



How can special teachers aid successful kindergarten inclusion?

Good practices in a district of Budapest

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In our study, we would like to present an institutional development that furthered collaboration between mainstream kindergarten teachers and special education teachers, as well as the creation and functioning of a broader transdisciplinary team. This good practice can support the integration of children with special educational needs into kindergarten and the well-being of those involved. This process has grown in relevancy as integrated education becomes more widespread in Hungary, affecting more than 70% of SEN children today. According to the data published by the CSO (2020) for the 2019/2020 school year, 82% of children with special educational needs in the pre-school age group and 72% of those affected in the primary school age group receive integrated education.

Keywords: SEN, diversity, teamwork, good practices, teacher training, resource parent group

Introduction

It is evident that our societies, kindergartens/schools, groups/classes are natural settings for diversity. In most European countries, an increased level of diversity can be seen throughout populations, leading to the same result in schools and classes. This circumstance creates a challenge for education all over the world. Special Educational Needs (SEN) are only one element of this diversity and form the focus of our study. The education for all approach accepts the following statements:

- diversity among children is natural;
- the individual differences experienced by students are not problems to eliminate, but rather opportunities for enriching the learning process;
- every child has the right to access education in the nearest mainstream institutions, in their own local community;
- and the success of their education depends on the responses given by the school and kindergarten, determined by the curriculum requirements, classroom/group activities and teaching methods.

If the statements mentioned above are accepted, the current question is how these principles can be realised in everyday practice. How can we develop and change our practices to reach this goal? If we look upon the idea of education for all as a human right, it does not matter what an individual child looks like, nor is it a question whether the kindergarten/school has to adapt to the diversity of pupils (Kőpatakiné et al., 2006).

It can be stated that the practice of some countries is very close to the idea of school for all, and this is why the proportion of children/students accessing education in their local mainstream kindergarten/school is very high. In contrast, we can also claim that in other countries the ratio of those students attending special classes and schools is still high. In these countries, the education for all approach has not been put into effect, even if intensive care or an adapted environment is necessary for a percentage of SEN students. Differences can also be seen at different levels of education. Kindergartens handle differences between children more naturally as the system is more permissive. In contrast, much less can be expected in the school environment.

The situation in Hungary

In Hungary, a free early intervention program is available for every SEN child immediately following diagnosis, which is provided mainly in the child's home, or in Special Educational Methodology Centers. The diagnostic test is followed by kindergarten care, which is implemented in a special or integrated form. As far as the 26th article of the UN Convention regarding habilitation and rehabilitation is concerned, a child with special needs has the right for

- services from the earliest ages;
- supporting participation in their own communities;
- inclusion in local communities, including access to professionals and assisting technologies.

Children both in special and integrated settings get regular extra help from travelling teachers, which is free for the parents. In the Hungarian system, however, beginning in the 1970's the initial types of services were formed within the framework of special institutions for children with hearing and physical impairment, and this circumstance provided the backdrop for the establishment of the service system, out of which today's Unified Special Educational Methodology Centres emerged. (Kőpatakiné 2004, 2006, 2009; Faragóné & Papp, 2011). Earlier, these centres were special institutions: nowadays, they provide both special educational and integrational services. The Unified Special Educational Methodology Centres (MC) offer a wide range of services with the aim of helping mainstream institutions integrate pupils with SEN and instructing them on how to handle these students' special needs. On the one hand, the primary target group of their services are the pupils with SEN (including specific development, individual or group therapies, Individualised Education Plan (IEP), equipment rental); on the other hand, they also support mainstream teachers and communities in the areas of forming inclusive attitudes and incorporating special methodologies,

techniques, differentiation, retraining, etc. Local institutions and communities can generate additional forms of support by creating their own work community, building a care system (for the provision of specific development, individual or group therapies, an Individualized Education Plan (IEP), equipment rental, community support, etc.).

