APPROACH MODELS TO CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

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Abstract: This research emanates from a comprehensive study investigating and implementing various models and contemporary approaches tailored to children with special educational needs in school settings. The article outlines key classifications employed in several countries to categorize children with special needs, highlighting three distinct approaches: the medical model, the social (socio-cultural) model, and the environmental model.
The nomenclature assigned to different groups of children is intricately linked to classification systems and modern educational practices. A pivotal aspect involves balancing understanding each child's unique needs and fostering diverse educational experiences. The abstract also delves into the presentation of the prevalence of children with special needs across individual European Union (EU) countries, providing valuable insights for a broader understanding and inclusivity.
Particular emphasis is placed on the approach to children within the broader social milieu, exploring the alignment between a child's impairment and the effectiveness of proposed learning activities. Within this framework, the abstract delineates the fundamental principles and characteristics of programs designed for children within environments shared with their peers in mainstream educational institutions. This includes elucidating the support mechanisms necessary for monitoring children's and students' academic progress, which requires additional attention.
Keywords: Child with special needs, classification model, groups of children with special needs, environmental approach, one school for all

1. INTRODUCTION

Since 2000, the term "children with special educational needs" (SEN) has been employed in Europe to denote youngsters requiring additional support or adaptation within the educational framework. Previously, the term "children with special needs" was in use, signifying children who deviate from the norm, facing challenges in expressing themselves, mastering the curriculum, or attaining satisfactory academic progress. This paradigm shift in terminology suggests a shared acknowledgment within the fundamental environments of family and school that a child's developmental goals can only be realized through specialized assistance and support tailored to their unique needs.
Europe, alongside the global community, has long grappled with a diverse population of children and students with special needs. Addressing this diversity necessitates reforming educational systems to ensure more effective education for all, with a particular focus on the needs of the unique population (Hegarty, 2003). Optimal development for a child with SEN, as suggested by Bajrami (2019), requires more intensive forms of professional assistance and more extraordinary adaptability in the learning process.
Over the past three decades, Europe has championed the best practice of inclusion for all children. Inclusion processes wield significant influence over societal development, demanding changes in environments and attitudes and establishing a social system conducive to optimal development opportunities for every member of society (Viola, 2006). The success of inclusion hinges on the daily, minute-by-minute experiences of the child in all environments—be it the classroom, kindergarten group, or the local community in which families with special needs children reside. Crucial considerations in embracing the inclusive paradigm encompass the strategies of educators and teachers within classrooms or kindergartens, the governance of educational institutions, state policies, legislative visions, and the financial capacities of individual states (Mitchell, 2008).
The arena of inclusion is deeply entwined with political dynamics, where decisions and discussions shape its implementation. Often, teachers and other professionals find themselves on the periphery of this process, highlighting the inclusive education landscape as a battleground for the ideologies of different state representatives, who may lack a comprehensive understanding of the daily realities of children with special needs.

2. GROUPS (CLASSIFICATIONS) OF CHILDREN WITH SPECIAL NEEDS

To comprehensively address the work with children with special needs within a broader social context, it is imperative to identify the various groups encompassed by the special needs category.
In the realm of upbringing and education, two contrasting attitudes prevail toward the classification of children with special needs:

- Those who advocate classification contend that it offers specific opportunities (Warnock, 2005, p. 11).
- Those who oppose classification, viewing it as discriminatory.

One of the initial classifications for such children was developed by UNESCO in 1958 and 1978, now recognized as the International Standardization of Educational Statistics (ISCED), amended in 1997. This classification provided insights

into education systems globally and identified children at risk in their development. Crucially, ISCED introduced a broader definition and terminology for children with special needs, encompassing a wider group than the term "disabled children" (ISCED, 1997, 42).

The Organization for Economic Co-operation and Development's (OECD) work in 2004 and 2005 brought attention to varying approaches among countries in classifying children. This led to the development of the "3 times DDD Model," focusing on:

- *Disability*
- *Difficulty*
- *Disadvantage*

This three-dimensional classification is based on the assistance a child requires and the corresponding financial resources needed. It classifies children into three categories:

Category A: Disabilities with organic origins, where normative agreement exists (e.g., sensory, motor, severe, and profound intellectual disabilities).

Category B: Difficulties without apparent organic origins linked to socioeconomic, cultural, or linguistic factors (e.g., behavioral difficulties, mild learning difficulties, specific learning difficulties, and dyslexia).

