
- cognitive therapy
- speech therapy and improving nonverbal communication
- improving self help and adaptive skills
- improving social skills

Besides therapy and education it is essential to attend to families, helping them in the grieving process, working on possible traumas, improving the special competences of the whole family and informing parents of the development of their child.

1.3.5. Evaluation and feedback

The advance of therapy has to be evaluated at every stage but at least at the end of the process. Evaluation means comparing goals and results. Evaluation must be followed by feedback and, if necessary, change in therapeutic methods, and determining new goals for the steps to follow.

Evaluation should suit to its purpose, may that be closing a developmental stage and planning the following steps of therapy, or an output objective, that is closing early intervention.

1.3.6. Follow up

Follow up may be of two kinds. One kind is implemented when the child still within the target age group advances from one service stage to another, e.g. from an early intervention centre to a preschool or kindergarten. The other type is when early intervention itself comes to an end and the child is going to be provided for in the next stages of the service system.

In either case, service is to be replanned from the stage of state assessment and diagnostics. Transferring the child from the early intervention centre and its professionals to the receiving institution and its professionals should be comprehensive and complex. It is important to support the family in taking the next step, choosing the new institution and contacting it, and provide help in the child's adapting process in the new institution.

1.4. Communication in early intervention

1.4.1. Communication among professionals

One of the basic criteria of an efficient early intervention is the cooperation among professionals of different fields providing for children and their families. This is only possible through a continuous contact and communication. Communication might take different forms. It is the transdisciplinary approach that seems to be the most effective cooperation model. In this pattern, professionals work in an integrated service model, also involving the child and their family in the team through the key worker. This model minimizes the number of professionals in contact with the family, because due to the cooperation of the background team, they are capable of applying the comprehensive knowledge and practice of many fields and view the case in a complex way. During the intervention process, professionals of different fields constantly cooperate in planning, providing and evaluating service, during which they constantly observe the needs of the child and their family.

1.4.2. Communication with parents

Maintaining a continuous contact and constant communication with parents and families presents a special challenge for providers in early intervention. At early ages numerous problems may arise that impede the effectiveness of therapy on the part of parents. This is why it is of primary importance that professionals and the key worker maintain a confident partnership, and conduct open and honest communication.

Further difficulties may arise due to the fact that the young age of the children does not often allow for a precise diagnosis and for determining the level of possible functioning. This means that in communicating with parents, professionals have to provide comfort on the one hand, and on the other hand, have to follow the criteria to stay careful in observing the rate and direction of the child's development. In cases when the pattern of atypical development does not significantly differ from typical development, the family usually requires a smaller amount of support to be able to cope with difficulties. In every case, it is important to make parents realize that professionals care for their child and they can trust them with their questions and concerns.

There may be different communicational situations in early intervention, but it is always important to be aware of the parents' stage in understanding and acceptance in the given moment. Information and support should be given according to their actual state.

1.5. Controlling professional work

An early intervention service that aims to be effective and provide high quality support is to be built on the autonomy of professionals. Legally determined minimum criteria and their implementation are inevitable, but defining and ensuring quality is a result of local consultations, taking into account the different points of views of children, parents and professionals.

High quality service is guaranteed by state monitoring and also by quality assurance elements within the service system. These elements are important for an effective process and are primarily based on inner motivational forces.

For assessing the quality of a service it is advisable to use a quality assurance model that takes into consideration both accountability and intervention, and builds on professionals' direct involvement in self evaluation and outside monitoring as well. Developing a system of indicators requires the contributions of all participants, professionals and families. A well developed and effective system

- is capable of teamwork
- puts the family in the focus
- is sensitive to value differences among families
- provides inclusive environment by formal and informal social connections
- supports positive perception of families
- supports the child's development in all areas
- builds parent-professional relations on trust, acceptance and acknowledgement.

2. THE INTEGRATION PROGRAM "SCHOOL4ALL"

"The idea of equality sheds light to the fact that people with disabilities cannot have a segregated road to social integration. For the integration of people with disabilities, society is to establish institutes and develop conducts that do not differentiate between people with or without disabilities."

(Illyés Sándor)

Effective and successful early intervention can serve as a proper base for full inclusion in preschool, kindergarten and further educational settings. In target countries, however, this process is yet to be initiated, and inclusion, especially at elementary or higher level, is exceptional at the most. Full inclusion, although it is undoubtedly one of our most important goals, cannot be set as a realistic objective to follow early intervention in the area. Given the circumstances, when opposing inclusive education is prevalent even among parents of children with disabilities, and practically universal in the wider public, a logical first step may be to break stereotypes that fuel rejection and that are based on ignorance and lack of experience. This is exactly what the integration program "School4All" aims at. The program provides opportunities to gain positive experiences of integrative settings without putting a strain on schools by requiring them to reorganize their systems. Our hope is that these positive experiences make room for a more accepting attitude and lead to the realization of the merits of inclusion, to its implementation and even to realizing the real need for it.

The summary below is to support main organizers, coordinators and teachers to prepare and administer the integration program "School4All." The objective is to summarize the tasks of coordinators and teachers responsible for different areas in order to make the program more effective and more successful.

2.1. Mission

The integration program "School4All" gives opportunities to children with and without disabilities to get to know each other through shared work and play, to learn to accept each other, and to experience differences in a positive way. Children in the program learn how to work and live helping each other, as members of one big team. The purpose of the program is to build bridges between special and mainstream educators, prepare for competence-based learning, assess reactions from the environment without any risk, and to gain professional experiences. We hope that cooperation will primarily bring about positive experiences, so that the program is capable of demonstrating that living and working together is most natural.

2.2. The course of the program

During the integration program "School4All" students with special educational needs (SEN) attending special schools visit mainstream classes weekly for 3 months (at least ten times) and take part in their usual activity. A special education teacher escorts them. After an initiation period they prepare together for a closing event.

The program is executed by one main organizer per country and several coordinators and teachers. The main organizer in Hungary is Rejtett Kincsek Down Egyesület (Hidden Treasure Hungarian Down Syndrome Association), in Slovakia it is Centrum Liberta from Kosice, and in Romania it is Caritas Organization of Satu Mare Diocese.

The manager of the program is the main organizer. The main organizer is responsible for coordinating the program in terms of professional work, communication and all other areas. It maintains communication with the directors of the institutes, teachers, professionals and the media. The main organizer runs an informational webpage. The main organizer works in the integration program "School4All" not for profit, and does not have a claim for any compensation from the institutions nor the participants of the program.

2.3. Results so far

The integration program "School4All" has been running for several years. Interviews and investigations during this time all underlined that the program is successful:

- Teachers participating in the program gained a more positive attitude towards students with special educational needs.
- Working with children with special needs required less extra work and energy than expected by teachers.
- The differences between children with or without disabilities proved to be smaller than expected considering behaviour, attention, skillfulness and communication skills, that is teachers felt equipped for the task and were methodologically prepared for managing cooperation.

Effectiveness has been measured with the means of questionnaires by a professional sociologist:

- The research could not find any inappropriate reaction on the part of the host classes. Visitors always arrived in a positive, accepting and supporting community, and they were invariably surrounded by the special support of typically developing peers.
- Through the experiences of their children with special educational needs, parents gained a wider perspective and became better able to make decisions for the future of their children.
- The ratio of teachers who feel ready to fully include children with special educational needs *given the present circumstances*, shown in percentages of the subsamples:

	basic an	alysis	effects a	ınalysis
	teachers in	spec. ed.	teachers	teachers
	mainstream	teachers	not in the	in the
	schools	*	program	program
Mild intellectual disability	68,7	8,3	60,4	66,7
Moderate intellectual disability	26,6	0,0	16,2	27,9
Autism	25,0	2,1	22,8	20,0
Vision and hearing disability	74,3	52,1	71,2	70,0

Physical disability	82,6	70,8	81,3	83,6
Psychiatric disabilities	27,2	20,8	23,8	25,4
Speech and language disability	73,6	52,1	60,7	67,2
Learning difficulties	83,9	47,9	76,8	88,5

*The question for special education teachers was: "Do you think children with disabilities could be integrated in mainstream schools today?" The table shows the ratio of "yes" answers in percentages.

See detailed results: http://mindenkinekbecsengettek.hu/sites/default/files/zarotanulmany.pdf

(research paper in Hungarian)

2.4. Participants of the project

2.4.1. Children

The integration program "School4All" focuses mainly on children in kindergarten and early elementary school (grades 1-4). The reason behind this decision is that they are young enough to accept new and different things and people.

An important element of the program is that visitors are at similar ages to the children in the host classes, which makes acceptance easier. However, children with disabilities may sometimes – and children with Down syndrome quite often – appear smaller and younger, than their age matched peers. In this case the child to be integrated may of course be one or two years older than the host class.

Participants from special schools should be chosen with great care. The objectives of the program require that the child could easily be integrated. It is important to bear in mind that the goal of the program is to promote acceptance through positive experiences and participants are not to be burdened with great challenges.

During the program, each class integrates one child. A school can participate with more than one classes, if the special school is capable of delegating more than one child with disability. A child with disability can participate in the lessons of one class only. The number of participating classes is thus maximized by the number of children the special schools are able to delegate.

2.4.2. Teachers

Teachers of mainstream and special schools participate in the program, special education teacher assistants may take part as well. Participation is always voluntary. The extra work or extra time that may be required will not be compensated for. This is to be highlighted at the very beginning in order to avoid misunderstandings.

Teachers of mainstream and special schools maintain continuous communication and collaborate in order to complete each other's professional knowledge and collate their experiences. See their detailed tasks at point **2.5.** and APPENDIX 3.

2.4.3. Parents

Parents are as important participants of the program as children or teachers. If the program works well, the child "takes home" the experiences gained during cooperation in the mainstream school, which enhances the parents' sensibility to the problems of people with disabilities.

Parents agree to their child taking part in the program and in the closing event, and appearing in photos and videos taken during the program. They are asked to answer their children's questions at home with an open and accepting attitude. In case parents themselves have questions, they are to direct them to the class teacher, the cooperating special education teacher or the guests and professionals on the program website. It is essential

that families visit the closing event, expressing their agreement with the objectives of the program, and demonstrating social support.

2.4.4. Project coordinators and the main organizer

A project coordinator is responsible for administering the program in a given city. Their primary role is to maintain contact and support communication among other participants. Their tasks are detailed at point **2.6.**

The main organizer supports the program at a national level. They help local coordinators with background material, manuals and document templates. They make sure that the program appears with a consistent design and has a nationwide media publicity. They run the program website.

2.5. Responsibilities of mainstream and special education teachers

Special education teachers – in agreement with mainstream teachers – delegate the children with disability to be integrated in the mainstream classrooms. They ask permissions from and inform the parents about the details of the program, and ask parents to sign declarations of agreement (See APPENDIX 2.) They make sure the children arrive at the mainstream school, also give professional support there and aid the process of integration. It is advisable that they also give help in preparing and administering lessons, but experience shows that this is rarely accomplished. It is important that in case of any irregularity or illness that prevents the child with disability from visiting the host school at the time agreed on beforehand, the special education teacher informs the mainstream teacher in a timely manner.

Host institutions are to choose the host classes that participate in the program and provide locations and times for the lessons. The mainstream teacher receives the child with disability on an appointed lesson. The mainstream teacher may choose the activity of the lesson (dance, sports, music, drawing, other visual arts, drama etc.) freely and the special school finds a child, whose abilities and interests allow them to participate in the chosen activity. The opposite may happen as well: the mainstream teacher may match classwork to the abilities, interests and needs of the child with special educational needs.

