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Inclusion of Intellectually Disabled Children in Early Childhood Education in Hungary in the Light of the Law

Abstract: The study commences with the introduction of the major Hungarian and international tendencies and the legal background of the inclusive education of children with special educational needs in Hungary, then it presents the strategies and tasks of kindergarten teachers in terms of the inclusive kindergarten education of intellectually disabled children, based on the results of our own empirical study. The actuality of the topic is demonstrated by the fact that, according to the statistical data, there is a large number of children with special educational needs in the mainstream kindergartens, which has an impact on the expectations in connection with the professional competence of the kindergarten teachers. According to the 2011 census data, 10% of the Hungarian population is intellectually disabled. The Central Statistics Bureau's data published in 2018 shows that in 2016, 4.3% of the population belonged to the disabled population. From 2011 to 2016, the number of people with intellectual disabilities increased by 25% and it had exceeded 50,000 people.

Keywords: special educational needs, children with intellectual disabilities, inclusion, kindergarten


Schlüsselwörter: sonderpädagogischer Förderbedarf, Schüler mit geistigen Behinderungen, Inklusion, Kindergärten
Introduction

The European Union treats the integrated education of children with special educational needs and the reduction of social inequality in education as a primary aim. According to the report of the European Commission (2012), social acceptance can only be reached by inclusive education, thus integration endeavors have already become part of the educational policy agenda. The goal is universal acceptance and the realization of inclusion in both society and education. The educational system of the countries of the European Union and the education of children with special needs are based on practices which vary from country to country. The member states have separate legal, professional and content regulations (Öhidy, 2020).

Experts in Hungary have engaged in debates surrounding integrated education since the beginning of the 1980s. Several experts questioned its viability. There were only experimental trials for joint education of disabled and children without disabilities at the beginning. By the end of the 1970s, the school of blind and visually impaired children started helping with travelling teachers for those disabled children who were in the mainstream schools. The formal research on integrated education began at the Department of Impaired Hearing of Bárcki Gusztr College of Special Education and Teacher Training in 1981. Select teachers took on disabled children with serious hearing impairment in their school classes in Budapest and some rural areas. The experience of these teachers has been collected and these accounts became the basis for the proposal of conditions for successful inclusive education. The governmental departments which manage the education of disabled children began similar research within a few years (Csányi, 2007). The proliferation of integrated education was spawned by the instructions of the Act of Public Education of 1993. This trend has been supported by the Act XXVI of 1998 about the rights and equal opportunities of people with disabilities. This Act prescribes that all members of society must be ensured such conditions which assist their social integration. Every child must have equal opportunities to participate in institutional education regardless of his or her disabilities. According to Article 13, paragraph 2 "in the case if it is beneficial for the development of abilities of the disabled person, based on the opinion of a committee of rehabilitation experts, the disabled person has to participate in the education of nursery or primary schools together with other children in the same nursery groups or school classes". The Hungarian Constitution of 25th April 2011 clearly states that every Hungarian citizen has the right to education, and that every child has the right to the protection and care needed for their adequate physical, intellectual and ethical development. Aforementioned evidence demonstrates that the long-term plans of the Hungarian educational policy are in accordance with the European Disability Strategy.

Due to the topic at hand, it is relevant and necessary to define the meaning of the expression 'child/pupil with special educational needs'. According to the Hungarian Public Education Act 2011, Chapter 190, 4 (25), a

child/pupil with special educational needs is [a] child/pupil requiring special treatment who on the basis of the opinion of the professional committee has locomotor, sensory, intellectual or speech handicaps, multiple disabilities, autism spectrum disorders, or any psychic developmental disorder (severe learning-, attention- or behavioural disorder).
Children with special educational needs are different to their peers in given aspects, which is why they need special attention. In Hungary, the children with intellectual disabilities are the largest group of the children with special educational needs (SEN). Children with SEN have the right to get the necessary pedagogical care within the framework of special treatment based on the level of their disability. The special care must be ensured in the mainstream nurseries based on the opinion of the expert committee.

