

***Breaking Free From the Medical Model Approach in Special Education:
A Roadmap to Biopsychosocial Model – Latvian Experience***

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Abstract

Disability models are crucial in understanding and addressing disability related issues and supporting people with special needs. The medical model, which views disability as a medical condition that can be treated or solved, is the oldest and most widely used disability model in most European countries, including Latvia. Health is considered the norm or ideal to strive for. The Latvian special education system still partly operates with a medical model approach, although significant steps have been taken towards a biopsychosocial model approach, which views disability as a combination between the health state of an individual and society. The author of this research conducted a historical literature review of the Latvian inclusive education system and pedagogical-medical commissions, which decide whether a special education program is needed for a child, to classify their approach and identify necessary first actions for a shift to the social model approach. This article can be significant for other countries that are currently transitioning towards a more inclusive education system as it provides valuable insights for policy makers in other countries and helps raise awareness about the benefits of the biopsychosocial model of pedagogy.

Keywords: Pedagogical-Medical Commissions, Medical Model, Biopsychosocial Model

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Introduction

My research topic is related to the practical need to modernize outdated systems in Latvia according to the concept of inclusive education, recognizing that we are diverse and that this diversity is beneficial to society as a whole.

In 2019, with the action of the Latvian government - specifically Cabinet of Ministers regulations, the operation of the Republic of Latvia's Cross-Sectoral Coordination Center (CSCC) was supported to develop solutions for enhancing inter-sectoral collaboration and support systems to reduce the risk of child development, behavior, and mental disorder formation. In 2020, the CSCC, together with the Latvian Association of Local Governments, the Latvian Child Welfare Network, the Children's Clinical University Hospital, and other partners, initiated work on establishing a previously unprecedented preventive support system in Latvia. The aim was to ensure the availability of necessary prevention, early intervention, and support services for children with developmental difficulties or at risk of their formation throughout the territory of Latvia. Currently, the development of assessment tools for early childhood development is underway, and the process of approving this tool has been initiated. It is planned that the utilization of this tool, along with handbooks, action algorithms, and early interventions for children, will be introduced in 2024 (CSCC, 2022).

Until now, such a validated, standardized, and comprehensive set of methodological tools for early childhood development assessment in a digital environment has not existed. Therefore, the operation of this assessment tool is also not regulated by the legislative acts of the Republic of Latvia. It is unequivocally clear that to perform the mentioned assessment of early childhood development and any intervention activities, a complex, inter-institutional (education, health, and welfare sectors) solution is necessary, performing several functions. As an example, such actions could include: facilitating mutual communication among the parties involved in the coordinated screening of early childhood assessment, providing coordinating system management to ensure that children identified with specific needs through screening receive support in their daily learning process.

So far, the only existing institution in Latvia that could perform similar functions is the Pedagogical-Medical Commission (PMC), as it is the only state and municipal institution capable of conducting assessments for preschool-age children and determining educational support measures (Cabinet Regulation No. 709, 2012).

Due to the existing issues with the current operation of the PMC, which are later discussed in this article, and considering their outdated ideological framework and new tasks regarding early childhood assessment, it is necessary to establish a new model in place of the mentioned PMC. There are also ongoing discussions on whether a Child Development Support Center should be established in Latvia to facilitate collaboration between the education, health, and welfare sectors and oversee various sectors involved in inclusive education.

Additionally, a working group has been established by the Ministry of Education, which will start the work on modernization of the outdated PMC in Latvia.

Therefore, the objective of my research is the historical analysis of the PMC, aligning their approach with the disability model, and identifying the most relevant problems associated with the work of these commissions.

Within the scope of the study, by examining periodicals, legislative acts, and relevant literature, research tasks were formulated. Namely – the task is to review briefly the three main disability models - medical, social, and biopsychosocial; to examine the historical development of PMC in Latvia and the persisting issues they face.

By analyzing the findings from previous research on the models in Italy and Portugal (Rektina, 2022), suggestions are provided for improving the Latvian system to align it with a contemporary understanding of inclusive education.