An important task of the *mainstream teacher* is to prepare their class for receiving the child with special needs. They may ask the help of the special education teacher or the coordinator in this. They also inform parents of the children in the host class, answer their questions and ask them to sign the declarations of agreement for taking photos, videos and participating in the closing event (see APPENDIX 2.). This may be the most feasible to administer at a parents' meeting. Parents are asked to answer their children's questions at home with an open and accepting attitude. In case parents themselves have questions, they are to direct them to the class teacher, the cooperating special education teacher or the guests and professionals in the program website forum.

During visits, besides regular classwork, teachers help students prepare for the closing event, which is also supported by special education teachers. Teachers and children all participate in the closing event.

2.6. Responsibilities of project coordinators

2.6.1. Contacting schools

The first task of project coordinators is to find potentially involvable mainstream institutions, special schools and their maintainers.

They should preferably make contact by the means of an email with detailed information, then make a phone call, initiate a meeting in person or write a traditional letter, according to the preferences of the given director. Then a meeting should be organized for the schools interested, where directors are informed about the program and experiences so far, and get answers to their questions. This is the best occasion to sign the cooperation agreement (see APPENDIX 2.).

The maintainers of the schools interested are sent an official letter introducing the integration program "School4All" and requested to support the school in participating. The official letter is sent by the main organizer. The maintainers' agreement is a formality, and may be obtained at the same time as other steps of the preparation are taken, but it should be signed by the actual beginning of the program.

It is advisable to start negotiations with special schools first, so that a realistic information is gained about the maximum number of classes that can be involved. Before signing the cooperation agreement, the following are to be discussed with the special schools:

- How many children can they delegate in the program?
- Can they provide a special education teacher or other staff member to escort the child?
- How can the child travel?
- What times are the most suitable for the child to visit the mainstream school?
- Do they agree to allow pictures and videos to be taken in their school and be published?
- Do they allow participation at the closing event?

Before signing the cooperation agreement, the following are to be discussed with the mainstream schools:

- How many classes are they planning to involve in the program?
- What times are the most suitable for the classes to receive the child with special needs?
- Do they agree to allow pictures and videos to be taken in their school and be published?
- Do they allow participation at the closing event?

The cooperation agreement is to be signed in three copies, one of which stays at the institution.

2.6.2. Involving local authorities and the media

Besides providing firsthand experiences of integration for the participants, the objective is the integration program "School4All" is to raise awareness in the wider public to the necessity of living and working together. Winning the approval of the mayor and local authorities, public officials, and leaders of the school district is of primary importance in this attempt. If local authorities officially support the program, local media is more willing to cover events connected, carrying the message of the integration program "School4All" to even more people.

This means that one of the most important tasks of the project coordinator is to win the support of the mayor, the local government office and the leader of the school district for the program. The first step is to send an official letter to the mayor asking for the support of the city (if the city is the maintainer of the school, this should also be the letter asking for the maintainer's approval). Then a meeting is to be organized with the public officer whom the mayor appoints to the task, preferably the deputy mayor. The project coordinator, the leader of the main organizer or the national coordinator of the project should also be present at this meeting, answer the questions of local authorities and ask them to help to find location for the closing event. If the city is to support the event, it is important to make a written agreement about all the items that are offered without a claim for compensation (location, technical equipment, staff etc.) to avoid further misunderstandings. At the same time, the mayor is invited to participate at the closing event and give a short speech at the beginning of it. The main organizer sends an official request to the mayor later.

During the course of the program, the coordinator informs local media of all the important events and ask for publicity. It is sufficient to send a press release about the current event, preferably with photos, to written media. Local television channels may be interested in:

- the kickoff meeting of the program with the participation of school directors and teachers,
- the program itself: classwork that can be presented as a news story,
- the closing event.

Material for the press release (the overall description of the program) is provided by the main organizer.

2.6.3. Preparing the program

When the participating schools and classes are set, the coordinator initiates a kickoff meeting. Invitees should be:

- school directors
- all the teachers participating
- national coordinator
- leader of the main organizer

The main tasks of the kickoff meeting are:

- To answer teachers' questions
- summarize the experiences of earlier years, if any
- collect teachers' email addresses and phone numbers
- appoint a contact person in each school to make further work for the coordinator easier
- decide on the persons of children with special needs, the lessons they can visit, and the exact times classes can receive them

Preferably more than one child with special needs should visit a school at the same time to make the job of special schools easier.

Attendance should be registered at the kickoff meeting and – together with other documentation – sent to the main organizer. Distribute the teachers' manual (APPENDIX 3.) and declarations of agreement (see APPENDIX 2.) to be signed by parents.

After the meeting, the project coordinator prepares an easily readable table with the teachers' contacts, participating children and timetables. Participants all get an email copy of this table. This makes keeping in touch later much easier.

Contacts of participants (sample):

School	Name	Email	Phone	Class	Comment

Participating children with special needs and timetable (sample):

School	Class	Guest child's	Guest child's special	Time of visit	Lesson
		name	education teacher		planned

The project kickoff meeting is a good occasion to organize workshops for mainstream teachers to visit special schools and get to know participating children. A personal meeting before the program is of primary

importance for both parties. In this way, children will have another familiar person besides their escorting teacher, which may help a lot to ease anxiety. On the other hand, mainstream teachers will be able to better estimate opportunities of shared classwork and cooperation, and may get answers for even the questions that they did not put into words.

2.6.4. Follow up of the program

After starting the program, the project coordinator watches over the classes, in order to be able to provide help either to the escorting teacher or the mainstream teacher in case any problem or question arises.

The project coordinator visits a lesson in each participating class to take photos and write a one-two sentence description for them. This gives material for updating the program website, which regularly informs parents with up-to-date contents. Children and teachers in the program may also be asked to write reports about their experiences. Short videos may be taken as well.

The website and the FaceBook group connected to it are means of informing the wider public as well, so it is highly important that parents and children are asked to join the group and invite their friends too. This allows for the experiences gained in the program reach people indirectly as well.

2.6.5. Organizing the closing event

If the integration program "School4All" runs on a low budget, it may be closed by a flash mob, preferably performed at the same time in all participating cities in the country. For example the children may learn a lively, easy to imitate dance and perform it in a central area of the city. In case a higher budget is available, the closing event may be a gala, including the children's production, a popular concert, musical performances and different kinds of children's programs.

The project coordinator is responsible for making the location, technical equipment and staff needed available at the chosen time. Local authorities should be approached by a request for providing these at the beginning of the program. It is important that if the city provides location and technical background for free, a formal agreement should be written.

The project coordinator is also responsible for inviting the mayor to the closing event and asking them to open the event with a short speech. On prior negotiation, the main organizer sends an official request.

The coordinator informs local media about the closing event and asks them to report about it. Support of local authorities, the mayor's participation, and an event that is organized at different locations in the country at the same time are attractive for media, so their attention must be drawn to these circumstances.

Depending on the number of participants, medical service should be provided.

The main organizer gives a helping hand in organizing the event.

2.7. The role of the website

The main organizer is responsible for running a website for the integration program "School4All." The goal of the website is to regularly inform the participants about the course of the project and to promote the program. In addition, the website serves as a platform for teachers and parents to share experiences and direct their questions to professionals.

Coordinators are responsible for providing posts, photos, and videos for updating the site. For obtaining these, they may ask the help of teachers and children in the program.

Coordinators are also responsible for following the site forum regularly, answer questions or help to get answers. The website is connected with social media and participants should be urged to join the group. In this way they can be constantly informed as well.

2.8. Tasks, assignees, deadlines

Main task	Assignee	Task details	Deadline
1. Contacting	Coordinator	Compiling maintainers' database	
maintainers and asking for their	Project manager	-	
support	Main organizer	Preparing and sending official request letter	
2. Requesting the	Coordinator	Organizing a meeting with local authorities, delivering agreement of cooperation	
support of maintainers	Project manager	Participation at the meeting	
maintainers	Main organizer	Preparing and sending official request letter	
	Coordinator	Organizing meeting with directors, introducing the program, answering questions	
3. Contacting school directors	Project manager	Preparing presentation, participation at the meeting, if necessary	
	Main organizer	Preparing a short handout introducing the program, if necessary	
4. Signing the	Coordinator	Chairing the meeting, getting the agreement signed	
agreement of cooperation	Project manager	Signing the agreement of cooperation on behalf of the main orgaziner	
	Main organizer	Preparing the agreement of cooperation	
	Coordinator	Organizing and chairing the meeting, writing a memo; preparing a short report with photos	
5. Kickoff meeting with teachers	Project manager	Participation at the meeting, if necessary	
	Main organizer	Preparing documents (manual, agreement of cooperation, declaration of agreement) to hand out	

6. Meeting of class teachers and children with special needs (if	Coordinator	Organizing meeting with the help of special education teachers, involving parents, if necessary	
needed)	Project manager	-	
	Main organizer	-	
	Coordinator	Participation at parents' meeting, if necessary, handing out declarations of agreement to teachers	
7. Informing parents	Project manager	-	
	Main organizer	Preparing declarations of agreement	
	Teachers	Informing parents, getting declarations signed	
8. Participating in	Coordinator	Participating in lessons, taking pictures, providing help, if necessary, writing a short report	
lessons	Project manager	-	
	Main organizer	Publishing photos and reports on the website	
9. Preparing the closing event	Coordinator	Getting the agreements signed by local authorities about providing location and technical eqiupment; sending invitations to media; organizing medical service	
	Project manager	Signing the agreement	
	Main organizer	Preparing press release	
10. Closing*			

^{*} The actual content of the task and assignees responsible are to be determined according to local conditions and circumstances.

SUMMARY

Early intervention covers a new conceptual area that requires an open, refreshed attitude from the participants. Partly because of its relative novelty, it is under a constant change, both from a professional point of view, and concerning the legal regulations of each country. It is inevitable for a system that operates three branches of services at the same time to be flexible.

There should be a new emphasis on a preventive approach that had earlier been neglected. Prevention that supports the child's healthy development is not only essential for their individual prospects. Primary prevention and timely intervention has an unquestionable long term social advantage.

All professionals involved in early intervention should consider their joint task to provide the most effective, individually tailored service for the child and the family. Participating families and parents are to take part in this process as partners, in order to promote the child's development.

Successful early intervention lays the foundation for social inclusion and promotes a more successful integration. Society as it is today, however is not ready for the implementation of full and general inclusion. A realistic objective at present is breaking stereotypes and dissolving initial fears that result from ignorance. For this purpose, positive experiences are needed that motivate mainstream and special education teachers and students to cooperate in joyful ways. The integration program "School4All" thus serves a goal similar to that of early intervention: to support social integration of children with disabilities and special educational needs, and helping them to live to their full potential, to live an active, productive life.

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AN INTEGRATED HANDBOOK OF EARLY INTERVENTION SERVICE AND THE INTEGRATION PROGRAM "SCHOOL4ALL"

APPENDIX 1. SUMMARY REPORT OF EARLY INTERVENTION PRACTICE IN TARGET COUNTRIES

The handbook of early intervention was compiled through the joint efforts of three organizations working in different countries with different practices and experiences. The present report gives a short summary of early intervention practice in the three countries, as it appears in the operation of the three organizations.