Considerable changes have been made over the past two decades in public education in Hungary concerning the joint education (inclusion) of children with and without disabilities. The public education law of 1993 has contributed to integrated education, the approach and requirements of which have helped the reorganization of institutions of public education. Contemporary Hungarian nursery school instruction of children with disabilities takes place both in segregated and in integrated forms. Statistics show that more and more children with SEN have been integrated into the mainstream nurseries. According to the educational data of the Hungarian Central Statistical Office, 321,010 children participated in kindergarten education in Hungary in the school year 2015/2016. The number of the children with special educational needs was 7,500 (2.5%), and the majority of them, 80%, received integrated education. In the school year 2019/2020, from the 330,500 children matriculated into kindergarten 10,310 (3.1%) were SEN and 82% of those children with special educational needs received integrated education. This has influenced the demands for the training, education and work of kindergarten teachers. However, making progress towards the open schools has been a slow process, which needs the establishment of socially receptive institutions, development of the conditions needed, cooperation of different institutions and a partner-oriented approach. Kindergarten teachers must have knowledge of integrated/inclusive education and must be prepared for the educational tasks based on individual differences. The education, training and socialization of children with disabilities are the daily tasks of kindergarten teachers and teachers. Elting, Kopp and Martschinke (2019) indicate in their article that social skills and social integration can be seen as a significant yardstick for successful (participatory) inclusion, which in the sense of a competent togetherness goes beyond spatial togetherness.

**Children with an Intellectual Disability**

Working with children with intellectual disabilities is a complex task which is often highlighted by the significant variety of the standards of intellectual functions in connection with necessary competences and accompanying intellectual, physical and medical conditions (Hodapp and Dykens, 2003). The most detailed and accepted definition is related to the names of Endre Czeizel, Ágniesz Lányiné Engelmayer and Csaba Ráta who define intellectual disabilities from an etiological perspective. According to that definition, intellectual disabilities are formed by hereditary and environmental factors which influence the development of the central nervous system. As a consequence, the intellectual capacity of the person suffering from intellectual disabilities lags behind that of the average population – beginning so early that, to a significant extent, it makes an independent lifestyle considerably difficult (Czeizel, Lányiné and Ráta 1978). In Hungarian special education, the following two subgroups are differentiated based on severity: (1) with learning difficulties (2) with intellectual difficulties. These are categorized mainly from the pedagogical viewpoint that emphasizes the special educational needs.

Children with learning disabilities are children who have persistent, comprehensive learning difficulties and learning disabilities due to their poor functional capabilities which are the results of biological and / or genetic factors in the nervous system and adverse environmental impacts (Mesterházi and Szekeres, 2019). The population of children with learning difficulties is very heterogeneous as it includes a wide scale of learning difficulties. Therefore, children with learning difficulties can be interpreted as an umbrella term. The children with learning difficulties are, on the one hand, those who (1) are classified as children with intellectual disability (IQ 50-55 to approximately 70) by the professional committee which investigates learning abilities and rehabilitation, and, on the other hand, those who (2) have learning difficulties in primary school. The learning problems (dyslexia, dysgraphia, dysorthography, dyscalculia) are not put together with the intellectually handicapped. The integration of children with an intellectual disability into the category of learning disabilities makes a wider interpretation of the term possible. Children with moderate intellectual disabilities, with severe intellectual disabilities and with profound intellectual disabilities belong to children with
intellectual disabilities. The category of children with intellectual disabilities is very diverse. The difficulties are in relation to intelligence, movement and self-sufficiency. The disabilities fundamentally influence their development, social relationships and learning processes. According to Lányiné (2012) the term intellectual disability can be applied to those people who can be described by the significant disabilities in terms of intellectual and cognitive functions as well as in adaptive behaviour in comparison to their coeval age group. People with intellectual disability represent one of the possible versions of human existence. They are capable of development, learning, and social integration, but they need social help to ensure equal opportunities. The exploration of underlying reasons for their condition helps the planning of special education, development, pedagogical support, psychological supportive intervention and a therapeutic proceeding that satisfy their special demands. The recognition of their condition does not only mean that one should take their disabilities into account, but also incorporate their strengths into the context of the interaction of the individuals and their environment.