The advantages of local employment over travelling teacher care (MC) are that the special education teacher (SET) is employed by the given institution, therefore he or she can communicate more flexibly with the teachers, professionals, and parents. By working in the institution, the SET can become a part of the everyday life of the kindergarten. When a special education teacher has an active relationship with colleagues, they trust the educator and consider he or she to be a member of the board of educators. In this case, the advisory role of the special education teacher becomes more important and includes elements such as consultations for mainstream teachers, a special education assistant, school psychologist, or parents. The task of coordinating the professional team is often undertaken by the special education teacher. This type of collaboration with mainstream institutions and teachers generated an absolutely new learning situation that created challenges for the special educators of the Unified Special Educational Methodology Centres. Not only was this cooperation a burden for them, but it also meant a change in their working conditions (Papp & Mile, 2012).

Teamwork

According to Kullmann (2015), good teamwork can be characterised by the following key concepts: interdependence, complementary competencies of teamworkers, communication, cooperation, and conflict management. Ideally, professionals carry out their activities with intense co-thinking and fuller involvement of the parent (in transdisciplinary teams). The existence of continuous and regular consultations and close cooperation among the participants is an essential condition for this form of work (Kereki & Szvatkó, 2015; Kullmann, 2015).

In accordance with Kullmann's definition (2015), our practical experience is that shared responsibility is also essential for teams to work effectively. We see that the kind of co-working mentioned above is rarely realised because the competencies and roles of the team members and the conditions of the team cooperation are not clarified and stated. Although every team member supports the family to the best of their competencies, instead of real cooperation, the team members try to find individual solutions to the problems that arise separately, within their own area of competence.

Teamwork also requires effective communication, which can be hampered by several factors, such as a misunderstanding caused by different qualifications, the passing on of irrelevant elements instead of important information, overly concise or overly verbose communication, inadequate timing of information, unclear communication, uninformed team members, the information provider's neglect in checking the accuracy of decoding,

language problems (common among multinational workers), polarization, discomfort caused by constant physical proximity, unfavorable personality traits, increased workload, time constraints, changing communication styles, and conflicts within the group.

Kollár (2016) approaches the mechanisms that hinder communication from another aspect and distinguishes between managerial and employee roles while emphasising the importance of mutual trust and respect for one another among professionals possessing different qualifications, and the presence of a hierarchy, which is higher than professionally justified. In our opinion, these two definitions shed light on the factors that hinder effective communication, which, in our experience, can significantly impede the functioning of teams. In our view, the difficulties arising from the different qualifications of the professionals as well as the hierarchical operation of the institution and the lack of trust form key factors.

“That’s not what I was prepared for in training to work with children with Special Educational Needs”

Teacher training is a key element in the development of inclusive education. We can claim that the gap between the inclusive institution system and everyday practice stems from the fact that teachers are not sufficiently prepared with the knowledge, skills and attitudes needed for dealing with the diversity experienced in the groups. The question arises of what teachers need in particular: special knowledge about the different disabilities or more in-depth knowledge regarding special teaching methods? In our opinion, training courses that explore differentiation, provide knowledge of the variety of teaching methods, and shape attitudes are the most important for successful inclusive education.

According to Flieger’s research (1997), the main obstacle is that the way teachers are prepared is greatly affected by what experiences they gained in elementary and secondary schools as students. These experiences have a larger, more determining role compared to the skills acquired at university courses. This means that the frontal teaching methods and competition in the classroom future teachers experienced in the course of their own studies have an essential impact on their teaching practice.

In the course of our practical work, we formed the idea that, although we can be successful in supporting the co-education of children with SEN (by encouraging individual development, offering group help, helping children integrate into their age group and find friends, supporting parents, consulting with host teachers, providing kindergarten transition support, follow-up, etc.) we nonetheless often encounter the nostalgic statement from kindergarten teachers that in the past there were fewer problems with children, it was easier to work with parents, and they do not feel competent within the current, changed set of circumstances. In short, “I wasn’t prepared for this (to work with children with SEN) during my training,” is a common refrain. We have therefore set ourselves the goal of supporting educational bodies and educators

in recognition of the fact that they do not have to solve problems alone, but can instead rely upon the professional team, heretofore seen as a resource in solving difficulties. As Booth-Ainscow states, “There are always more resources available to support learning and participation than are currently used in any setting” (Booth & Ainscow, 2011, p. 42).