1.1. Early intervention in Hungary

According to official statistics, there are 80,000 babies born in Hungary every year, ten percent of whom have special educational needs. 8 in 100 have environmental risks that may cause emerging developmental delays.

In Szabolcs-Szatmár-Bereg county there are about 1000 children between the ages of 0-5 years who would be entitled to early intervention, but only 130-170 children show up in the official service system. These data make it obvious that only a small ratio of children receive service. Further evidende is that high numbers appear again at school age: the number of children in early integration multiplies when elementary students with special needs show up.

At present, Hungarian legal regulations of the three service branches are completely separated, and have no systemic connections. Although the cooperation of partner professionals would be essential for an efficient service, in practice, complex teamwork is rare. Collaboration among service branches in its infancy. Partnership and teamworking is an existing idea and practice within institutes, but among service branches it is less common, and gets less emphasis than it should. A child with disability is often served by several professionals.

Early intervention provision by educational service Csodavár (Castle of Wonders) Early Intervention Centre of Rejtett Kincsek Down Egyesület (Hidden Treasure Hungarian Down Syndrome Association)

Csodavár (Castle of Wonders) Early Intervention Centre provides early intervention service for children with special educational needs between the ages of 0-5 years, and special tutoring for children with disabilities that significantly alter quality of life between the ages of 5-6 years.

Due to the complex nature of the service in the institute, besides intervention per se, there is a great emphasis on screening and early diagnostics in cooperation with partner institutes, a wide range of individualized therapies, psychological service for families, counselling, preparing social integration and transferring the child into inclusive settings, follow up and communication and sharing knowledge with parner professionals.

<u>Availability of services</u>

The institute acts as an educational service, which means that all children and families are entitled for free service, for whom the National Committees for Assessing Learning Abilities and Rehabilitation appoint Csodavár as an intervention institute.

The intervention is based on the opinion and suggestions of the committee, which states the number of contact hours and type of the intervention, and makes a suggestion to the qualification of the professional.

Service types and methods

Our services are educational in nature, but are more complex and more diverse than the usual educational service.

- screening
- family counselling

- intervention/therapy
- interdisciplinary teamwork, case discussions
- preparing integration, mentoring
- integrated playhouse Csodakert (Garden of Miracles)

Habilitation, in areas and durations as the statement of National Committees for Assessing Learning Abilities and Rehabilitation requires:

- special educational intervention, individual and group therapy
- special education for children with mild intellectual disability
- special education for children with moderate intellectual disability
- therapy for people with hearing disability (surdo-pedagogy)
- therapy for people with physical disability (somato-pedagogy)
- psycho-pedagogy
- autism specific therapy
- language and speech therapy
- Pep3
- Kat-kit
- PECS
- physical therapy (Katona, DSGM, Vojta)
- SZIT
- TSMT
- Doman method
- Portage method
- hippotherapy
- psychotherapy
- Sindelar1.-2. therapy
- Delacato therapy
- Kulcsár physical therapy

Interdisciplinar collaboration requires communication with family pediatricians, family nurses, nurseries, social services and child rehabilitation departments in the county. Our primary principle is that prevention and proper professional care make the emergence of severe disadvantages avoidable. The slightest sign of atiypical development is enough for the child to get help, preventing the appearance of secondary or accumulated symptoms, for example if

- a newborn is suspected or proved to have atypical development
- a child is born with any kind of risk (premature, hypoxia, long birth etc.)
- a child's psychomotor development is different or slower than the average
- a child's behaviour is unusual for their age or differs from the average from birth
- socialization seems hindered due to biological or environmental factors
- speech does not emerge till 2 years of age

Professionals working in the Centre give comprehensive support if asked by professionals serving children in any of the above mentioned fields, and help them in the institutions they work at, at the family's home or at the Centre.

In the framework of interprofessional collaboration, the Centre also organizes a monthly meeting "interprofessional tea party" in order to promote a closer cooperation between experts of different fields, and to put focus on screening and prevention.

Family counselling includes running a "We are parents!" club, where a social worker and a psychologist gives professional, individual help for parents. Regular family programs are organized, and a monthly weekend is held for families to maintanin social relations. In case parents need it, professional childcare may also be provided.

One of the most important goals of Csodavár is to promote social integration. For this reason it runs an integrated playhouse for children with and without disabilities, as a part of early intervention services. Spontaneous shared play makes it possible for children to get to know each other, learn to cooperate and discover the world together from the youngest age possible.

Part of the playhouse is a unique set of devices, an adaptation of the German Kükelhaus Sinnengarten, which encourages development through sensory and gross motor experiences, balance exercises and spontaneuos play.

In the playhouse, both free play and structured lessons are integrated, and encompass motor development, arts and skills development.

Quality assurance

- complex examination, in cooperation with partner institutions
- the director of the institute signs a contract with the parent
- regular case discussions
- individualized educational plan (IEP)
- intervention/therapy
- satisfaction questionnairres, interviews, parent clubs
- controll examinations
- communication with institutions receiving children
- follow up

Interprofessional collaboration with Jósa András County Hospital

Csodavár works in a close interprofessional cooperation with the PICU-NICU, developmental neurology and child rehabilitation departments of Jósa András hospital. Screening, diagnostics and therapy is provided in collaboration.

PICU, NICU and child rehabilitation

With the development of obsteric and neonatological care, the chance of survival for preterm babies, including those with a low birth weight, has greatly increased.

The most critical period for the developing brain is between 22-25. weeks gestation. Early brain damage, that can happen pre-, peri- or postnatally, initiates an atypical developmental passage. The degree of atypicality depends on the time, place and volume of the damage, and the effectiveness of compensating mechanisms. The objective of primary intervention is to approach typical development and to decrease sympthoms that hinder quality of life.

Besides children born prematurely, children born on term with hypoxic ischemic encephalopathy (HIE), from diabetic mothers, with genetic alterations, suffering form viral or bacterial infections and babies with cerebral stroke are also part of the risk group.

In Nyíregyháza, we established a service system which incorporates the primary service of preterm babies provided at NICU, neonatological pathology, developmental neurology and habilitation clinic, and child rehabilitation department, which takes part in intervention, providing medical devices and follow up.

In detail: after the acute period, preterm babies under 1500 g, babies with intrauterine growth restriction (IUGR) and those who are diagnosed with atypical neurological development (by physical

examination, skull ultrasound and EEG) are routinely channeled in the system. After the developmental neurology examination, a physiotherapist familiar with Katona neurotherapy assesses motor status, starts therapy and teaches the elements of therapy to the mother still at hospital, that is education starts at NICU or at the preterm pathology department. Six weeks after leaving the hospital, babies are to visit the developmental neurology clinic. Meanwhile, the physiotherapist does a forthnigtly or monthly check up, as necessary. Further actions are planned together, based on the status found at the controll examination.

1.2. Early intervention in Romania

Data of the National Statistical Office claim that there are 61,009 children with disabilities in Romania, which is 8% of all people with disabilities and 0,3% of the population of the country.

In our county (Satu mare) there are 970 children with disabilities, about 200 of whom are between the ages of 0-4, and about 300 of whom are between 5-9 years of age. These data illustrate that the number of children in need of early interveintion is relatively high, and this number builds even higher by the age of 5-9. This increases the responsibility and the workload of educational institutes.

Other sources report 70,640 children with disabilities in Romania (the difference is caused by the fact that data of the National Statistical Office do not include children under state care), about 40% of whom does not recieve formal education of any kind.

Early intervention provision by Caritas Organization of Satu Mare Diocese

Early intervention services are meant to prevent or decrease the dramatic effects of disabilities on society. Consequently, our goals are the following:

- screening and early diagnostics of children with atypical development and/or disability
- therapy and early intervention for children with atypical development and/or disability
- initial help for children, families and communities

Availability of services

- Families concerned may get information about the opportunities for services through various written sources or through personal enquiery at our centres.
- Our centres inform potential clients about services and the criteria of operation through various channels: leaflets, the organization's webpage, FaceBook, different events and other media.
- Our centres are open for visitors may that be parents, legal agents for children, delegates of private or state institutes, or media workers.
- Before singning the service contract, parents or legal agents are fully informed about the organization, the activities of our centres, social services provided by our centres, their rights and duties, internal rules, ethical codes etc.

Types of service

Our services include all three types of early intervention services.

Social services:

- infroming and counselling about rights and duties
- support to access services and state benefits
- support and help for children and families
- individual or family social counselling and therapy
- social connections and social activities

Special education services:

- developmental state assessment
- individual and/or small group intervention in cognitive development, communication, speech, motor development, hearing, vision, other sensory issues, adaptation and behaviour
 - counselling for parents
 - counselling and support to help integration in preschools and schools
 - communication and collaboration with teachers in preschools and schools

Healthcare services are divided into primary healthcare and therapy. Primary healthcare services are:

- developmental diagnosis
- organizing clinical examinations to promote a more exact diagnostic process
- medical counselling connected to disabilities

Therapies:

- Vojta therapy
- individual or small group physical therapy
- basal stimulation
- special education intervention
- autism specific intervention (PECS)
- sensory-integration therapy (Ayres)
- communication, language and speech therapy
- Kulcsár-Delacato physical therapy
- Sindelar therapy for children in kindergaten and at the start of elementary school
- therapy and support groups for families
- play groups for children and parents

The process of services

- admittance
- complex examination
- preparing IEP
- intervention/therapy
- monitoring
- · assessing client satisfaction
- closing early intervention
- follow up

Methods

- Vojta therapy
- sensory-integration therapy (Ayres)
- basal stimulation
- complex special education intervention and counselling
- Picture Exchange Communication System (PECS) in autism specific intervention
- complex communication, language and speech therapy
- Kulcsár physical therapy
- Sindelar 1. therapy

1.3. Early intervention in Slovakia

Slovakian law disposes of early intervention in law 448, issued in 2008., that is the legal background for early intervention has been in action from that point on. However, the opportunities have not been practically capitalized on. Actually, it was only in 2015 that the first three early intervention certres were opened in the country. At present, early intervention is exhausted in counselling and orienting parents in these three centres. Screening and diagnostics at the early stages are the responsibilities of pediatricians and clinics. Without a well built signalling system, children most often enter early intervention services based on the observations of parents, relatives or pediatricians.

State service system covers mainy social services and includes less of health care and education. These services are the following:

- special social service
- social rehabilitation
- supporting the complex development of children with disabilities
- preventive actions

Early intervention is available in out-patient form or as a social field-work service. Entitlement for social services is certified by medical specialists.

Early intervention provision by Centum Liberta in Kosice

Availability

- Information about our services is mainly available through informal channels and from our organization's webpage or FaceBook page. Informational material is under preparation.
- Our centre is not funded by the state, nor the county or the city council, for this reason most of our services cannot be provided free of charge.
 - For funding mortgage we collect donations and apply for tenders.