Category C: Disadvantages arising from socioeconomic, cultural, and/or linguistic factors, seeking to compensate for disadvantages or atypical backgrounds through education (OECD, 2000).

The World Health Organization (WHO) has established classifications such as the ISCED (1980) and the ICF (WHO, 2001), emphasizing the interaction between individuals and their environment. The ICF model, developed in 2001, views disability as a result of the complex interaction between a person's physical or mental state and the social and physical environment. This classification provides a framework for understanding the consequences of diseases, incorporating physical functioning, activities, participation, and information about the complexity of impairment and environmental factors.

In the ever-evolving education landscape, diverse definitions of children with special needs exist across countries. European data from 2014 indicates that among 27 countries, eight groups of children with special needs are most commonly recognized, including mental disabilities, sensory impairments, motor disabilities, speech and language disorders, learning difficulties, behavioral disorders, and chronic illnesses. Several countries, such as Poland, the Netherlands, and Slovenia, have adopted this classification, with variations emerging over time, including a new group for children with autism (Kosovo, Slovenia, etc.).

Countries with altered definitions often transition towards inclusive education systems, developing national classifications to recognize each child's unique needs and abilities within the school and local community. This practice is usually concurrent with international classifications like ICF, ICF-CY, or OECD.

Various models reflecting the perspectives on children with SEN and disabilities, such as the medical and social models, have evolved over different historical periods. Notably, recent approaches emphasize functioning over condition or disease, with the ICF model treating dimensions interactively and dynamically.

Historically, the educational placement of children with developmental disabilities relied heavily on diagnosis and categorization. This approach, still observed in some neighboring countries, assumed that children with similar diagnoses had identical educational needs. Modern education practices, however, recognize each student as an individual, emphasizing environmental factors as crucial for development. Negative factors include an inappropriate learning environment, misunderstanding of the child's learning process, and inadequate teaching content, methods, and materials. Conversely, positive aspects related to the child, such as motivation, initiative, and creativity, play a significant role in the learning process.

The historical classification of students according to impairment types often overshadowed the potential of students with developmental difficulties, inadvertently diverting attention from their capabilities and possibilities. Today, contemporary education focuses on recognizing and nurturing the diverse potentials of students within inclusive environments.

3. PRESENCE OF CHILDREN WITH SPECIAL NEEDS

The basic trend in European countries is to focus on the presence of students with special needs in school. This method assumes that preschool-aged children need to be provided with development opportunities and that primary school, especially in the first grades, is where children require the most help and adjustments. Educational institutions attended by children with special needs after primary school should offer diverse academic programs.

The elemental distribution of children with special needs within various data-collecting institutions is as follows:

Children in integration/inclusion (regular school system),

Children in specialized institutions (special schools and institutes),

Children enrolled in special classes at regular schools and kindergartens.

At the European level, statistical data are collected within the framework of organizations:

EUROSTAT,

EUROBASE system – EURYDICE,

European Agency for Development for Education in Special Education Needs.

Table 1. Population of elementary school students in specialized (separate) schools.

Article I. Up to 1.0%	**Article II. 1.0 1%-2.0%**	**Article III. .01%-4.0%**	**Article IV. 4.01% and more**
Article V. Cyprus	**Article VI. Austria**	**Article VII. inland**	**Article VIII. Belgium (fl.)**
Article IX. Luxembourg	**Article X. France**	**Article XI. reece**	**Article XII. Belgium (fr.)**
Article XIII. Malta	**Article XIV. Iceland**	**Article XV. ungary**	**Article XVI. Czech Republic**
Article XVII. Portugal	**Article XVIII. Ireland**	**Article XIX. he Netherlands**	**Article XX. Denmark**
Article XXI. Spain	**Article XXII. Lithuania**	**Article XXIII.**	**Article XXIV. Estonia**
Article XXV.	**Article XXVI. Norway**	**Article XXVII.**	**Article XXVIII. ermany**
Article XXIX.	**Article XXX. Poland**	**Article XXXI.**	**Article XXXII. Latvia**
Article XXXIII.	**Article XXXIV. Slovenia**	**Article XXXV.**	**Article XXXVI. witzerland**
Article XXXVII.	**Article XXXVIII. Sweden**	**Article XXXIX.**	**Article XL.**
Article XLI.	**Article XLII. GB. (England)**	**Article XLIII.**	**Article XLIV.**
Article XLV.	**Article XLVI. GB. (Northern Ireland)**	**Article XLVII.**	**Article XLVIII.**
Article XLIX.	**Article L. GB. (Scotland)**	**Article LI.**	**Article LII.**
Article LIII.	**Article LIV. GB. (Wales)**	**Article LV.**	**Article LVI.**