Three Disability Models as a Framework

First, I would like to provide a brief outline of three disability models mentioned earlier, so that Latvia can define the principles it wants to pursue in the context of inclusive education while developing a new support system.

Medical Model Approach

In the medical model, disability is considered a medical condition, and, therefore, doctors are specialists who treat and alleviate both symptoms and diseases to improve an individual's condition (McTigue, 2015). Health is a norm or an ideal to strive for; falling ill is considered an incorrect action, and illnesses are the results of erroneous processes (Hirschberg, Kobsell, 2017). The primary concern of the medical model is to identify deviations and then treat them in an appropriate form: "Essentially, the medical issue is to diagnose bodily or intellectual 'abnormalities' and recommend corresponding treatments." (Barnes, Mercer, Schakespeare, 1999).

Disabled individuals are seen as "sick people" who are excluded from any social obligations and responsibilities that others consider "normal." (McTigue, 2015). This model emphasizes shortcomings rather than potential, and a person's life is determined by specific diagnoses and predictions about their abilities.

"The medical model has led to a focus on diagnosis, highlighting individual problems, emphasizing weaknesses, labeling, and stigmatization. The primary focus is on addressing the problem rather than the process of teaching and learning" (Befring, 1997).

It is precisely from the medical approach that a contemporary approach has developed in Latvia, which involves grouping and classifying children according to specific signs of illness, treating them, and consequently correcting the disorder. Education is tailored to the unique parameters' characteristic of each group of illnesses, with the hope of improving the overall functional state of the child. Through the medical model, this led to a narrow specialization in pedagogy, essentially segregating children into separate groups based on their problems, such as children with visual impairments or hearing impairments. Following this principle, special schools were organized for each such specialized or classified group. For instance, schools for visually impaired, blind children, and so on. Similarly, educators were "prepared" and continue to be "prepared" according to the problems of each group of children. (Nimante, 2008).

Social Model Approach

The social model identifies society's negative attitudes and exclusion as the main factors contributing to the disadvantaged status of disabled individuals. The social model of disability explains that discriminatory societal policies and inadequate infrastructure hinder the full participation of persons with disabilities in society (Petasis, 2019). Society sees disabled individuals as different from others due to their impairments, and they are therefore considered weak, dependent, and incapable (Shinohara, Wobbrock, 2011).

The principles of the social model of disability have supported the development of disability legislation, such as the adoption of the United Nations Convention on the Rights of Persons with Disabilities in 2006.

The social and economic utility approach was not foreign to the educators of the first Latvian Republic either. It was precisely according to this principle that the assessment and consideration were made as to which children were suitable for special schools and which education could not help. (Fan, 1937) Those who were useful workers were educated, later respected, while those who could not work did not deserve education. Nevertheless, 58 at least deserved compassion (Nimante, 2008).

Biopsychosocial Model Approach

Biopsychosocial approach - This model views disability as a combination of an individual's health status and the surrounding social environment. The biopsychosocial model forms a more integrated and comprehensive concept of disability, incorporating elements from both the social and medical models. Thus, this model suggests that disability is caused by physical or biological problems that need to be treated by medical experts. Additionally, society needs to find ways to include disabled individuals in social, economic, and political activities by supporting them and ensuring equal opportunities (Petasis, 2019).

Since the degree of "normality" depends directly on society, in order to address this issue, there needs to be a change in society's attitude towards people with special needs and, more broadly, towards diversity in general. (Nimante, 2008).

In the social model, unlike the medical model, the child is perceived as a value where both the child's strengths and weaknesses are defined. In pedagogical activities, a results-oriented education program is developed, necessary services and resources are provided to ensure the required support. Concurrently, parents and professionals are educated, promoting the child's development and relationships. Thus, not only the child but also society itself evolves. (Oliver, 1990; Mason, Reiser, 2000).

Inclusive education is believed to be based on a biopsychosocial approach, and the Latvian Saeima (Parliament) in its Research Final Report in 2020 has recognized that inclusive education system in Latvia is in its early developmental phase. Purposeful and systematic actions in this direction have been initiated relatively recently, and several solutions are still more sporadic than systemic (Saeima Final Report, 2020).