Activities

- special counselling for parents of children with disability
- therapy/special education for children with disability
- organizing cultural and free time activities for children with disability and their families
- orgazing lectures, language courses and relaxation programs for the parents of children with disability

Methods

- Dévény therapy
- special education
- Snoezelen therapy
- EEG biofeedback diagnostics and therapy
- Giger MD therapy
- TheraSuit Method therapy



AN INTEGRATED HANDBOOK OF EARLY INTERVENTION SERVICE AND THE INTEGRATION PROGRAM "SCHOOL4ALL"

2.1. Cooperation agreement with the maintainer

AGREEMENT OF COOPERATION

This Agreement of Cooperation ("Agreement") is made this day of	., by and between
the local district of the national maintainer of schools (address:	
, represente	d by
, director, further denoted in the text as the Maintainer) and the ma	in organizer
(address:, re	epresented by
, director, further denoted in the text as the Organizer)	

The Goal of this Agreement: The Maintainer and the Organizer intend to engage in cooperation in providing the conditions for the integration program "School4All," organized by the Organizer.

- 1. The Maintainer agrees to provide the basic conditions for the program to be detailed below.
- 2. The objective of the program is to support the integration and acceptance of people with disabilities, facilitate social inclusion and to make it possible for the schools maintained by the Maintainer to gain experience and test their methods.
- 4. The Maintainer agrees to allow children with SEN attending the special schools in the program to be escorted to agreed upon lessons of mainstream schools and classes volunteering to participate in the program.
- 5. The maintainer agrees to allow mainstream classes and children with SEN to participate in the closing event and to make sure that the teachers working in the program take part in the event beyond their timetables.
- 6. The Organizer agrees to provide all support within their capacity in coordinating and organizing the program to the Maintainer.
- 7. The Organizer agrees to keep in touch to sort out occurring problems, if any. Contact person:.....
- 8. The Maintainer agrees to allow the Organizer to take photos and videos, paying respect to personal rights, in schools and especially in classes that participate in the program, and use these recordings for non-profit purposes, publishing them in an edited or unedited, printed or digital form (as PR material, press release, on webpages, in electronic media etc.). The Organizer and the schools maintained by the Maintainer cooperate in getting declarations of agreement signed by persons appearing individually in these recordings, or in case of legal incapacity or partial capacity, by their legal representatives. The Organizer is responsible for preparing declarations of agreement. The schools maintained by the Maintainer are responsible for delivering said declarations to teachers and legal representatives, and returning them to the Organizer.
- 9. The Maintainer agrees to allow the Organizer to obtain non exclusive rights for using and handling all intellectual properties obtained with the contribution of teachers employed by the schools maintained by the Maintainer, and generated using the property of the school whether copyright law may be applied or not without limitation as to territory, time or extent, in all ways described by copyright law, especially printing, publishing, reproducing, editing, recording, and copying. Rights gained by this agreement can only be conferred to other nonprofit organizations.
- 10. The Maintainer claims no charges for any of the permissions stated by this Agreement, considering that the Organizer organizes the program in the public interest and not-for-profit. The Organizer agrees to deliver an electronic copy of recordings to the Maintainer without any charge.

- 11. The Maintainer understands that the slogan "School4All"/"Mindenkinek becsengettek", the abbreviation "MBCS" and its logo graphics (under the process of being registered as a trademark) and all other brand designs and graphic elements of the program are the intellectual property of the Organizer. The Maintainer agrees to use these properties exclusively during fulfilling and in the interest of this Agreement, in agreement with the Organizer.
- 12. Present Agreement is revisable by a written modification or via a reconfirmed email.
- 13. The term of this Agreement shall be till the end of the closing event of the program. Either Party may terminate this Agreement with justification and immediate effect, if the other Party does not fulfill its duties declared in present Agreement even on a written notice, or shows a conduct that is incompatible with the purposes of the Agreement.

In witness whereof, the parties have executed	this Agreement on the date set forth above.	
Signature	Signature	
Printed Name On behalf of the Maintainer	Printed Name On behalf of the Organizer	

Parent (legal representative)

DECLARATION OF AGREEMENT

	Undersigned parent (or legal representative) agrees to their child named
	to participate in the integration program "School4All"
REJTETT	organized by as a main organizer, and to appear
KINCSEK MINDENKINEK BECSENGETTEK!	publicly in the closing event under the supervision of their teachers.
	The undersigned agrees to allow the organizer to take photos and videos during the
	program, paying respect to personal rights, and use these recordings for non-profit
purposes, publishing	g them in an edited or unedited, printed or digital form (as PR material, press release, on
webpages, in electro	
	ned agrees to allow the organizer to obtain non exclusive rights for using and handling all
_	es obtained with their child's contribution – whether copyright law may be applied or not –
• •	s to territory, time or extent, in all ways described by copyright law, especially printing,
	cing, editing, recording, and copying. Rights of usage gained by this agreement can only be
	nonprofit organizations.
	ned agrees not to claim charges for any of the permissions stated by this Declaration,
	Organizer organizes the program in the public interest and not-for-profit.
considering that the	organizer organizes the program in the pashe interest and not for pront
School:	, Class:
.	
Date:	
	
Printed name	
Ni	
Number of ide	entity card
Signature	

DECLARATION OF AGREEMENT



Undersigned parent (or legal representative) agrees to their child named below to
participate in the integration program "School4All" organized by
as a main organizer, and to appear publicly in the closing
event under the supervision of their teachers.

The undersigned agrees to allow the organizer to take photos and videos during the program, paying respect to personal rights, and use these recordings for non-profit purposes, publishing them in an edited or unedited, printed or digital form (as PR material, press release, on webpages, in electronic media etc.)

The undersigned agrees to allow the organizer to obtain non exclusive rights for using and handling all intellectual properties obtained with their child's contribution – whether copyright law may be applied or not – without limitation as to territory, time or extent, in all ways described by copyright law, especially printing, publishing, reproducing, editing, recording, and copying. Rights of usage gained by this agreement can only be conferred to other nonprofit organizations.

The undersigned agrees not to claim charges for any of the permissions stated by this Declaration, considering that the Organizer organizes the program in the public interest and not-for-profit.

	Child	Parent	Signature
-			
-			
-			
_			
_			
_			
_			
1-			
4-			

Date:			
Date.	 	 ,	



AN INTEGRATED HANDBOOK OF EARLY INTERVENTION SERVICE AND THE INTEGRATION PROGRAM "SCHOOL4ALL"

"The idea of equality sheds light to the fact that people with disabilities cannot have a segregated road to social integration. For the integration of people with disabilities, society is to establish institutes and develop conducts that do not differentiate between people with or without disabilities."

(Illyés Sándor)

Mission

The summary below is to support teachers in mainstream and special schools participating in the integration program "School4All." We hope that cooperation will primarily bring about positive experiences, so that the program is capable of demonstrating that living and working together is most natural.

The program gives opportunities to children with and without disabilities to get to know each other through shared work and play, to learn to accept each other, and to experience differences in a positive way. Children in the program learn how to work and live helping each other, as members of one big team. The purpose of the program is to build bridges between special and mainstream educators, prepare for competence-based learning, assess reactions from the environment without any risk, and to gain professional experiences.

Results so far

The integration program "School4All" has been running for several years. Interviews and investigations during this time all underlined that the program is successful:

- Teachers participating in the program gained a more positive attitude towards students with special educational needs.
- Working with children with special needs required less extra work and energy than expected by teachers.
- The differences between children with or without disability proved to be smaller than expected considering behaviour, attention, skillfulness and communication skills, that is teachers felt equipped for the task and were methodologically prepared for managing cooperation.

Effectiveness has been measured with the means of questionnaires by a professional sociologist:

- The research could not find any inappropriate reaction on the part of the host classes. Visitors always arrived in a positive, accepting and supporting community, and they were invariably surrounded by the special support of typically developing peers.
- Through the experiences of their children with special educational needs, parents gained a wider perspective and became better able to make decisions for the future of their children.
- The ratio of teachers who feel ready to fully include children with special educational needs *given the* present circumstances, shown in percentages of the subsamples:

	basic analysis		effects analysis	
	teachers in	spec. ed.	teachers not	teachers in
	mainstream	teachers*	in the	the
	schools		program	program
Mild intellectual disability	68,7	8,3	60,4	66,7
Moderate intellectual	26,6	0,0	16,2	27,9
disability				
Autism	25,0	2,1	22,8	20,0
Vision and hearing disability	74,3	52,1	71,2	70,0
Physical disability	82,6	70,8	81,3	83,6
Psychiatric disabilities	27,2	20,8	23,8	25,4
Speech and language	73,6	52,1	60,7	67,2
disability				
Learning difficulties	83,9	47,9	76,8	88,5

*The question for special education teachers was: "Do you think children with disabilities could be integrated in mainstream schools today?" The table shows the ratio of "yes" answers in percentages.

See detailed results: http://mindenkinekbecsengettek.hu/sites/default/files/zarotanulmany.pdf
(research paper in Hungarian)

Preparations

The first semester serves as a period for preparation, which determines the success of the program. After registration, professional groups are formed to collaborate in preparation. As segregation is prevalent at a societal level beyond education, teachers, children and parents all have to be prepared for cooperation.

Mainstream schools are supported by special education professionals to gain the extra theoretical and methodological knowledge needed to prepare and administer the program in their own class.

Before starting the program, meetings should be organized for teachers to get to know children with special educational needs, especially those who will visit their classes. It is important to get acquainted with the webpage of the program, where they can get information later, and to sign in the forum where they can approach each other and additional professionals with any problems, ideas or experiences. Professional groups also allow for an exchange of ideas and brainstorming.

The classes and parents are prepared by the special education professional and the already prepared mainstream teacher. Declarations of agreement and permissions are gathered in a written form, that is parents and legal representatives give their official consent. This is important, as children will perform in front of a wide public, and possibly be seen, heard or read about in different media.

The course of the program

During the integration program "School4All" students with disabilities (e.g. Down syndrome) attending special schools visit mainstream classes once or twice a week for 3 months (at least ten times), and get to know each other. During the time spent together children cooperate in creating art and/or preparing for a closing event. Children with special educational needs are escorted by a special education teacher or a special education university student: they usher them to the mainstream class in times agreed on beforehand, and remain present at classes in order to help the mainstream teacher if needed.

The program may be followed on the program webpage (www.mbcs.hu). This is a virtual space where teachers of mainstream and special schools, parents and others interested can meet and help each other.

The program is concluded by a closing event, an alternative end of the school year celebration (like this: http://mindenkinekbecsengettek.hu/hir/megmutattuk-mekkora-a-szivunk.html). Works of art and other material prepared in the program are the property of the main organizer, who has non exclusive rights for using them.

Responsibilities of mainstream and special education teachers

Special education teachers – in agreement with mainstream teachers – delegate the children with disability to be integrated in the mainstream classrooms. They ask permissions from and inform the parents about the details of the program, and ask parents to sign declarations of agreement. They make sure the children arrive at the mainstream school, give professional support there and aid the process of integration. They cooperate with the mainstream teacher in preparing and holding lessons, if needed. It is important that in case of any irregularity or illness that prevents the child with disability from visiting the host school at the time agreed on beforehand, the special education teacher informs the mainstream teacher in a timely manner.

Host institutions are to choose the host classes that participate in the program and provide locations and times for the lessons. The mainstream teacher receives the child with disability on an appointed lesson. The

mainstream teacher may choose the activity of the lesson (dance, sports, music, drawing, other visual arts, drama etc.) freely and the special school finds a child, whose abilities and interests allow them to participate in the chosen activity. The opposite may happen as well: the mainstream teacher may match classwork to the abilities, interests and needs of the child with special educational needs.