Source: European Agency for Development in Special Needs Education, 2011

The table displays European countries based on data from the World Report on Disability (European Agency for Development in Special Needs Education, 2011), indicating that 2.3% of children are in specialized institutions. Among the 28 member countries of the Agency for Special Needs and Inclusive Education, the most numerous are in the group with specialized institutions, hosting up to 2% of children with special needs. This group includes Austria, France, Iceland, Ireland, Lithuania, Norway, Poland, Sweden, and Great Britain. Countries with a robust education system in specialized institutions, such as Germany, France, the Flemish part of Belgium, the Czech Republic, Denmark, Estonia, Germany, Latvia, and Switzerland, have up to 4% of primary school children in specialized schools.

Some school systems facilitate the partial inclusion of children with Special Needs Education (SNE) in special classes in regular schools and preschool institutions, referred to as part inclusion. For example, in the case of multilingual children, this includes the so-called bridge classes. For children with SNE, it involves classes with an adapted education program featuring a lower educational standard or equivalent in regular elementary schools and kindergartens.

The paper outlines the theoretical advantages of inclusion and addresses the most common obstacles and difficulties faced by all the child groups involved in the research.

Partially inclusive education occurs in two forms:

a) In special classes of regular schools;

b) In regular elementary school classes.

Special classes in regular schools go beyond mere physical coexistence. The new organization ensures joint attendance of classes in individual subjects (particularly suitable for art subjects and physical education) and extracurricular activities (sections, clubs, sports competitions, events). Some successful students from these classes may attend specific subjects in regular classes. Special courses in special schools prepare for transitioning to the regular system, incorporating combined programs for joint teaching and extracurricular activities in neighboring regular schools.

Table 2. Presentation of the number of children in specialized institutions (segregation) with special needs in 2010 in some European countries - European Agency for the Development of Special Needs Education, 2010

up to 1.0%	**1.01 %- 2.0%**	**2.01%- 4.0%**	**4.01% and more**
Cyprus Greece Ireland Italy Malta Norway Portugal Spain	Austria France Iceland Lithuania Luxembourg Poland Slovenia Sweden United Kingdom (England) United Kingdom (Scotland) United Kingdom (Wales)	Denmark Finland Hungary Latvia The Netherlands	Belgium (Fl) Belgium (Fr) Czech Republic Estonia Germany Switzerland

Source: European Agency for the Development of Special Needs Education, 2010

Table 3. is based on the Department's figures relating to the school population and children with SEN, with and without a statement. The 2015-16 to 2018-19 figures include children with certain medical conditions. The 2019-20 figures take account of the new SEN categories and do not include children with medical conditions and no SEN.

	2011-12	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Total school population	330,102	332,665	334,565	337,162	339,127	341,257	343,524	346,297	348,874
SEN without a statement	53,254	55,049	56,333	57,458	58,188	59,268	61,312	60,471	48,024
SEN with a statement	14,090	14,554	15,249	15,978	16,572	17,037	17,812	18,399	19,200
Total with SEN	**67,344**	**69,603**	**71,582**	**73,436**	**74,760**	**76,305**	**79,124**	**78,870**	**67,224**
% of children with SEN with a statement	20.9	20.9	21.3	21.8	22.2	22.3	22.5	23.3	28.6
% of the school population with SEN without a statement	16.1	16.5	16.8	17.0	17.2	17.4	17.8	17.5	13.8
% of the school population with a statement	4.3	4.4	4.6	4.7	4.9	5.0	5.2	5.3	5.5

Source: The Department and the Department of Education (England).

The data indicates a significant decline in the number of children with SEN without a statement in 2019-20, likely due to the implementation of new SEN categories. The percentage of children with a statement has increased, reflecting improved identification processes.

Table 4. Compare Northern Ireland with England.