According to international literature, there can be various underlying factors related to developmental/intellectual disability. The research draws attention to a multifactorial (multiple risk factors) etiological model because of the complex interaction of other biological, environmental and psychosocial risk factors. Research by Durkin and Stein (1996), Schalock and Luckasson (2004) reveal that the most frequent causes of developmental/intellectual disabilities can be traced to genetic abnormalities, the chromosome disorder (Down syndrome), insufficient nutrition, infectious diseases of the mother during pregnancy (rubella, HIV, syphilis), the usage of narcotics by the mother during the pregnancy (drugs, alcohol), premature birth, exposure to lead after birth, meningitis and encephalitis after birth, the injury of the skull after birth, severe dereliction and deprivation.

The etiology of mild intellectual disabilities is indeterminate, the cause remains unknown in 45-63% of known cases. There are a lower number of factors connected with pregnancy and childbirth for moderate and severe cases of intellectual/developmental disabilities. Causes after birth are rare. In terms of moderate and severe intellectual disabilities, 20-30% of the cases can be traced back to factors during pregnancy (especially chromosomal disorders), 11% of them are factors that occur at the time around birth (hypoxia). The remaining 3-11% can be traced back to postnatal brain injuries. The background for 30-40% of cases remains unclear (Biasini et al. 1999).

The classification of intellectually disadvantaged people has three major characteristics: a) Intellectual functioning under the average level: this criterion emphasizes the intellectual nature of the disability. b) Deficits in the functioning of the necessary competences for the fulfillment of daily routines in connection with adaptive functioning and personal and social self-sufficiency: this criterion refers to significant deficits in the development of communication skills, the competences necessary for social self-sufficiency (for example: eating, clothing, self-cleaning), following the rules, working with others, socialisation to play with others (Csákváry, Mészáros, 2012). A developmentally disabled person will have a stronger dependence on others. These individuals are often characterised by dependence on social support, difficulties with integration, the complete or partial deficit of the ability to be self-sufficient. c) Early origin: this criterion separates individuals from others suffering from degenerative diseases which start in adulthood (Alzheimer’s disease) and other adult-age skull or brain injuries.

The diagnosis of intellectually disabled children falls within the competence of the Counselling Committee for the Examination of Learning Capacity in Hungary. The diagnosis is conducted within the framework of a complex special educational-psychological and medical examination. The examination can be initiated by the parents / legal guardian, a specialist with the consent of the parents, a health visitor, and various institutions (nursery, kindergarten, primary and secondary school), furthermore, the professional committees and educational advisors with the consent of the parents can demand it.

Inclusion of children with intellectual disabilities in early childhood education

The education of children with intellectual disabilities can be carried out in special kindergartens or in an integrated manner with non-disabled children. Integration in education and pedagogy means educating and training children with and without disabilities together in the same learning
environment, therefore, optimizing the developmental possibilities which are offered to all participants (Réthy, 2013). According to the Public Education Act 2011, the fact whether the kindergarten education of a child with SEN takes place in a special kindergarten, or in a kindergarten of the majority is decided by the parent on the basis of the opinion of the specialist. In terms of the deliberation of the type of institution, the starting point is that the child should receive kindergarten education in a kindergarten near its home if possible, thus staying close to the parents. In the case of those children who are found to be able to develop sufficiently in the framework of the standard kindergarten, the professional committee nominates an institution to undertake integrated education.

