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## **Helping Children with Special Educational Needs through Cooperation between the Educational, Social and Medical Fields**

Contrary to popular understanding, the majority of children with special educational needs have a normal intellect, but for various reasons they are not able to realize their talents in a normal classroom setting. Many of them have been given several diagnoses at the same time and this makes the creation of a suitable learning environment very difficult (Kallavus 2006, 2007 I, 2007 II). Oftentimes this is coupled with social reasons and because of that the support measures offered by the school do not function adequately (see Riigikontroll 2006; Tiko, Rannala, Kallavus 2007).

What the new generation expects from studying in a normal classroom setting is not so much the function of educational activities, but the fulfilment of the function of the "laboratory of socialization". In this kind of a pedagogical process, a classroom offers the advantage and opportunity of acting together and thereby creating new motivators. At the same time, young people are considerably less ready to function in the "old-fashioned" classroom setting. Many of the special educational needs of today are rooted in the same incapability.

### **Problems**

What makes organizing the teaching of children with special educational needs difficult is the fact that according to Data Protection Act, the diagnosis of a pupil cannot be disclosed. A teacher thus has to be able to teach while taking into account the individual traits of a child but without knowing the diagnosis.

Many problems are associated with the process of sending children into special-needs schools and classes. The first problem here is that the law requires it to be dependent on the parent's wish and this sets high standards for the parent's competence. If the parents are not competent to form their opinions, the attempts of the support system fail.

The counselling committee does not have the right to assess the competence of a parent and the need to apply support systems in the case of a family.

Secondly, what is also important in order to support the child's development is the communication of the symptoms related to the teaching regulations, the learning environment, the curriculum, and social interaction when a child starts school.

In the case of special-needs children, communicating information about his/her progress is particularly important. Something like a progress card should start from the family physician and go from there to the kindergarten and the school. This provides the opportunity to monitor and to organize the activities of teachers while bearing in mind previous positive experiences, or to take

into consideration special needs when teaching (aggressive behaviour, pervasive traits, different fits – of epilepsy, an allergy, etc.).

Giving a competent diagnosis requires sufficient time and a certain period of studying and monitoring. Today the psychiatrist's monitoring time has shortened to a half-an-hour appointment. Basically what we are increasingly dealing with is the fulfilment of the parent's orders because it is precisely the parent who gives a psychiatrist the main and emotionally-oriented input.

Since emotional life and behavioural problems are revealed in context, the quality of giving a diagnosis depends on the application of the method of contextual case analysis. This in turn requires the participation of all the other parties (the kindergarten, school, hobby school, informal groups, etc.) in addition to the pupils and their parents.

However, there are no procedural rules which would ensure the participation of different parties and also rule out rushing, formalism, and the overwhelming influence of a single party (the child, parent, school, etc.). Creating a monitoring system and support network which would work on a single method requires the coordinated cooperation of different agencies and a legislation which has been drawn up based on a single method.

The system for monitoring a child's development also has to be supported by different competence centres (counselling centres, etc.) which give an input to the family physician, parents, as well as the kindergarten and the school.

There is also a lack of specific school types which are directed at pupils with special educational needs, for example an educational institution for children who need to temporarily abandon studying in a classroom setting in order to be adapted to the society and brought back to the school system.

The second type of educational institution that is missing has to do with the systematic application of milieu therapy which concentrates on rehabilitation through a milieu therapeutic, therapeutic pedagogical, and social therapeutic living, studying and working environment before and after the hospital treatment of children with mental disorders.

## **Conclusions**

The fundamental problem of the field of special educational needs and which is also the basis for most other problems is the lack of preventive action, lack of a system, and fragmentation, because in today's Estonia, the support network of a child's development is not uniformly provided with information. Because of that, the decisions specialists make are mainly based on the description of a moment and not on a process and the analysis of the development and change of the symptoms. This situation has been caused by the lack of a comprehensive and systematic system for monitoring the development of a child in Estonia. This kind of a monitoring system has to begin from the maternity hospital and gather all the specialists who are going to be working with the child into a single information system. The second target of the monitoring have to be the parents because a lot of the problems in the future depend on them.

The support services have to be based on and revolve around the child, uniting the practices of different agencies into a unanimous whole that works in concert and in synergy.

Adults who deal with children with special educational needs need a system of further training that is based on disabilities and practically-oriented, not just basic courses with minimal practical effects.

A systematic, consistent, and documented monitoring system that has been devised based on a single method creates a basis for competent decisions when finding a solution to questions related to special needs and unites the support systems and services into a harmonious whole. This gives the opportunity to apply the principles of case management in the field of education. In social work, case management is a way of providing services where a social worker assesses the needs of a client and his/her family and, when necessary, organizes, coordinates, monitors, assesses, and speaks for them in order to offer different services which would satisfy the complicated (or complex) needs of a particular client (Selg 2007). This is exactly the way case management should function when working with pupils with special educational needs.

#### **Sources Used**

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