	England – percentage of children with SEN without a statement	**Northern Ireland – percentage of children with SEN without a statement**	**England – percentage of children with SEN with a statement**	**Northern Ireland – percentage of children with SEN with a statement**
2011-12	**14.2**	**16.1**	**2.8**	**4.3**
2012-13	**13.2**	**16.5**	**2.8**	**4.4**
2013-14	**15.1**	**16.8**	**2.8**	**4.6**
2014-15	**12.6**	**17.0**	**2.8**	**4.7**
2015-16	**11.6**	**17.2**	**2.8**	**4.9**
2016-17	**11.6**	**17.4**	**2.8**	**5.0**
2017-18	**11.7**	**17.8**	**2.9**	**5.2**
2018-19	**11.9**	**17.5**	**3.1**	**5.3**
2019-20	**12.1**	**13.8***	**3.3**	**5.5**

Source: The Department and the Department of Education (England).
** The 2019-20 data take account of the new SEN categories and do not include pupils with medical conditions who do not have SEN.*

In Northern Ireland, the percentage of children with Special Educational Needs (SEN) without a statement has decreased from 16.1 percent in 2011-12 to 13.8 percent in 2019-20 as a proportion of total school enrollments. Meanwhile, the percentage of children with a statement has increased from 4.3 percent in 2011-12 to 5.5 percent in 2019-20.
In England, the percentage of children with SEN without a statement decreased from 17.8 percent in 2011 to 12.1 percent in 2020, while the percentage of children with a statement remained constant at 2.8 percent between 2007 and 2018. Afterward, it increased to 3.3 percent in 2020. According to the Department for Education (England), implementing the Special Educational Needs and Disabilities (SEND) reforms in September 2014 led to more accurate identification, resulting in a steep decline in children with SEN. These changes have reduced the number of pupils recorded on the SEN Register.

Table 5. Presentation of the number of students with special needs in regular elementary schools and specialized institutions in the Republic of Kosovo from the school year 20015/16 to 2021/22 - Ministry of Education, Science, Technology and Innovation of the Republic of Kosovo

The school year	The generation of children who are subject to compulsory education	Number of students in integration	%	Number of children in segregation	%
2015/16	374407	5818	1,6	357	0,1
2016/17	369309	5294	1,4	271	0,1
2017/18	365029	4451	1,2	315	0,1
2018/19	356270	3645	1,0	365	0,1
2019/20	345540	3903	1,1	349	0,1
2020/21	335270	3939	1,2	307	0,1
2021/22	327676	3965	1,2	291	0,1

Tables 1 and 2 show that the country has the highest percentage of children with special needs, ranging between 4% and 6% of the primary school students. The fewest are in Sweden, with the most recognized children in Iceland and Lithuania.
The situation of inclusion in special schools and other specialized institutions, which are not inclusively oriented, differs significantly. Table 2 indicates that 2% and 4% of students have special needs in most countries with special institutions. In Kosovo, the number has remained constant for more than seven years, with 0.1% of students in segregation. Conversely, the number of integration/inclusion students in each school has decreased, as depicted in Table number 3. In the school year 2015/16, the percentage is 1.6%, clearly indicating a decline in the number of students in the general population each year. In the school year 2021/22, 1.2% of students with special needs are recorded in regular primary schools.

4. APPROACH TO A CHILD WITH SPECIAL NEEDS

Various approaches to people with special needs, including children, have emerged in different historical periods. The medical and social (sociological) models are the most prominent of these approaches. The social model is also known as the cultural or language (sociolinguistic) in discussions involving language use. Modern techniques have evolved from these two models, closely tied to the classifications of disabilities across different historical eras.

Medical Model (Medical Approach):

This model has been recognized since the Middle Ages and prioritizes the diagnosis and state of the disease. In all member states of the European Union since 1991 and in the United Kingdom since 1978, the focus on disadvantages and barriers is no longer considered relevant (Tutt, 2007, p. 33).

According to this model, the child's deficiency is viewed as a problem, positioning the child and their family as passive users of various services and assistance. The child typically engages with multiple specialists; medical rehabilitation is emphasized as the most effective means of attaining "normal" individual achievements. The medical model also highlights functional or psychological disorders as causes of special needs (disability), emphasizing the personal cause of disability (Tikondwe Kamchedzera, 2011, p. 46).

However, this model is derived from the diagnosis and is, therefore, practically unusable in pedagogical practice. Educators often do not receive sufficient information about the child's functioning, a crucial aspect of the educational system.