The kindergarten education of children with mild intellectual disabilities takes place in a kindergarten group together with the other children. According to the directives of the kindergarten education of children with intellectual disabilities, the establishment of a separate kindergarten group for children with mild intellectual disabilities in the kindergarten can only be professionally justifiable and will only be recommended for children who are at least five years old, bound to kindergarten education and diagnosed as children with mild intellectual disabilities. This is done with the help of a complex – special educational, pedagogical, psychological and medical – examination if the children supposedly only reach the necessary developmental level for entering school by receiving intensive special education. Integrated education with non-disabled kindergarten pupils of the same age plays an important role in the development of children with disabilities. The experiences and patterns observed in their age group facilitate the spontaneous learning, cooperation competences, and communication skills of the children. The kindergarten education of children with moderate intellectual disabilities can be organised in the form of functional or social integration. The diagnosis of the children can usually be recognised under the age of three. Well-organised and efficient early development can facilitate kindergarten maturity, i.e. the integration in kindergarten and inclusive education in kindergarten. Their kindergarten education is based on early development. The goal of their inclusive education with their peers without disabilities is that the children should be in an environment from early childhood which facilitates the absence of obstacles and the acceptance of handicapped individuals in society. Problems with gross motor skills are sometimes present when children with disabilities enter kindergarten. Additionally, some of these children have difficulties with control over bodily functions, oral comprehension and communication with others, as well as insufficient attention spans and a lack of motivation. The principles of gradualism and a diverse range of practices should be taken into consideration when addressing the competence development of the children: (1) the development of forming and manipulating basic physical movements, (2) the development of basic contact, the ability to cooperate, verbal and nonverbal communication, establishing conversation, oral comprehension, vocabulary, (3) the development of control over bodily functions and self-sufficiency, (4) development of the ability to interact with toys, improvement of cognitive functions. The routine use of imitation, simple verbal instructions with physical gestures, music, rhythm, and repetition are key to the formation of the aforementioned competences.

If the kindergarten of the majority undertakes the education of children with cognitive and developmental disabilities, then it must be marked in the fundamental documents, thus in the founding documents and in the local special educational programme. The specialized educational aid must be continuously maintained during their time in the integrated kindergarten. The disabled children have the right to receive the pedagogical, special educational and pedagogical treatment that are necessary for their condition in the framework of special treatment from the moment when their entitlement was determined. The institution should provide the necessary treatment in accordance with the expert evidence of the professional committee. The special educational needs originating from the cognitive and developmental disability necessitate the utilisation of complementary developmental, correctional, rehabilitative and habilitative, and therapeutic purpose methods by the teacher that are put into action in individual or group activities. One can rely on the help of the trained special education teacher in order to reduce difficulties associated with disabled children in kindergarten. The special education and development of children with learning difficulties (more specifically children with mild intellectual disabilities) are provided by the special education teacher who was trained and educated in the pedagogy of children with learning disabilities. The special education teachers who completed their studies in the intellectually handicapped children programme cater to the pedagogical development of intellectually handicapped children (more specifically children with moderate intellectual disabilities).
The professional competences of the kindergarten teacher determine whether or not he/she has the necessary theoretical and practical knowledge, and whether if he/she is capable of working in accordance with the required values of the profession. The well-organised integration of children with intellectual disability is beneficial for children with and without disabilities. Inclusive education makes the formation of behaviour forms that are valuable from the perspective of the community possible. Children can establish basic moral values (for example, acceptance, sensitivity towards the difficulties of others, responsibility, empathy) in kindergarten which can become defining characteristics of the values profile of their personality.

The task of kindergarten teachers in the education of children with intellectual disabilities

In the kindergartens with inclusion, it is not a question of whether they accept the kindergarten education of children with special educational needs, but rather how they can put inclusive education into action. The questions posed are the following: how to acquire the cooperation of the parents, how the kindergarten teachers can facilitate the integration of the children with disabilities, how to familiarize the other children with the fact that their disabled peers are also valuable, as well as how to organize kindergarten life in order to facilitate harmonious and diverse personality development for all children.

The European Committee’s (2012) research results highlight that the success of children with special educational needs is determined by the attitude of the teacher, educational competences, and a supportive environment. In terms of the education of children with intellectual disabilities, it is not enough to apply traditional pedagogical methods and educational principles. During their kindergarten education, one has to try everything to alleviate the deficiency of their intellectual abilities with the application of methods specific to their disabilities. One has to consider the development of strategies with which they can compensate for their disabilities during their individual or in-group development. The motivation, emotional education, the support of the integration into the community and the education towards self-sufficiency are particularly important educational tasks.

The activities of the kindergarten teacher in connection with the inclusive kindergarten education of intellectual disabilities children involves a complex system of tasks that can be categorized on the basis of the following principles; (1) the activities before the reception of the intellectual disabilities children, (2) the tasks in relation to the preparation of the children’s group, (3) the factors aiding the reception and the kindergarten education of intellectual disabilities children. The following table lists the major scopes of activities of the kindergarten teacher.