An important task of the *mainstream teacher* is to prepare their class for receiving the child with special needs. They may ask the help of the special education teacher or the coordinator in this. They also inform parents of the children in the host class, answer their questions and ask them to sign the declarations of agreement for taking photos, videos and participating in the closing event. This may be the most feasible to administer at a parents' meeting. Parents are asked to answer their children's questions at home with an open and accepting attitude. In case parents themselves have questions, they are to direct them to the class teacher, the cooperating special education teacher or the guests and professionals in the program website forum.

During visits, besides regular classwork, teachers help students prepare for the closing event, which is also supported by special education teachers. Teachers and children all participate in the closing event.

Teachers of mainstream and special schools maintain continuous communication and collaborate in order to complete each other's professional knowledge and collate their experiences.

The manager of the program is the main organizer. The main organizer is responsible for coordinating the program in terms of professional work, communication and all other areas. It maintains communication with the directors of the institutes, teachers, professionals and the media. The main organizer runs an informational webpage. The main organizer works in the integration program "School4All" not for profit, and does not have a claim for any compensation from the institutions nor the participants of the program.

Organizers' contacts:

Name	Responsibility	Email address	Phone number



AN INTEGRATED HANDBOOK OF EARLY INTERVENTION SERVICE AND THE INTEGRATION PROGRAM "SCHOOL4ALL"

4.1 Good Practices of Hidden Treasure Hungarian Down Syndrome Association

Parents' Club

Besides interdisciplinary cooperation and supporting the development of children, another central issue in complex early childhood intervention is the relationship with parents. Early childhood intervention aims to provide support in accepting and embracing differences, processing grief and dealing with emotions shared in families raising children with special needs. The more serious the difficulty, the more important is to support parents in accepting their children. The lack of this acceptance may hamper successful and efficient cooperation.

Parents' Club provides families raising children with special needs opportunities to participate in relaxed, informal conversations about topics that support acceptance and adequate problem solving in new life situations. Club programmes are held quarterly.

Programs are thematic conversations, moderated by professionals in the field concerned. Specialists, education teachers, psychologist, visiting nurses, therapists answer parents' questions and reflect on their experiences and feelings in semi-controlled, relaxed and informal settings.

Parents' Club aims to support participating families and parents in adapting to the special needs of their children. Parents regularly participating acquire skills, build competence and awareness in order to navigate more effectively in the everyday tasks of bringing up and supporting their children and advocate for their rights.

Craft Workshop

Families raising children with special needs or developmental disabilities often face difficulties in acquiring the necessary tools and equipment for a proper infrastructural background. Lack of financial or professional resources may both lay at the core of the problem. The Craft Workshop is held quarterly, connected to the topic of the preceding Parents' Club session. The workshop supports families making DIY intervention tools and toys, which facilitate adaptation to their children's special needs, allow for intervention or enrich spontaneous play. Crafting together provides an opportunity for parents to socialize, engage in conversations and exchange experiences about everyday problems of raising children with special needs.

The key element of the programme is working together with families raising children with special needs in making intervention tools to use with their children. Meanwhile, the professionals leading the workshops explain the pedagogical values of the toys and tools. Parents and family members are introduced to the multiple uses of the tools and to the theory of their interventional values.

Preparations for the workshops need to be well thought out both in respect of human resources and purchase of material. Tools are chosen thematically and are published by the Centre so that families may prepare. Materials are obtained by the Centre staff, but families may participate in collecting them, which is to support recycling and using everyday materials in families' intervention practices.

Craft Workshops help participating families to use DIY toys and tools more cost-effectively and more consciously.

Interdisciplinary tea parties

The institutional system serving children with special needs and developmental disabilities traditionally includes education, health care and social care. However, these areas often work in isolation, fragmentation, lacking interoperability and effective exchange of information.

Interdisciplinary tea parties connect partner professions serving children with special needs and developmental disabilities and their families, and organizes them into a team. The programmes of the tea parties follow the topics of the Parents' Club and the Craft Workshop and give both theoretical knowledge and practical skills to professionals. These workshops are also moderated by experts of the topics concerned. The informal setting allows for interaction, exchange of experiences and presenting problems from one's own practice.

Participants represent the three above mentioned areas working in early intervention, that is these occasions provide opportunities for paediatricians, visiting nurses, nursery and kindergarten teachers, and special education teachers to connect and cooperate.

The objective of the tea parties is to exchange information and advance knowledge, at the same time supporting the building of a local professional matrix which allows for cooperation among representatives of different fields. As a result, partner professionals strengthen their formal and informal connections, professional teams are formed and exchanged experiences are put into practice.

Athletes of Miracles

Children with special needs and developmental disabilities often lack opportunities to find meaningful recreation activities and to spend their free time actively.

The programme "Athletes of Miracles" provides weekly sessions for children with special needs of 3-8 years in groups of 6 at most. The training is tailored to their special needs, and helps them acquire sports skills and develop a love for sports and an active lifestyle. The programmes are lead jointly by special education teachers and sports instructors. During the training, children get acquainted with different kinds of sports, and try themselves in various fields. They acquire basic sports skills, and gain experiences in playing together, while following rules and cooperating with each other, to develop their stamina, motor coordination and attention skills.

The main topics of the programme are:

- 1. Developing basic skills
- 2. Stamina, balancing, jumping
- 3. Holding, rolling and catching balls
- 4. Throwing and aiming
- 5. Hitting and kicking
- 6. Specific sports skills

The programme aims to offer opportunities for children with special needs to excel and enjoy themselves. It develops their personalities, strengthens social connections and promotes inclusion. Participants find joyful and active free time activities. The programme also provides opportunities to discover individual talents for specific sports, and to find new, positive perspectives, which support the functioning of families.

Chromosome Celebrations

The 21th of March is celebrated worldwide as World Down Syndrome Day. Hidden Treasure Hungarian Down Syndrome Association remembers the occasion by a unique week of events, inviting groups and classes to its Csodavár Early Intervention Centre and Playhouse.

"Chromosome Celebrations" offer two-hour group programmes for awareness raising and playing together, providing information and experience about intellectual, sensory and physical disabilities. The programmes are organized in cooperation with other non-governmental organizations. The objective of the programmes is to raise the attention of upcoming generations and partner professions to issues of differences and disabilities.

The programmes help children and young people to become more inclusive and accepting towards differences, towards other people and themselves. They become able to cooperate more consciously with their peers with disabilities.

Garden of Miracles

The Garden of Miracles is a gap filler on a national level. The lack of inclusive environments adapted to special needs narrows the choice of recreational activities for children with disabilities and their families.

The Garden of Miracles is an adaptation of the German Kükelhaus sensory gardens. It promotes spontaneous play that supports the development of all senses. Auditory processing is stimulated by a gong wall, Aeolian harps, organ pipes, artificial and natural sounds. Visual stimulus is provided by rotating disks, tilting perspectives, lights and colours. Tactile stimuli include rough, smooth, soft, hard, metallic, wooden and rocky surfaces. Flowery and fruity scents provide olfactory stimulation. Besides sensory processing, the Garden also supports motor development, as the devices require crawling, climbing, jumping, sliding and balancing. Sensory and motor experiences stimulate the nervous system and support the development of gross motor skills, attention, perception and all of the learning abilities.

The Garden of Miracles aims to provide opportunities both for joint play in an inclusive environment, and for playful intervention. Using the devices in the Garden, children get used to playing with differently abled peers, learn to help each other, and become more aware of other's and their own strengths and difficulties. Spontaneous play in the Garden has a great potential in the development of the nervous system, as it promotes the maturation of motor skills, cognitive abilities, communication, self care and social skills.

4.2. Good practices of Caritas

Family care in the social care rehabilitation centre as a pillar of early childhood intervention

Szent József Rehabilitation Centre in Szatmárnémeti has always considered family care as important as any other forms of social care provided in the institute. The effectiveness of the complex intervention we provide depends partly on the extent we are able to empower families to face the problems they meet in their new life situation, and on their success in optimally supporting their children's development and social integration.

Family care in our institute means targeted support requested by the families, shared resolution, plan and work of the families and social workers. The objective is to make families understand the importance of intervention, cooperate with professionals in the interest of their children's development, understand and accept what special needs mean, adapt to a new lifestyle and discover possible solutions for their problems.

For these goals, social care workers fulfil several roles: they manage the services provided to the family, connect families with institutions and professionals, advocate for and support the families, and helps them reach a new balance in their lives. Finding this new balance takes place on three levels. On a physical level, the conditions necessary for housing, nutrition and care have to be ensured. On the mental level, the families should face the expectations of their communities and society, and it has to be considered how individual family members are affected by these expectations. On the social level, means of subsistence, access to proper social and healthcare services, community support, advocacy and protection of rights have to be provided.

The social care worker and other professionals (doctors, special education teachers, occupational therapists) of the institute follow and support the process of children getting included in mainstream education (the scene of practicing social roles) and that of the families' social integration and social life, in cooperation and consultation with parents, teachers and partner professionals.

Our professionals support families in finding proper educational facilities suitable for their children's age and development and to prepare for a successful inclusion. This requires establishing and maintaining connections and cooperating with educational institutes. Family care starts in the very minute a family enters our building to propose a service, and finishes when follow-up is completed. During this time, family care is a continuous process, which runs in agreement with the families, with their cooperation, according to their needs, characteristics and situation.

Sensory Garden

We live in a world that tries to avoid risks. Children with special needs or developmental disabilities are protected, sometimes overprotected by their parents. This attitude often results in separation. Children become protected even form experiences needed for harmonic development and which support the acquisition of various skills and knowledge. We are constantly bombarded by myriads of stimuli from our environment. Our success in reaching our goals and fulfilling desires hinges upon the effective utilization of these stimuli and our reactions to them. The Sensory Garden provides opportunities for children with special needs or developmental disabilities to connect to, perceive and differentiate stimuli, with the help of a professional and through repetition. According to their developmental characteristics and developmental stages, children can join the activities at different levels: perceiving the stimuli, accepting them passively or engaging in activities. Besides using the sensory equipment, activities offered by the garden are planting, weeding, caring for plants and similar tasks. The garden is an ever-changing and continuously developing intervention tool and intervention area. Multisensory environment allows for practicing overcoming obstacles in a new motivational scene, different from therapy rooms in being a more natural, accessible space, the elements of which are to be found in the environment of families.

The Sensory Garden was created in order to enrich parents' set of tools to support their children's development and to provide opportunities to practice working with these tools

In the Sensory Garden, one-to-one or group sessions may be given, individually tailored to special needs, observing the principle of J. Ayres, the father of sensory integration therapy, that is children instinctively choose play activities that develop the very skills in which they need to improve. One of the tools of preparing developmental plans is the map of the garden. The garden allows for kinaesthetic, tactile, visual, auditory, gustational and olfactory stimuli to be perceived, recognised and differentiated. The Sensory Garden is a programme still under development and it is hoped to enrich the colourful palette of interventional methods we offer and become an integral part of our complex early childhood intervention practice.

4.3. Good practices of Liberta, n.o.

Championship celebrations

During therapy sessions children perform achievements comparable to those of sports champions and deserve similar recognition.

Children with cerebral palsy need regular motor therapy. Therapy methods applied in Liberta rehabilitation centre require efforts from children comparable to achievements of professional sportsmen. In order to ensure the long term effectiveness of these efforts it is indispensable to make rehabilitation regular and enjoyable for children. For this purpose, it is customary in the centre to give out medals and awards, and take pictures. At the end of the 2-3-week therapy courses children receive small presents: toys or books. The celebration of handing out rewards is photographed and the images are published on our webpage. Children also get presents on their birthdays. Events of this kind, and their friendly atmosphere, motivate children and help them consider therapy a joyful, rewarding activity and visit the centre with positive expectations.