Parents today are much more informed about their rights, new trends in their child’s development and upbringing, and are far more active, purposeful, and articulate in expressing their needs and expectations. Educators are meanwhile thinking within the kind of a hierarchical relationship reminiscent of a medical model, while in our experience, parents are increasingly moving towards a service provider-customer relationship. Many times, this difference in attitudes and values between the two participants is obvious. In addition, the question of the limits of competence and the responsibility for the development and upbringing of the child is not clarified, a lack that may make joint cooperation more difficult. For the purpose of this analysis, it must also be stated that the authors of this paper agree with Booth-Ainscow that identifying children’s diagnosis and disability as the main source of problems is a distraction from other dimensions of the institution and obscures the pitfalls experienced by typical children (Booth & Ainscow, 2015).

The point of departure: the idea of training

By the end of the 2016/2017 school year, we had recognised that there is a kind of “good practice” and protocol in the integration of district kindergartens yet kindergartens are at different points of development and have different knowledge about including children with SEN. Differences in the integration practice of kindergartens can be due to several reasons, including the high fluctuation of colleagues; a wide degree of variation among newcomers’ integration experiences and knowledge; internal knowledge sharing does not always work; leaders’ integration attitudes, experiences and routines are different, or communication difficulties. This is why the idea of a training that focuses on the formation of attitudes in addition to the sharing of knowledge and information while building teamwork among the participants was raised.

Framework for the implementation of training

The training sessions were implemented within the framework of non-educational working days. Due to the approach of integrated and inclusive education, we considered it important that all employees of kindergartens (including technical staff) participate in the training as they also meet the children every day. We also considered it essential that the training take place in a positive atmosphere and does not demand any extra time investment from colleagues, i.e., an extra burden. We felt that by involving a psychologist in the training, we could also deal more effectively with any emotional issues that might arise.

After the personal contact and meeting, we held a leadership training with the participation of all kindergarten leaders, the aim of which was for the

leaders to gain their own experience and be able to pass on information to their colleagues in a credible way. The trainings were provided free-of-charge to the institutions, and the colleagues of the special education teacher and psychologist who undertook the training held them at the expense of their working time.

The structure of the training

Prior to the training, an anonymous electronic questionnaire was filled in by the members of each educational institution. The questionnaire aimed to form a preliminary image of the needs and attitudes of the educational body for the development of an individual training program adapted to the given educational body. Questioning colleagues using questionnaires is a preliminary information package that served as the basis for compiling the content of the training.

This questionnaire underscored the real needs, strengths and areas to be developed in each educational institution and kindergarten. The questions of the questionnaires were selected on the basis of the indicators in Booth and Ainscow's Inclusion Index and adapted specifically to preschool life. The questionnaire also provided an opportunity to formulate personal thoughts in the form of an open-ended question (e.g., how do you feel about the strengths of the kindergarten?; in what areas does it still need to develop?). We examined the correlation between the modified and full scales and found significant and strong positive correlation between most scales. (Pearson correlation 773**,818**,587**,476*,794**,735**, Cronbach-alpha 0.0616).

The structure of the training day, types of games

Based on the preliminary information, together with the head of the institution we planned the day of the training, with information regarding the place and timeframe as well as the number of participants (possibly with the involvement of the entire educational body, including nurses and technical staff). The training courses followed the same structure and took place in an interactive, 'playful form.'

Two weeks before the training day, the institutions were given the opportunity to complete the preliminary questionnaire (online). The obtained results were evaluated before the training. We tried to adapt the content of the day to the formulated difficulties and local needs. We also strove to provide help and feedback in recognition of the fact that, although there are many factors that the participants cannot change (e.g., working conditions, quality of lunch), what aspects can affect them or be changed (e.g., the resources of the institution, whether they know each other's strengths and weaknesses, how the flow of information works within the institution, how they handle any tensions that may arise).