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<tr>
<th>The major tasks of the kindergarten teachers before the reception of intellectually disabled children</th>
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<tr>
<td>▪ Become familiar with the expert evaluation of the child’s disabilities.</td>
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<td>▪ Learn more about the specific disability which the child has. Be aware of the degree of the intellectual disability of the child.</td>
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<td>▪ Become familiar with necessary tools, special methods.</td>
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<td>▪ Create an education plan on the basis of the pedagogical programme of the kindergarten, if necessary, write an individual developmental plan.</td>
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<td>▪ Inform the children belonging to the kindergarten group about the reception of the intellectually handicapped child.</td>
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<tr>
<td>▪ Inform the parents of the children belonging to the kindergarten group about the reception of the intellectually handicapped child.</td>
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<tr>
<td>▪ Contact the parents of the intellectually disabled children and the experts of the methodological institution.</td>
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<tr>
<td>▪ Contact the special education teacher who has the appropriate professional knowledge, the professionals aiding the inclusive education.</td>
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<tr>
<td>▪ In an ideal case, get acquainted with the intellectually disabled child before reception into the kindergarten. It facilitates the acquisition of valid information about the child and the task at hand.</td>
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<th>The tasks of kindergarten teachers in</th>
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<td>▪ Explain that their intellectually disabled peer is not responsible for his or her condition.</td>
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connection with informing the group of the child’s peers

- Consciously organise the inclusion of the children without disabilities into the help of the everyday life of the disabled child.
- Seek to teach the children without disabilities by personal example, accepting others and treating their conditions as ordinary.
- The games which facilitate making friends, developing tolerance, and the acceptance of otherness are important.

The major tasks of the kindergarten teachers in connection with the reception and the kindergarten education of the intellectually disabled child

- At the beginning of familiarisation, the kindergarten teacher greets the child he or she had met before.
- The kindergarten teacher regards the intellectually disabled children as equal members of the community.
- Stick to a behaviour model that helps the learning of proper and improper things.
- During development, build on the strengths of the children.
- The major developmental fields (communication, movement, self-sufficiency, education for a healthy lifestyle, emotional and social education, intellectual development) are built into the everyday educational work in an integrated way.
- Take the personal strength and special educational needs of the child into account.
- Teach the intellectually disability children the basic rules of social behaviour (for example, greeting, asking for things and saying thank you, proper behavioural formulas) that help the integration into community life.
- Include the intellectually disabled children in everyday activities, setting tasks in accordance with their developmental level (for example, setting up game materials, putting them away, cleaning the table, organising the room together, putting chairs in their place).
- Initially, the kindergarten teacher helps with all the activities of the children taking the formation of self-sufficiency into consideration.
- Provide help in all aspects of self-sufficiency (for example, eating habits, practising good hygiene, control over bodily functions, practise putting on clothes independently, doing everyday job–like activities).
- Help the formation of eating habits (for example, napkin, cutlery, pouring water from jug, teaching the usage of glass, the practice of picking up food with the help of serving utensils).
- Help the acquisition of good hygienic practices (teaching how to open and close the tap, practising the independent cleaning of the hands and face, recognising one’s own towel, the need for a neat and clean appearance).
- Take into account the fact that the formation of good hygienic practices is hampered by the fact that the intellectually disabled child cannot perform exactly the same movements and his/her attention is diverted or if she/he omits a movement in the process (forgets to dry his/her hands with the towel).
- Help taking clothes on and off
- Involve the children in preparatory activities of celebrations and events. Motivate the child to participate in common activities but take into account the fact that there are children who are disturbed by the crowd.
- The praise of every individual activity is important and motivates the child to complete exercises individually.

The organisational framework of kindergarten development and the applied special method and tool systems are determined by the personal needs originating from the children’s condition. There are
no two identical intellectually disabled children. The extent to which they can be educated and developed based on their diagnosis and individual characteristics differs greatly. With recognition of the personal features of the intellectually disabled children in their group, the kindergarten teacher can experience in what kind of activities, tasks and games the children can participate. The basic principle is that they should only receive the amount of help during their kindergarten education that is necessary to further their independent actions. The conscious organisation of the life of the kindergarten has a crucial role in the life of intellectually disabled children because routine and predictability create the sensation of security for the children. The rituals of everyday life help the formation of proper habits and further social learning.