Social Model (Social Approach)

This model shifts the focus from individual responsibility to social responsibility for people with disabilities. According to UNESCO (UNESCO, 2001, p. 21), this model redirects attention from "personal misfortune" to the broader social environment where people with disabilities live, work, and learn. The argument presented by this model is that disability is a social construct because individual countries define disability differently within the framework of their culture, dominant social norms, and practices (Mertens & McLaughlin, 2004, p. 114). Essentially, disability is viewed as a social problem that has emerged as a result of various social processes and exists within an environment (rather than an individual) that fails to embrace diversity.

Within the social model, the child's challenges are seen in a broader social environment that does not adequately adapt to individuals with special needs. In this model, children and parents participate equally with their peers. Consequently, the family of a child (or disabled person) with special needs actively contributes to efforts for equality and equal opportunities for all.

The term "disabled person" is frequently used across Europe, emerging as a consequence of the increasing emphasis on inclusion—both in education and broader social contexts. Inclusion, rooted in fundamental human rights, implies equal participation in social life and equal opportunities for everyone. This necessitates the awareness and active engagement of the social community to establish the conditions, along with measures of "positive discrimination," required to meet the daily needs of people with disabilities.

Therefore, for all students in the process of including persons with disabilities, the most crucial aspect is the shift from the medical model to the social model or the model of social integration (Meijer et al., 2003, p. 8).

Environmental Approach (Environmental Approach – Ecological Model)

This approach introduces a new perspective that aligns with the social model, which, in turn, is grounded in a systemic-ecological approach (Porter, 2002, p. 9). The environmental approach, synonymous with the systemic-ecological approach, offers a systematic method for analyzing, understanding, and monitoring everything that affects children, families, and their broader environment (Horwath, 2000, p. 8). This is particularly crucial during the preschool period as it significantly influences the development of the learning model in later school years.

Today, this approach is widely adopted, especially in preschool and the initial year of schooling, serving as a reference model in early childhood programs. The influence of the systemic-ecological model is also evident in American programs for disadvantaged children and children of immigrants up to the age of five.

In most countries, both medical and social approaches are utilized in research. The medical approach, known as the medical model, has been predominant for over a century (Blanck, 2001, p. 165; Myhill & Blanck, 2009, p. 4). This model centers on individuals' physical or mental limitations, divorced from the physical and social environment in which people live. The medical model perceives disability as a health problem requiring a cure and intervention. Failing that, it aims to provide care and support to the disabled person (Myhill & Blanck, 2009, p. 4). In contrast, the social model posits that disability arises from the environment, social barriers, and negative societal attitudes that hinder the full inclusion of people with disabilities (Blanck et al., 2009, p. 452). Unlike the medical model, the social model concentrates on society rather than the individual and their impairment, emphasizing each individual's unique abilities and needs (Shapiro, 1994, p. 18).

Finland and Norway adopt an environmental approach, emphasizing the obstacles and barriers present in the child's environment rather than focusing on the developmental or current characteristics of the child. Cyprus and Slovenia employ a mixed approach, encompassing medical, social, and environmental considerations in assessing children with special educational needs (SEN). The middle model, the biopsychosocial model, integrates elements of the medical and social rehabilitation models (Jette, 2006, p. 728; Wright, 2004, p. 4). The World Health Organization recognizes that neither the

medical nor the social model alone is sufficient to understand disability fully. The biopsychosocial model considers the interaction between biological, psychological, and social factors. The International Classification of Functioning, Disability and Health (WHO, 2001) (hereinafter ICF) employs a biopsychosocial approach to disability, incorporating socio-ecological, socio-demographic, and behavioral factors that influence the lives of people with disabilities (Jette, 2006, p. 730).

Basic principles and characteristics of programs and approaches in the environment:

- Recognition of crucial situations for the child in their environment (e.g., architectural and communication adaptations).
- Prioritization of aspects in the child's environment in specific situations (e.g., inclusion in kindergarten, transport).
- Assessment of the child's abilities for fundamental functions (e.g., feeding, dressing, playing).
- Evaluation of motivational and other factors influencing task completion.
- Assessment of the child's tolerance to the environment.
- Identify the child's behavior and characteristics outside the tolerance system (deviant traits or developmental delays).
- Objective recognition of individual factors in the environment that function well and are coordinated.
- Recognition of strategies for coordinated goal achievement.
- Establishment of methods to monitor the dieter's work and evaluate its success (Thurman et al., 1990).