The training courses took place within a framed structure. The day was followed by a brief feedback session after the introduction and the creation of the

group rules, in which we highlighted the strengths of the given institution and the areas where the community wants to change based upon the questionnaire. This session was usually followed by a feedback loop in which colleagues had the opportunity to make an honest statement (current emotional state, how they attended the training and their opinion on the topic). We always reflected on the statements of our colleagues while assuring them that they can communicate openly and honestly, express their opinions, their feelings, and that opinions and feelings that differ from the majority have a place. This was followed by activities that fit the profile of the institution (individual, small group, and whole group activities). There was an arc to the sequence of games, and we also considered it important to make the participants understand what we were doing and why by, for example, reflecting on the problem they raised or demonstrating how they can use it in their practical work. As a constant part of the training, a thought-provoking exercise followed. During the task, colleagues were able to experience that under the same choice (e.g., “We all support co-education”) very different motivations may lie.

Activities

The following task types were a constant part of the training courses: a warm-up thought-provoking practice, a task demonstrating information distortion, a perspectives changing practice (when the participant has to insert himself or herself into different roles), games that motivate problem-solving skills within the institution, cooperation, constructive interdependence activities, the practice of promoting shared responsibility, or games that facilitate communication and getting to know one another within the institution. The training then ended with a feedback round in which participants had to reflect upon their thoughts, experiences, and feelings related to the training during the opening round (based on the choice of the individuals, there was also the possibility of visual and verbal feedback).

“There is nothing to replace this type/style of outside help and opinion.” (A director of a kindergarten) – Results, experiences

Throughout the period of November 2017 to May 2020, we involved nine kindergartens in the training. Several of these preschools function as united institutions and thus include several member institutions, resulting in a total of fifteen building collectives that participated in the program.

The heterogeneity of groups of participants

In the course of our practical work, it has been confirmed that the educational bodies differ in many aspects despite unified district leadership. Based on the preliminary questionnaires, it was clear that the age distribution of educational institutions is unique and the average age in several institutions is over that of fifty-three years. There was a shortage of teachers almost everywhere and

colleagues who had been re-employed as retirees were also employed in several places. During the training courses, we found that institutions support the practice of inclusion based upon very different sources of motivation. The 'educational' life path of educational institutions, their attitudes towards lifelong learning, and its leadership support also proved very different. It turned out that the participating institutions are on a very different path of development in terms of co-education. In addition to those reasons described above, this circumstance may be due to fluctuation, continuous redesign, or the reorganization of kindergarten groups and kindergarten teachers.

In which the educational groups were united

The participating institutions were maximally identified with the values assumed in the pedagogical program. Each kindergarten feels successful according to its profile (arts, eco, sports). At the same time, all groups raised concerns regarding the increased workload (e.g., administrative work, ongoing substitutions, communication and cooperation with families, the emergence of more and more 'problematic' children) and an uneven division of work. Although all children are welcomed by the institutions, the reception of children with special needs is perceived differently (there were also greater differences from one parent to another). Based on the feedback from the educational bodies, a looser atmosphere, direct style, and the habit of laying down group rules jointly at the beginning of the program promoted equality and the importance of individual opinion in the attitude-forming training. The tasks of the training were mostly found to be playful and enjoyable which nevertheless ensured the drawing of deep feelings, thoughts, and conclusions for the participants. Experiences and attitude exchanges made the participants more sensitive and open. As a result of the training, community-building, team-building nature were highlighted by all institutions. The post-coaching reflection was mostly used by the managers as help, the summary of the questionnaires filled in by the colleagues was considered informative and important, which provided a basis for the more efficient operation of the educational board.

Both leaders and employees of the kindergartens found the day to be helpful and highlighted the need to continue. The participants were also unified in that the different positions expressed in the educational bodies could clash and approached or reached a consensus.

Limitations of training

In connection with the training days, we worked with a specific time frame. Sometimes the many problems present in an institution could not be remedied within the given time: we therefore had to factor this circumstance into the planning process. In the program, we explained why particular issues were being addressed on a given day. On several occasions, the Board of Education would have been expected to solve problems that fall beyond our competence

(e.g., the reduction of administrative burdens, quality of lunch, resolution of wage tensions). It was difficult for the educators to understand that we did not have proven recipes or concrete solutions to family problems. The differences between kindergartens proved that they would require different support (e.g., case discussions, continuation of training). In some places we could start therapy team discussions, but the pandemic significantly hindered these efforts.