A Brief Historical Overview of the Development of Inclusive Education in Latvia

Already in 1928, in the Latvian-language periodical "Strādnieku Avīze" (Workers' Newspaper), it was indicated that the reason why some children were not attending school was due to factors such as being deaf, mute, mentally impaired, and the like. It was deemed unacceptable for them to attend regular schools, while specialized schools were still too few and sometimes located far from the children's residences (Strādnieku Avīze, Issue No. 250, November 3, 1928).

In the 1951 "Skolotāju Avīze" (Teachers' Newspaper), it was noted that around the 1930s, a separate children's home for children with mental and physical disabilities was established in Jūrmala. Children from orphanages were also placed there, including those who were living with sick and degenerate individuals. This institution was referred to as a "defective children's home." The article emphasized that children with intellectual development could not be educated in regular schools. Moreover, if a child falsely diagnosed with intellectual disabilities was sent to this educational institution, their intellectual development would be hindered, as they would be grouped with children with severe intellectual disabilities (Skolotāju Avīze, Issue No. 25, June 22, 1951). A similar article with the same content can be found in the 1950 edition of "Skolotāja Avīze," where an order was issued that local authorities should draft documents about defective children living in the school district and ensure their placement in special schools (Skolotāju Avīze, Issue No. 11, March 17, 1950). A particularly relevant article is the 33rd issue of "Skolotāju Avīze" from 1955 (Skolotāju Avīze, Issue No. 33, August 18, 1955), in which it is mentioned that in mainstream schools, children with special nervousness are observed and should be placed in special schools for children with nervousness. During the Soviet era in Latvia, until the restoration of Latvia's independence in 1991, the situation with comprehensive and auxiliary schools is accurately described in bulletin "Padomju Daugava" (Soviet Daugava) in article from 1981:

There are children who, for various reasons such as childhood illnesses, inherent disabilities (weak vision, hearing, mental retardation), and other disorders, cannot follow the curriculum of mainstream schools. These schools only admit students upon the recommendation of a special medical-pedagogical commission. Children who have attended preparatory groups or the first grade are sent for evaluation by the educational commission. (Padomju Daugava [Jēkabpils] Issue No. 44, April 11, 1981.)

The first attempts at inclusive education in Latvia began in 1994, when private educational institutions in Riga and Jūrmala started admitting children with functional and mental disorders. Thus, the first attempts at inclusion in Latvia occurred approximately 24 years later than in other parts of Europe.

A significant development in the progress of inclusive education occurred in the year 2000, with the enforcement of the Latvian Education Law, which establishes that special education is a specific form of general education (Education Law, 1998). This law defines what special education is and outlines the opportunities it provides for students with special needs and their parents to choose any educational institution suitable for their health condition, abilities, and developmental level to receive appropriate education. The obligation of educational institutions is to ensure pedagogical, psychological, and medical correction for the student, as well as prepare them for work and life in society. Any educational institution has the right to license special education programs in accordance with the procedures set forth in the General

Education Law if there is appropriate environment and qualified personnel to ensure quality education for students with special needs. The integration of students with special needs into general education institutions is stipulated by the General Education Law. Furthermore, parents of students with developmental disorders now have a lawful basis to choose an educational institution for their child according to their own preferences (General Education Law, 1999).

By 2004, a legislative framework for the inclusion of students with developmental disorders in general education institutions had been established. Gradually, a positive societal awareness was being formed. Practical inclusion of students with special needs in general education institutions and preschools had been initiated. Teacher training programs at higher education institutions included lecture courses on special education for subjects within general education. Courses and projects were organized, which educated teachers from general education institutions. A significant number of projects funded by both special and general education institutions, as well as EU funds, were realized. The parents of students with special needs became more active, forming support groups in Latvian regions (Domniece, Eglava, 2004).

In 2008, the UNESCO International Education Conference was hosted in Latvia, the largest international forum on education policy matters. This event played a pivotal role in emphasizing inclusive education as a fundamental principle and strategy for achieving accessibility and quality in education. The transition from special education to inclusive education is considered a significant paradigm shift, requiring teachers to become versatile leaders, educators, motivators, moderators, and specialists in education and assessment of diverse student groups (Hofzess, 2008; UNESCO, 2008/b; Vasilevskis, 2008).