The recommended tasks of kindergarten teachers in the game activity of intellectually disabled children

The play activity of children with disabilities has a central role in the education of every child. Therefore, it is important that the intellectually disabled child should be included in the play activities as much as possible. Imitation plays a huge role in the process, the kindergarten teachers and children without disabilities offer positive social behaviour models for the intellectually disabled children.

The general characteristic of the game activity of the intellectually disabled children is that their play is on a lower level, and it is different to the play of their peers in terms of difficulty. Natural curiosity, creativity and fantasy are missing from their game activity. They do not usually initiate the playing activity, and they need the direction of an adult. They enjoy movement-based games, they stereotypically move, throw or put the toys into their mouth. Gaming development can stagnate on the level of practising games for a long time, but simple role-playing games can also occur.

The direction of the play of intellectually disabled children requires conscious and professional activity from the kindergarten teacher; so that the game plays the role of knowledge mediation and skills development in the life of the child. During the game activity, the maintenance of motivation, the conforming approach to each other in the group and the development of social relations are important. It is important for kindergarten teachers to demonstrate a proper behaviour model, to try to awaken the mood for play, teaching playing games with the peers, supporting the interaction and familiarizing the children with the toys. The kindergarten teacher should help the intellectually disabled children to transform the movement of toys from arbitrary to logical play (for example, the cubes can be put into the car; then these can be transported, the toys can be categorized by their shape, material and form). The tasks of the kindergarten teacher are to support playing next to each other, to help the children discover the pleasure of playing interaction, to develop the children's consciousness of rules, furthermore, to provide the possibility for the children to practise the lifestyle and behaviour rules in friendly circumstances. The kindergarten teacher must help the children to exploit the possibilities in play of developing their speech, movement, the fine motoric skills, the cognitive abilities (thinking, perception, attention, memory, imagination, sensation) and social abilities. The final aim is to prepare the child to be self-sufficient as much as his or her abilities allow him/her and maybe to live an independent life, allowing the child to live in a socially active way with the help of the development of communication and socialisation. During the kindergarten activities, the kindergarten teacher must seek to maintain the child's motivation and to develop the approach to each other and the social relationships (Kovács, 2016).

Summary

Recently, the pedagogical alterations have necessitated that professionals who deal with the education of children should possess up-to-date knowledge about the education and developmental possibilities of children requiring special attention and the professional application of personal treatment. The importance of the research is that it reviews the perspectives on the inclusive education of children with special educational needs in the light of laws and shows methodological examples of what kindergarten teachers can do for the effective inclusion of children with intellectual disabilities.

The number of children in Hungary with special needs for whom the educator has the most important role in education has increased over the last few decades. Many Hungarian and international researchers have revealed that the success of integration depends largely on the attitude of the
kindergarten teacher. The development of the competences of children with cognitive and/or developmental disabilities creates a new set of challenges for education in kindergartens. For the sake of effective inclusive education, the institutions must be made capable of providing inclusive kindergarten education. It has become increasingly important to fulfill the professional tasks, to promote the development of human resources, the processes of qualification, acquiring expertise, expanding teamwork and building relationships.

Numerous studies have shown that, provided that the integration is successful with appropriate expertise and attention, it is socially beneficial, as it serves the integration of people with disabilities. In practice, however, a number of issues and shortcomings arise, and the experiments of the past year have revealed a number of problems. A practical problem, for example, is that educators do not have to have special knowledge of disability and the education of children with special educational needs (Karikö, 2020; Laoues-Czimbalmos & Müller, 2018; Mező and Mező, 2017; Szabó, 2016; Horváth, 2016).

The degree of commitment of kindergarten teachers, their personality and the nature of their pedagogical culture greatly influence the effectiveness of integrated education. Attitude formation should start already in kindergarten teacher training. Today, the basics of special education also play an important role in the pedagogy of the intact. The success of integrated education requires a type of preschool teacher training that also provides a wide range of special education skills.

References


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