In the following academic year, we expanded the range of services made available within the district to include the 'Resource Parent Group'. We have seen that families raising disabled children need more help. In our day-to-day care system, there is often no time or opportunity to accompany parents and help them accept their loss and support their grief process. We wanted to replace this with this resource group given that parents raising disabled children are under extreme psychological burden and responsibility in the expectation to develop their child. Often family-related educators and development professionals ask and expect parents to care for their child and be partners in the child's development, so that parents have not even had time to process the shock of their child's diagnosis. Parents therefore have not yet coped with or addressed this sense of loss. Of course, every life situation and family is different. However, based on the practical experience of recent years and the feedback from kindergarten teachers, we thought that there was a need for more assistance to families, to develop a support system that unites families.

The range of participants

The group was open to all families raising children with special educational needs, regardless of disability type. The condition for joining the group was that their child attend one of the district kindergartens. An important element in starting the group was the support of the District Municipality, through which the applicant parents had access to therapeutic opportunities. Over the two years, thirteen families participated in the groups. Families showed a highly heterogeneous picture in terms of the children's diagnosis (type, severity), the beginning of the child's entry into the care system, the workload of the family (how many family members are involved), the family's acceptance within the family, the distribution of family burdens, family model/structure (mosaic family, etc.), socioeconomic status and education. Although the group was open to all adult family members involved in the child's care, we found that those who enrolled in the group were mainly mothers (90%).

Competencies

We believe it is important to mention that this resource group management is tied to the completion of a professional training. The group leaders do not undertake therapeutic work but instead participate in the joint work as an accompaniment to the self-help group. Although the group leaders were

special educators, in this case they were not represented in this role. This factor was also clarified during the first meeting with the applicant parents, as this session does not focus on the development of their child, but rather on therapeutic counseling. Participants had to accept that the occasions were about them, which could have an impact on family life. We started the group with peer-leadership for several reasons. A primary consideration was to support group members' sense of security: if either group member requires individual attention, the other can take the group further. Another aspect of increasing the sense of security is that if any team leader becomes ill, regular encounters continue anyway.

Group rules

Entry into the group was closed after the third meeting. During the first session, we created the rules together with the group members (confidentiality, self-disclosure, all thoughts and emotions have a place, avoidance of qualification, volunteerism of participation, etc.). The rules provided a relaxed atmosphere and a framework for all group members to express themselves. The group leaders were expected to ensure that:

- the families concerned receive more complex care, thus increasing parental satisfaction;
- if the tensions in the parents are resolved, the parents will be more involved in the conversations related to their child's daily development in the kindergarten, they will not experience the initiatives in an offensive way, so this will also have a positive effect on the kindergarten integration processes;
- the members of the group get to know each other, realize common points, similarities, and experienced situations, so they will be able to provide support to each other;
- they will be able to manage their resources in a better way;

The following topics were covered during the events: getting to know each other, telling their own story; how parents raising a child with SEN are treated; helpful vs. unhelpful solutions; focus on losses, drawing their own loss line; focus on how to inform the parents of the diagnosis; creating a family contact map; writing a letter to a person who is missing; holding a guilt conference; reserving power of resources (positive gossip, group, family); achieving closure.

Our experience

Parents expected the group primarily to understand, listen, and pay attention. A further expectation was for the meetings to provide ideas for difficult situations in the role of a 'peer community'. What they thought is that they could support their peers by sharing and listening to each other's experiences. Parents expressed frustration, insecurity, disintegration, exhaustion, compassion, and empathy. They described themselves as being exhausted, overwhelmed, uninterested, anxious, lonely, scared, tense, distant, and

troubled regarding their child's diagnosis and the losses stemming from this life-changing situation.