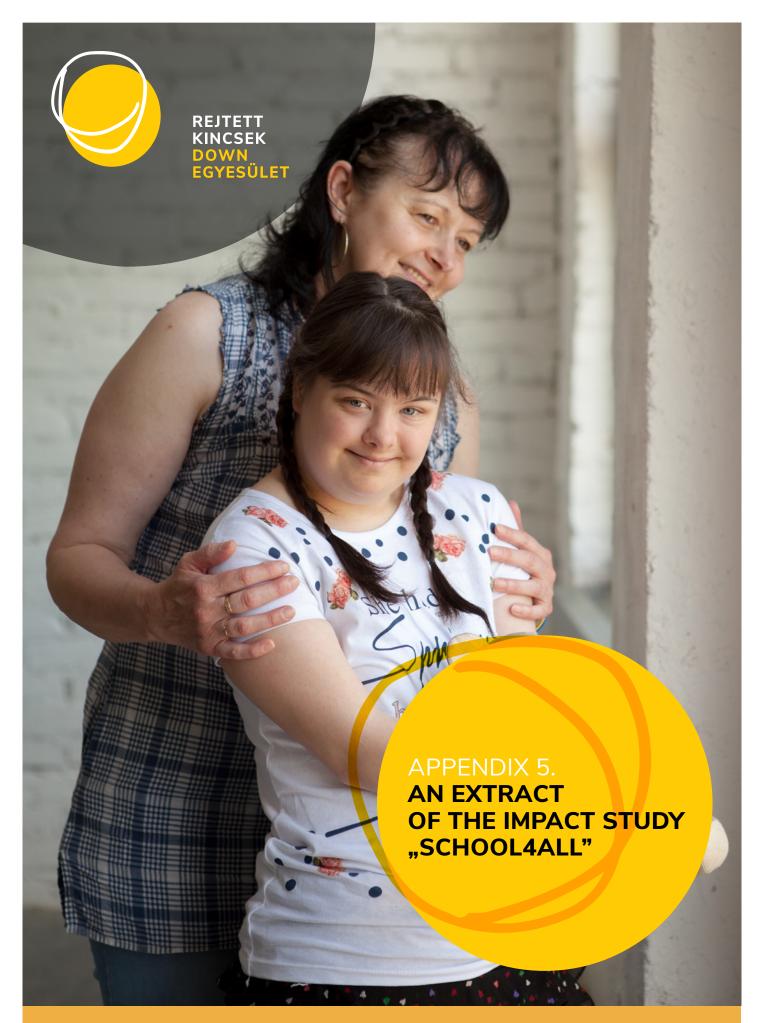
Snoezelen

Snoezelen is a combination of two Dutch words: "snuffelen" (to smell) and "doezelen" (to take a nap). This method, developed in Holland, is a kind of therapy or supporting educational approach. It is applied in cases of various disabilities, behaviour problems, autism, ADHD, dementia, psychiatric diagnoses and traumatic brain injury, as well as with typical population. It is carried out in a specially designed environment of lights, music, sound effects and scents. The setting provides a relaxed atmosphere, suggests peace and safety, while urging for action, discovery and for recalling memories.

Snoezelen is a coercion-free approach, in which the therapist passes over the lead to the client. In the multisensory environment, the client is free to process stimuli and linger on elements. Snoeselen is to give a pleasant experience and free choices for the client. In Snoezelen multisensory environment the amount and extent of stimuli can be controlled according to clients' individual needs.

The multisensory environment offers a wide variety of stimuli for all the senses. Some of the rooms are designed to stimulate one or two senses specifically. Vestibular and proprioceptive systems are stimulated by a water bed, positioning bags, swings or ball pools. Tactile stimuli are provided by objects of different structures, shape, size or weight, as well as by a tactile wall or panel. Olfactory stimulation is given by scents which aim to facilitate targeted states of mind or which complete the atmosphere of the room. We use various kinds of tea, spices and herbs. Multisensory rooms are unimaginable without music and sound effects. Music, being either a determining or a supplementary element has to meet certain requirements. The child in the room does not only perceive sounds (presented by a piece of music or individual instruments), but they also have to feel the urge to produce sounds on their own. Visual stimuli are provided by the illumination of the room itself, chosen to meet specific goals. A special role is played by elements such as bubble tube lamps, optic fibres, projectors with rotating images, slowly transitioning colours, water in the bubble lamp or slowly rotating figures.

Snoezelen has been used in Slovakia since about 2002, when the first multisensory room was established. Snoezelen is presently one of the therapy methods applied by Liberta rehabilitation centre for the rehabilitation of children with different disabilities.



AN INTEGRATED HANDBOOK OF EARLY INTERVENTION SERVICE AND THE INTEGRATION PROGRAM "SCHOOL4ALL"

The "School4all! – good practices for early childhood intervention and integrated school education for children with disabilities" project's first action was an international conference held on 6-8 January 2016 in the Wonder Castle Early Development Centre (Csodavár Korai Fejlesztő Központ) run by Hidden Treasure Hungarian Down Syndrome Association (Rejtett Kincsek Down Egyesület) in Nyíregyháza, Hungary. During the 3-day conference the participants had the chance to learn from each other tactics and practices, and build the foundation of a sustainable cooperation.

The project's most important theoretical values are the protocols which can be used in any countries, fields, in any institutions working with children with disabilities. The participants highlighted the importance of the accurate data collection, and of future impact studies. The participants agreed that children with special educational needs can develop and improve their skills, gather self-confidence easier in an integrated environment, that allows them to live a more independent and productive adult life. What is more, an integrative and inclusive bridge had been built among the participating teachers, children and children with disabilities.

Table 1 - Methodology of the impact study

Subgroup of the population	Used methodology		
Integrative classes/groups, the ones who	Associative method to see the development of		
cannot read nor write, or just a little (preschool	cognitive representation – version with pictures.		
children, first and second graders)	Questions focusing on the programme directly.		
Integrative classes/groups, the ones who can	Associative method to see the development of		
read and write (third grade students and older	cognitive representation – written version.		
ones)	Test questionnaire.		
ones)	Questions focusing on the programme directly.		
non participating teachers of integrative institutions	Interviews in focus groups (1-1 group)		

In spring 2016, the Hidden Treasure Hungarian Down Syndrome Association together with cooperating local partners implemented the School4All programme in 4 cities in 3 countries. Partial inclusive programmes were held at institutions in Nyíregyháza, Hungary, in Szatmárnémeti and Nagykároly, Romania and in Kassa, Slovakia.

Table 2 - The number of participating children

	Smaller children (preschool children, first and second graders)	Elder children (third - fourth graders)		
Nyíregyháza	183	156 (from this the control group 34)		
Szatmárnémeti - Nagykároly	285 (from this the control group 25)	0		
Kassa	125	75		
Total	593	231		

Among the teachers in Hungary (18 people) and Romania (40 people) there was a questionnaire survey. In Hungary also a qualitative – focus group – survey was organised with primary school (1 to 4 class) teachers who were not involved in the programme but who gathered experiences and impressions as outsiders.

The questionnaire among the children mainly focused on the questions of the social representation theory (Moskovici, 1988), for smaller children these were only asked. Social representations transform knowledge to conventional, each representation has a defined content that can be based on the experiences in the community, but also on the opinion of a trusted, experienced or prestigious individual. All human interactions presuppose the existence of representations that are closely related to the stereotypes and prejudices that interact during interactions.

In the questionnaire of the elder children, besides the questions focusing on the social representation, we assessed the expected positive change in attitudes with more complex questions.

"The Interaction with Disabled Persons scale" (IDP) questionnaire was prepared by Gething and Wheeler (1992) using 20 items – a Hungarian version of it does not exist, but we have adapted it in our translation. We have also used, while assessing elder children, another questionnaire with 20 items in our adaptation, the "Attitudes Toward Disabled Persons" (ATDP) (Yuker, Block & Younng, 1970), originally used to assess adults' behaviours.

The three dimensions (self-esteem/ social classification; acceptance/ social assistance; exclusion) of the "Questionnaire of School Life" (QSL; Farnicka & al., 2014) is being adapted, while we have also used a Hungarian version of it for the School4All impact study.

The closing questions for the elder children were developed by ourselves, directly targeting their attitudes.

I. Results of the smaller children's survey

We could compare the results of the tests prior to and after the programme based on the participants age and gender -this data was solely used for the purpose to compare the results. We could find the questionnaire pairs for 370 participants (62,4%) from the 593. There was no control group for the smaller children.

To code social representations into homogeneous groups, we used the easiest groups. How many times an answer was mentioned were evaluated using a simplified method, where the ranking was not evaluated only the prevalence (the complete method considers the first mention rather than the third). Used categories:

- a) Descriptive: description of a life situation or state (also shortage of a skill)
- b) Positive: a positive characteristic, attitude, etc.
- c) Sad: expressions for sadness, unhappiness
- d) Negative: expression of all other negative sentiments, negative characteristics
- e) Deficiency/ shortage: lack of connections/skills typical for the respondent
- f) Expression of being different
- g) Sympathy, empathy (e.g. "it is bad for she")
- h) Others

To the association-defective content - which was present in the photo, e.g. a dog - given associations were categorized into the "others" category, without exception. For small children many associations landed in the "others" category, therefore we only used the first 7 categories for further assessment (excluded the mislead associations in the "others" category).

In this category there were such expressions, like "dog" and "furry", but also related ones with an extra meaning, like "to pet" which is mainly a positive, caring idea, but surely the picture. The action in the picture

triggered that it was mentioned. The same scheme was applied for the expression "he is happy with his dog" and such, these landed in the "others" category, excluded from further assessment.



Figure 1 – Grouped associations before and after the School4All programme – "Down-children" (%)

N = 278 - 338

By reviewing the association categories, it can be concluded that the most dominant category is the one of positive associations. In both the first and second survey, more than half of the answers belonged to the positive association's category. This means the recipient children made basically positive impressions on the "Down-kids" photos. It is evident that in the second survey after the programme the category of their positive association became more dominant, which was clearly not the result of the photos presented, but a consequence of the programme.

It is worth pointing out the first mention - as the most important, strongest association - in which the second survey shows a leap in growth in terms of the proportion of positive associations.

• Because of the School4All programme the small children's positive associations weighed more. Their social representation about the children with Down's syndrome became significantly more positive after the programme.

Since it can be assumed that children of this age have not yet fully developed social representations in this question, we can formulate the following statement:

 The experience-based "School4All" programme, which we hope to positively contribute to the children's inclusive attitude, happens with a good timing, as social representations, which are major elements of attitudes, have not yet been solidified, are easily formed and after their consolidation are easier to maintain.

Questions requesting feedback on the "School4All" programme were included into the second questionnaire for the small children. The survey was done, as usual with the sub-samples, with the help of local teachers. According to the instructions provided, the helping teachers had to read the following text: - "For a short time you had a disabled classmate. The next statements refer to that period. Listen to the statements, and decide how much do you agree with them." – there were 6 statements to assess the children's agreement.