In line with the environmental approach, the paramount blueprint for families encompasses all children with special needs. The key components of the program include:

- Outlining the child's educational future and the goals they should strive to achieve.
- Describing the services and necessary tools for use at home, in school, and within the broader environment.
- Detailing adjustments (adaptations) required in the broader social context.
- Identifying parents' priorities regarding the child's overall progress.
- Designating a family and child coordinator, a trusted and consistent figure chosen by the parents.

The document, crafted under the auspices of the environmental approach, facilitates seamless transitions between activities, particularly during school periods. Typically, upon a child's entry into school, they adhere to the family plan, an individualized roadmap wherein their educational needs take center stage.

5. EDUCATION SYSTEM - "ONE SCHOOL FOR ALL"?

Since 1996, when the Luxembourg document defined the concept of "one school for all," there has been an increased focus on research on the integration/inclusion of all vulnerable groups of children. The Luxembourg document underscores the need for flexible educational systems that can effectively respond to the diverse needs of children with special educational needs. To establish a platform for inclusive processes, comprehensive analyses and evaluations of the situation in individual countries are deemed necessary (European Commission, 1996).

In recent years, there has been a notable shift in views and attitudes toward sensitive, marginalized, and underprivileged groups across Europe and the world. Guided by post-modernist philosophy and international values, societies are moving toward more socially sensitive, humane, and equitable relations. Over the past 50 years, attitudes toward people with special needs have evolved from segregation and integration to inclusion.

The concept of integration emerged in Europe as a response to the isolation of those perceived as different. However, integration did not initially convey that everyone is different and should coexist. This evolved with the notion of an inclusive school, founded on postmodernist philosophy and educational theory, advocating for "one school for all." This implies that regardless of differences, every individual belongs to the same educational space, rejecting the two-tier school system (ordinary children - disabled children) in the realm of upbringing and education. A shared school environment is envisioned, ensuring that every child (student) can participate in education adapted to their unique needs.

According to the European Agency for the Development of Special Needs Education, the challenge faced in the European region is the usage of different definitions of inclusion by various institutions and countries. This prompts the question of whether a more standardized definition of inclusion is needed, considering UNESCO, EUROSTAT, and OECD perspectives. A unified understanding is crucial to realistically addressing diverse phenomena at different levels.

The optimal organization of an education system for children with special needs hinges on cultural and traditional aspects, existing health, social care, education opportunities, and personnel and financial resources. The two-tier school system, comprising regular schools, kindergartens, and specialized institutions, appears most suitable. Special institutions cater mainly to children with multiple disabilities requiring medical assistance.

The discourse on social inclusion emphasizes a process where all children contribute to each other's development, learning to live with each other rather than merely next to each other. Critical factors for the development of this form of inclusion include the attitudes of school and kindergarten directors toward inclusive processes, societal patience, and the allocation of adequate personnel resources.

A significant challenge in including a child in the school system lies in the parents' decision on which school the child will attend—regular or special. As posed by Plato, the dilemma questions whether parents can objectively decide based on the child's most significant benefit, acknowledging that emotions and hyperprotectiveness often influence parental decisions. The extent to which parents have the right to make decisions for a child with special needs raises ethical considerations. Some argue that this decision-making authority stems from the right to a separate space, forming the foundation of the parental relationship. Parents, pedagogical practitioners, and policy planners frequently grapple with determining the most suitable school for a child with special needs. In Slovenia, a committee for the guidance of children with special needs at the first level decides after examining the child. Parents can appeal the committee's decision. In contrast, some countries, including Denmark, Sweden, Norway, the Netherlands, Lithuania, and England, leave the decision solely in the hands of the parents.

6. CONCLUSION

The fundamental principle guiding understanding a child with special needs is that "What is good for children with special needs is also good for all other children" (Meijer, 2003). Therefore, teachers must adopt a holistic approach towards the child and their family, recognizing its profound impact on their learning and school success. This perspective should encompass diverse learning contexts within the child's (student's) home and school environment. In the realm of inclusion, the role of parents must not be overlooked, as their positive influence plays a pivotal role in the child's integration into the broader social milieu. Consequently, schools, alongside various non-governmental organizations, organizing parental education programs contribute significantly to this inclusive process.

Furthermore, ensuring a sufficiently educated professional staff to carry out inclusive processes deserves emphasis. The successful implementation of inclusion relies on well-educated specialists who, in addition to possessing knowledge, also exhibit enthusiasm and a genuine love for their work and the children they serve.

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