For parents, accepting a diagnosis is difficult and takes many years. This path or situation is rarely helped by the environment or supported by means of statements that would help with acceptance, starting with the communication of the diagnosis. Instead, parents hear comments such as, 'Consider giving your child away!', or 'Be happy your child is not mentally disabled!' Mothers do not feel competent enough in raising their children and are often left clueless. Several sentences that left a deep impression and lingering pain were also highlighted in the conversations and were heard in connection with their child's diagnosis: 'There is nothing wrong with this child, only his mother!'; 'Behavioral problems are caused by ADHD and inconsistent upbringing'; 'It's all due to today's upbringing!'; 'I wouldn't be able to do that!'

Despite the challenging and emotional topic, the group members shared a mutual sense of trust and openly shared their thoughts, experiences, doubts, and feelings. During conversations and mutual group thinking, strong emotions often surfaced. For example, several people stated that they had already heard from their child that they were not good mothers. As the following parental quotes show, our initial assumptions were confirmed. Group members were often left alone with their problems, have not yet processed the sense of loss associated with their child's diagnosis, want support, and desire a peer community. The group members thought the meetings were useful and supportive and our group achieved its goal. The group members shared the following thoughts with us at when we met for the last time:

'There is a constant balancing in our little world. It was good to chew on a topic for weeks. The great pain of the world that I had in myself has been restored here! There are losses, but they can be put in place.'

'At first I thought how different we were. Now it's like we've known each other for a thousand years. It was good among you. Regularity meant a lot. Drawing the loss line was very instructive.'

'We still have to deal with the losses. It is difficult to believe, the good shocks me but here I have realized that there is a change in children, in development and at home as well. For two years we had no track to start with the two kids anywhere. But here I saw that someone else was having troubles too, yet he was getting around. We will give it a try.'

Parents soon realized that during group time, they create self-time for themselves and that, in general, it is important to pay attention to themselves in other areas of life. Participants understood and allowed themselves to devote time to themselves. They realised that, if they are well, the child is well and the family subsequently functions better. The group also had a positive effect on families and their relationships with their disabled children: they began to observe their disabled children, see their positives and small developments, spend shared times with each other in a way that had a positive impact on everyone, and see their relationships realistically.

Overall, families dared to use their own and group resources sooner than in a larger group. They exchanged contacts with each other sooner, started to

rely on one another sooner (e.g., they went home together, helped each other in finding a job, brainstormed for improvements and time management). The strength of the peer community is that this has happened to others: they are no longer alone with their problems and have achieved a strength that they cannot receive within the framework of an individual therapy. This retaining power of group and peer community was felt most here in this group.

Conclusion, proposal

In our twenty-first century world, we live amidst a state of constant change that demands individual and systematic flexibility and adaptation. This circumstance in turn requires increasingly rapid adaptation from both families raising children with special needs and host educators. Responding to change is most effectively supported by transdisciplinary teamwork. By developing our two good practices, we undertook to support cooperation and communication between families and colleagues.

During the attitude-forming training, the differences between the educational bodies were confirmed (age, location, leadership attitude/management, inclusive approach, educational life path). Educational bodies need support tailored to the collective (e.g., case studies, continuation of trainings). In some institutions, we were able to start therapeutic team discussions, but the COVID19 pandemic significantly hindered these efforts. Although relationship of the colleagues to co-education revealed a broad spectrum, it can be said that they all moved in a positive direction after working together. The training's limitations are also multi-component and include factors such as timeframe constraints, different needs to continue, and irrelevant expectations.

With our resource group developed with the aim of supporting families, we strove to provide more complex care for those involved and thereby increase the satisfaction of participating parents. Parents raising a child with special educational needs became more involved in the development of their child by dissolving the tensions within and were able to become involved as partners in transdisciplinary teamwork, a change that had a positive effect on integration processes. Not only on their own but also among their peers, participating parents found a resource in the group to help them adapt to change and process losses.

Our future plans include the continuation of our attitude-forming work (development of individual solutions tailored to the collective) and its expansion (involvement of new educational bodies). The constant need to continue the parent groups has affirmed our decision to start new groups. Developing an online or hybrid version of the training has become necessary in response to the changes caused by the pandemic.

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