The first two feedback questions focused on general feelings first of the recipient child and then of the guest child. The answers were positive. 74,4% of the children strongly agreed with the statement "I felt good during the courses, the programme", 23% also agreed but at a lower rate. The other statement "The guest child felt well on the courses/programme", had a similar judgement, 69,8% of the answers were positive

The next two questions asked how much the child helped the guest child. The first aspect of helping was about the good feelings of the guest child (I helped him/her to feel good, e.g. I talked with him/her), the second aspect was about the tasks (I helped him/her to do his/her tasks). 80% of the children felt themselves emotionally supportive – 43,3% of them felt it as being characteristic of themselves. Two-third of the children (65,2%) considered their helpfulness in completing tasks characteristic, 35,2% agreed strongly with that statement.

The last two statements focused on the dimension we called 'organizational integration', in which the School4All programme received a remarkable good rating. Nearly four fifths of the children strongly agreed with the statement that the class had a good chance of having a disabled child with them (77,4&), and that the teachers handled the situation well (78,8%). The remaining one-fifth expressed a milder agreement with both statements (19% and 17,9%).

Analysing the data collected from smaller children, it has been found that the attitudes towards
children with Down's syndrome - which we have revealed with social representations - have changed
positively, i.e. the originally positive attitude has also been strengthened.

II. Results of the elder children's survey

In total 156 elder children participated, completing the questionnaire corresponding to their age group; 114 children participated in both surveys. 34 of them were in the control group, where both surveys have been conducted, but they did not participate in the School4All programme.

In addition to the small ones, the Kassa sample contained 75 4th grader pupils, but the Slovak partners used the smaller children's questionnaire with the pictures instead of the questionnaire for elder children for the entire group. Its contents and results are different from the questionnaires of elder children. Due to the difference, we first present the results of the Hungarian sample's questionnaires, and later the results of the survey in Kassa. Our Romanian partner did not include such age-group in the survey.

To encode social representations into compact groups, we have chosen the groups as with the smaller children. During the encoding of the text associations, it was observed that the elder children used less descriptive associations in comparison to the smaller children - this was even more conspicuous in the Kassa sub-sample surveyed by the pictures. The "diversity" concept can be strongly identified at this age group. The number / ratio of expression of sympathy and empathy has also increased considerably, and there has been a radical change in their content: instead of the paternalistic, regrettable empathy of smaller children, genuine sympathy and enthusiasm appeared primarily towards the other person (e.g. "it takes more time").

At the first survey there where many "empty" answers, where children did not have any association with, knowledge about Down's syndrom, they did not know any children with Down's syndrome. They said at first

they do not know anyone with Down's, and they left the other questions empty. At the second survey this category disappeared.

• Because of the "Scholl4All!" program, the positive social representation of the participating children increased more decisively about Down's syndrome.

There were more positive associations at the second survey. In the first responses – the most characteristic, strongest ones – of the second survey, there were twice as much positive associations than in the first survey's first responses. It is true that in the second and third associations the data of the first questionnaire is more significant, but this percentage was seriously influenced by the lack of answers - in fact fewer responses resulted in fewer positive associations, which are only high in proportion.

Recognition and awareness of differences are the dominant factors both before and after the programme, but these became stronger in the second survey. The second survey showed a significant increase in the proportion of associations that express sympathy and empathy - as mentioned above, with a very positive content in terms of inclusion principles.

• The changes in the proportion of these indicator groups (sympathy and empathy) demonstrate that the School4All programme had an influence on the 3rd-4th grade pupils' social representation, and this impact can be considered positive in terms of inclusion goals and principles.

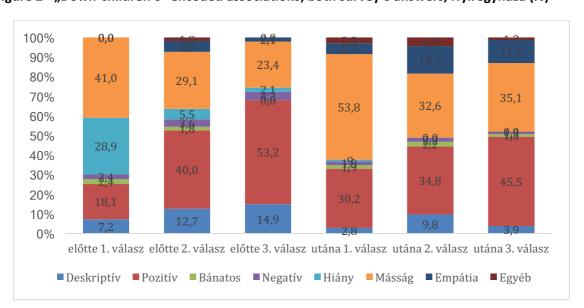
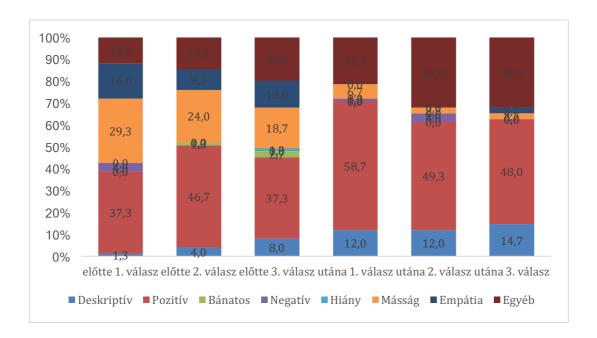


Figure 2 - "Down-children's" encoded associations, both survey's answers, Nyíregyháza (%)

N = 122

Figure 3 - "Down-children's" encoded associations, both surveys answers, Kassa (%)



N = 75

For the above mentioned methodological differences we analyse the surveys' outcome separately in Kassa. There were 75 children, who completed both questionnaires entirely.

The children answered mainly with positive associations at the time of the first survey (first answer 37,3%, second answer 46,7%, third answer 37,3% positive), they referred to differences (29,3%, 24,0%, 18,7%) and expressed their empathy (16,0%, 9,3% and 12,0%). Because of the pictures many answers landed in the "others" category, but not as many as with the small children (elder children can better focus on the subject).

During the second survey after the programme the rate of positive content increased radically 858,7%, 49,3% and 48,0%). An interesting and unexpected effect is that the "other" associations favourable for the programme (being different and empathy) disappeared, and the significance of the indifferent associations increased (descriptive and such).

The distribution of the associative categories in the control group shows a different pattern. This difference is obvious even at the first survey: there is great lack of knowledge and the rate of the associations of being different is more significant. There are no positive associations. This is interesting as we would have expected an originally positive attitude. This may be an effect of the teachers' influence. Prior to the survey the non-control group teachers knew already about the subject of the School4All programme, some of them already participated in previous waves of the study. They mentioned the subject, or they prepared their classes for their visitors, and forced even with their metacommunication the positive expectations to the children. This effect is missing at the control group, where the teachers did not participate and were not involved in earlier programmes of the Hidden Treasure Hungarian Down Syndrome Association. Thus, they did not communicate accordingly with their children. The children in the control group are the "normal", "everyday'" population, who were not influenced by the School4All programme at all.

• While analysing the effects of the Scholl4All programme the attitudes, pre-involvement and preparedness of the teachers in both the participating and non-participating groups should also be taken into consideration. The teachers' positive influence can be observed even before the programme starts.

The intact control group did not gain impressions nor experiences during the programme. Therefore, the lack of related experiences, attitudes and the feeling of being different dominates in this group. The ratio of these two categories has changed, the reason behind this is unknown. The positive associations disappeared entirely.

The Interaction with Disabled Persons (IDP) scale was created by Gething and Wheeler (1992) using 20 items. We are unaware of there being a Hungarian translation of it, therefore we have adapted this survey into Hungarian changing the 6 answer options to 4 so that children can easier answer them. (Not true at all, rather not true, rather true, and true). This IDP survey is used for using a programme's effect to the participants' attitudes towards their peers or disabled peers. In the School4All programme's impacts evaluation we cleared the overlapping dimensions and took two smaller dimensions suggested by the study of Forlin and Colleagues (Forlin, Fogarty and Caroll, 1999). The following dimensions were used in the School4All impact evaluation.

- **Discomfort**. (9., 11., 12., 16., 17. and 18.); the strongest dimension in the test. Discomfort in the social interactions including items that assess the behaviour and attitudes of the participants towards the disabled peers;
- Solution/Resolution. (1., 2., 3. and 13.); the second strongest dimension in the test. Testing the coping strategies preventing that the individual becomes a sufferer of the events;
- Information. (6. and 10.); the existence of knowledge related to disabilities;
- Vulnerability. (7 and 20); Items related to the individual's vulnerability;
- Sympathy. (8., 14. and 15.); An expressed sympathy towards people with disabilities;
- Vulnerability-2. (4. and 5.); further items related to the individual's vulnerability;
- An independent item. (19.)

The emotional orientation of each item may be different. 9 items are clearly positive towards the people with disabilities (e.g. admiration, acknowledgement, being well-informed), and 9 items are negative (e.g. discomfort, fear). Each dimension is homogeneous regarding the emotional orientation, except the "being well-informed" dimension consisting of a positive and a negative item. It is difficult to define emotional orientation of the two items in the vulnerability-2 dimension (that is why it is a separate dimension).

The IDP test, which is a measuring instrument of attitudes towards disabled people, shows us the following:

• The School4All programme had a positive impact on the participating children regarding their attitudes towards the disabled people. The positive attitudes became stronger and the negative ones weakened.

The separate assessment of the IDP dimensions allows us to see which areas have changed. What area is the School4All programme strong at? Table 3's data shows the averages and the medians of the pre-and after MBCS programme survey. The impacts on the receiving group were as expected.

The negative oriented dimensions' average and medians became weaker, the children's fears, insecurity and distance lessened. The positive oriented dimensions' average and medians became stronger. Children became more informed and better at their coping strategies. Vulnerability-2 dimension also brought what was expected from the programme.

All dimensions of the IDP brought the expected results during the School4All programme. The
receiving groups positive attitudes were strengthened, and negative attitudes became weaker
towards the children with disabilities.

Table 3 – Experienced changes in the IDP dimensions as a result of the programme

	orientatio n	average	median	As expected?
Discomfort before	negative	13,0099	13	Yes
Discomfort after	llegative	12,3738	12	165
Solution before	positive	13,6700	14	Yes

Solution after		13,9907	15		
Information before	positive	5,5941	5	Yes	
Information after	positive	5,9065	6	162	
Vulnerability before	nogotivo	6,5941	7	Yes	
Vulnerability after	negative	6,2897	6	162	
Sympathy before	positive	9,8317	10	Yes	
Sympathy after	positive	10,4112	11	res	
Vulnerability-2 before	nogativo	6,2871	7	Yes	
Vulnerability-2 after	negative	6,1402	6	162	

To assess the elder children's attitudes, we used a second survey, too, the "Attitudes Toward Disabled Persons" (ATDP) survey (Yuker, Block & Younng, 1970), which was developed for adults and for which 20 items were also adapted into Hungarian to use them with children. There are positive and negative orientated statements. These questions are, however, more exact targeting the personal connections between two people. The items of ATDP measure social attitudes, behaviours and the exact description of the ones with disabilities.

Strong agreement and disagreement. The participating children agreed strongly with four questions in both surveys. These are not coherent, there is one which reflects paternalist preconceptions, two target normalisations and one item expresses discomfort. Two of them are positive, two are negative:

- The disabled children's parents must not be so strict.
- The physically disabled people are as intelligent as the not-disabled people
- The disabled people are just as happy as the heathy people.
- You should take care of what you say when you are with disabled people.

The same questions triggered strong agreement in the control group too, but there was a fifth one – "The government has to take care of the disabled people" – shifting the responsibility and hindering the social and school integration, which explains the necessity of segregated schooling.

One question triggered strong disagreement among the participating children: "The disabled people try to be alone most of the time". This describe a special definition of social segregation explained by the individual's personal decision/ responsibility. Disagreeing with this statement is positive in terms of the idea of an inclusive society.

The control group strongly disagreed with two statements: "There should not be a segregate schooling for children with disabilities." — which means they wanted a segregated school system, and they kept their strong opinion for months. The second statement was: "People with disabilities cannot have a normal social life." — so they think it is possible.

Significant changes after the programme: despite the little number of participants, one quarter of the ATDPs, 5 items showed significant deviations according to the two surveys. We used a statistical methodology (paired Ttest) to test the significance of the survey results, however these do not give an unambiguous orientation of the effect of the School4All programme. While the answers to the IDP questions in the survey – focusing on interactions and situation – were positive, the answers to the ATDP questions show a growing attitude tending to prefer segregation. Assessing the items where there was a significant difference, we can say the receiving children's opinion became stronger in that the disabled children are different ([1] t=-2,691, df=85 p=0,009), therefore it would be better for them to attend special schools ([2] t=4,259, df=85 p=0,000), and to live and work in special communities ([3] t=-4,202, df=85 p=0,000).

They have increased their agreement with the statement that different results, achievements should be expected from the disabled children ([5] t=-3,321, df=85 p=0,001). This is not clearly discriminative as this can be regarded from the perspective of the principals of special treatment. However, we have not received an answer from the survey on how the receiving children defined, understood this statement: as reduced expectations, achievements, what is more discriminative (paternalist preconception) or specifically defined and set expectations, treatments, which are more inclusive.

As a result of the School4All programme the children's agreement with the statement that "most of the children with disabilities are worrying a lot" has significantly decreased ([5] t=5,155, df=85 p=0,000). A positive discrimination had strengthened.

• The more exact ATDP scale resulted in more contradictory answers. The items in which there was a significant change show a strengthened preference to segregate the education and society, at the same time the strengthened idea of supporting the education in line with the principles of the special treatment (as a secure base of inclusive education) can also be read from the answers.

In the questionnaire for elder children, there were questions (Do you consider it right to...?) targeting the idea of an inclusive society. Table 4 contains the rate (%) of the agreeing ("yes") answers.

Table 4 – Attitudes related to the idea of an inclusive society: participating group

Do you think it is right that children with disabilities do the following together with "normal" children?	first survey % of agre	second survey eements
Go to school together?	77,2	63,6
Go to playground together?	92,1	90,7
Do sports together?	62,0	61,7
Work in the garden together?	71,7	71,0
Do homework together?	69,0	63,6
Go to primary school together?	72,3	44,9
Adults with disabilities work with "normal" adults?	74,0	62,6

It is clear from the answers that at the first survey the children's attitude was positive towards an inclusive society, their answers were more supportive to all the questions. Not in the control group, where the answers are less supportive, to one question the "yes" answer rate was below 50%.

The origin of these differences is most probably coming from the preparatory work of the teachers – the influencing factors in attitude changes should very much be taken into consideration.

• The engaged teachers' positive opinion and communication can have a positive impact on their pupils' attitudes towards an inclusive society.

However, after the programme the participating children's positive attitudes weakened. The rate of positive answers to the inclusive schooling (a disabled child in a receiving group alone) dropped significantly, below 50% even. (This confirms the result of the ATDP questions too.)

 Among the elder children the School4All programme strengthened the acceptance of the segregated schooling. The "why?" is an important question here, as this result is against the expected result of the School4All programme. From the survey we cannot draw an answer to this, as there were no deep questions included targeting that dimensions of the attitudes. We can esteem, derive possible answers to the results from the existing education system's characteristics in Hungary.

In our opinion the School4All programme influenced the receiving children in two dimensions. At micro level the effect was towards the individual guest children and at this level it had a significant positive effect – the receiving children formed a positive social representation of children with disabilities and their interactions and attitudes became more positive in all dimensions of the IDP scale. At an intermediate and macro level (class, school, school system and society), however, not only the personal experiences are influencing but the contradictory judgements, attitudes of the school environment, other children, parents, teachers and professionals also had a strong effect. The school system today has severe problems, which has a strong influence on the children's, the schools' performance and perspectives, as ever before. The greatest problem is that the learning material is unstructured and too much, overloading the children causing frustrations and anxiety in them.

The participating children – who are not professionals but at their level – feel that the today's Hungarian school system would most probably not be able to provide an inclusive education for children with disabilities they know at the level they would deserve it.

So there is a structural controversy that burdens the School4All programme too. The positive feedbacks allow to derive the conclusion at the personal interaction's level that the School4All programme is effective and successful. From the other side the receiving and guest children got to know each other, cooperated, made friendships that allowed the receiving children to put their newly learned social representation of disabled children into the well-known school system, which is already at grade 3 and 4 not that positive at all.

These two experiences cannot be reconciled, so the children's reaction was that the children in need of special treatment – with Down-syndrome and autism – should be educated in special schools, what is more, in their opinion special institutions should serve the disabled adults, too.

This means a challenge for the Hidden Treasure Hungarian Down Syndrome Association far beyond the School4All programme. The challenge is a defined and effective representation of interests, focusing not on the local schools and teachers, but on the management and decision makers in the field of education. Especially if the Hidden Treasure Hungarian Down Syndrome Association believes that primarily not the teachers and the society's attitudes, not the lack of knowledge or methodology are the main obstacles of an effective and favourable inclusive education system, but the current education system and its terms and conditions.

Farnicka and colleagues (2014) prepared a questionnaire, Questionnaire of School Life, QSL consisting of 12 questions, measuring self-esteem, acceptance and social support, and discrimination at three dimensions. With this tool, analysing the results of the survey, we can develop social and preventive pedagogical programmes and strategies focusing on schools or classes, and we can encourage cooperation among teachers and parents. We used the QSL questions into the School4All questionnaire to find out whether the children's perceptions, based on their experiences to be accepted or discriminated, had an influence on their attitudes towards or representation of socially discriminated groups. The first analyses have not brought clear results.

We close the analyses of the elder children's survey with their answers to the **feedback questions**. The instructions help the children to focus on the specific period – "For a short term you had a disabled classmate. The following questions focus on this time...".

We show the results in Nyíregyháza and Kassa separately.

Table 5 – Answers to the feedback questions (%)

		not true at all	rather not true	rather true	absolutely true
I falt good during the classes	Nyíregyháza	0,0	0,9	14,0	85,0
I felt good during the classes	Kassa	0,0	1,3	33,3	65,3
The guest child felt good during	Nyíregyháza	0,0	0,0	8,4	91,6
the classes	Kassa	0,0	1,3	48,0	50,7
I helped the guest child a lot to	Nyíregyháza	2,8	8,4	41,1	47,7
feel good (e.g. I talked with her/him)	Kassa	0,0	2,7	52,0	45,3
I helped the guest child to	Nyíregyháza	3,7	15,0	43,9	37,4
prepare the tasks	Kassa	0,0	2,7	52,0	45,3
It is good for the class that there	Nyíregyháza	0,0	2,8	15,9	81,3
were children with disabilities	Kassa	0,0	2,7	42,7	54,7
My teachers coped well with	Nyíregyháza	3,7	5,6	10,3	80,4
the situation	Kassa	0,0	2,7	29,3	68,0

The results in Kassa and Nyíregyháza significantly differ from each other. The children in Nyíregyháza felt significantly better in the programme, except in regards of the third item (Khí² test, p=0,008), and they thought that the guest children felt also better (Khí² test, p=0,000) than the children in Kassa. But the children in Kassa esteemed their role in helping the guest children more positively (Khí² test, p=0,013). The children in Nyíregyháza judged the effects of the School4All programme on the class more positively (Khí² test, p=0,000), and the teachers' preparedness and problem-solving were perceived to be more positive (Khí² test, p=0,004), than the judgement of the children in Kassa.

III. Results of the teacher's survey

There were focus group interviews held with the teachers of two schools in Nyíregyháza before the School4All programme started. We invited teachers who did not participate in the programme – in one group there was one participating teacher sitting in but she was rather passive during the interview, not influencing the opinion of the others. There were 5 teachers in each group. These teachers have not had a special theoretical or practical background; only one of them worked earlier at a care home where there were some children requiring special treatment. Some of them mentioned some courses on children with special educational needs but without exact details. One of them reported her experience in such a course:

"I participated in training, I remember a lady called Lányiné, or so, has not really have an impact on me as I cannot really remember."

(Focus group 2)

At the beginning of the interviews we wanted to assess their opinion whether there is a difference between the theory and practice of education of children with special educational needs. The participants defined the theory part with those professional expectations which are laid down by the professionals (pedagogical services and professionals of special education). They defined the practices as those situations where they must teach 30 pupils in a class and must deliver the learning material, get results – what is expected by the school management and the parents, which are high expectations as these schools are of good reputation – and there is a child with special needs in these classes, in those circumstances. Therefore, there was a great gap between theory and practice in the opinion of the teachers. They feel the theory is far from the practice, the methodologies look good and ideal, but their implementation is impossible in the teaching circumstance – where the parents'

expectations are high, competitive, where they must reach great results with a class of 30 pupils. Their reference is the class and the traditional, result oriented expectation and this confronts with the special needs of an individual child. The teachers are not happy with this situation, they feel to be vulnerable, they feel burnout, and cannot see what they can do against it.

When we asked directly whether it makes any sense to speak about integration and inclusion, they softened their answers. Here they focused on the interests of the children with special needs, instead of their own experiences and opinions (confronting 30 children and 60 parents as a single teacher). The answer was positive, the integration is, would be good, if the integrated child can deal with the challenge it is a very positive result with positive effects.

This difference in the two aspects that the teachers' experience show that the challenge falls on the children with special needs, the teachers must deal with the circumstances. In today's education system the teachers do not feel their role, competence in getting over, dealing with the disabled children. The perceived obstacle of the teachers' competence became even greater during the interviews.

The greatest obstacle perceived by the interviewed teachers is found in the conditions and operation of the current education system. They say the Hungarian education system in not suitable for a successful and optimal integration, as it does not ensure the pre-requites for that (mentioned from the interview's of focusgrou #1). The greatest problem is that the current system is not even adequate for the educational needs of the "normal" children, therefore even less effective for children with special needs.

We asked what circumstances and prerequisites would be necessary to comply with for an inclusive education. There were no surprises in the answers. The interviewed teachers brought adequate suggestions referring to the problems they described earlier during the interview. The teachers' perspective is strong in the answers, as they have an overview on the educational management's effects and regulations, on the parents' and children's needs and expectations.

Based on the two focus groups the following suggestions emerged, contributing to a successful and optimal integration:

- decreasing the number of classes,
- decreasing the amount of the study materials,
- assessing the expectations at school
- the decrease in the number of pupils per class,
- employing a professional, therapist for children with special needs
- a sensitization training for parents with "normal" children

Apparently, the suggestions target the public education's – currently strong and narrow – frames. If these frames where optimised, the teachers would be able to apply the theory and methodology of the principle of special treatment to each child separately.

At the end of the interview we asked for feedback on the School4All programme. As we arranged the interview in schools which already participated in the programme, the interviewed teachers had impressions related – but no definite information as we selected them since they have not yet participated in them. They had positive impressions, but this was not explicitly said. Normally they felt the positive feedback was expected from them, as such they could easily, more obviously recall their positive answers about the programme.



AN INTEGRATED HANDBOOK OF EARLY INTERVENTION SERVICE AND THE INTEGRATION PROGRAM "SCHOOL4ALL"