Starting from September 1, 2020, the Cabinet of Ministers Regulation No. 556 "Requirements for General Education Institutions to Enroll Students with Special Needs in their Implemented Education Programs" comes into effect. This regulation outlines the support that an educational institution must provide to students with special needs in order to include them in the mainstream school's educational process. These regulations still distinguish between regular general education schools and special education classes and schools, indicating that in Latvia, integration is still ongoing and segregation is being practiced (Cabinet Regulation No. 556, 2019).

In 2006, Professor D. Nīmante of the University of Latvia conducted a study on how the concept of inclusive education is understood in Latvia. In Latvia, the understanding of inclusive education is associated with three approaches:

- 1) inclusive education as special education;
- 2) inclusive education as integration;
- 3) the inclusive education approach where any child is the subject, any educational institution is the object, and the indicators of inclusive education are accessibility, alignment of education with each child's individual needs, and involvement (Nimante's Study, 2006).

This study also demonstrates that in Latvia, although the term "inclusion" is used, it is often synonymous with integration. In Latvia, educators mostly do not distinguish between the terms "integration" and "inclusion," which hinders the country's progress toward an inclusive education model.

According to data from the Latvian State Education and Content Centre for the year 2022, there are 42 special education institutions in Latvia, where approximately 4432 children with special needs are studying. Moreover, when comparing the data from 2017 onwards, there is an observed trend where the percentage of students with special needs in mainstream schools has been increasing¹.

The Historical Development of Pedagogical Medical Commissions (PMC) From Their Establishment to the Present Day

The origins of PMCs can be traced back to 1961 when the Ministry of Education issued an order "On Improving the Work of Republic's Special Schools and Classes," which established medical-pedagogical commissions. These commissions were responsible for assessing mentally disabled children in several state districts, and from 1970 onward, in all state districts. Commissions typically consisted of doctors, defectologists, speech therapists, and teachers. The decisive factor was usually the medical diagnosis, which determined whether a child would be referred to a special school for education. In addition to regional and city-level medical-pedagogical commissions, there was also a republican medical-pedagogical commission responsible for evaluating children with visual and hearing impairments, as well as children with cerebral palsy. The work of these commissions was not always systematic and comprehensive; they usually operated only once a year - in the spring before the end of the school year.

In Latvian periodicals, which are essential sources that can testify to the society's understanding of a specific historical period, the following is indicated:

From May 31st to June 14th of this year, the School and Children's Institution Management of the Latvian SSR Ministry of Education, together with the Department of Pediatric Preventive Medical Institutions of the Ministry of Health Protection, is organizing medical-pedagogical assessment commissions for mentally disabled, nervous children, and children with speech disorders. (Skolotāju Avīze, Issue No. 20, May 17, 1967)

From the further excerpt, it can be inferred that children are referred to the pedagogical medical commissions by the school.

[...] mentally disabled and nervous children, as well as children with significant language defects, must be brought to the assessment commissions. [...] Mentally disabled students who have been unsuccessful for several years in the mass schools of grades I-III and are unable to master the curriculum should be sent to the commission. [...] Upon arriving at the commission, mentally disabled students should have the following documents: a) an extract from the school's pedagogical council meeting minutes regarding the student's inability to master the curriculum of the respective grade in the mass school and a decision on the necessity of placing him in a special school; b) a comprehensive student profile indicating how long the student has been studying in the mass school (grade), analyzing his achievements and behavior, as well as indicating the measures taken to achieve the student's success (individual assistance, medical treatment, etc.). The profile must be signed by the class teacher and the school principal; c) certificates of academic achievements for the entire

¹ Data of Latvian State Education and Content Centre, 01.09.2022.

school year and a few notebooks with written assignments, drawings; d) birth certificate; e) the student's individual record with all medical records [...] It is advisable for one of the parents and the class teacher, who can provide information about the child's development, past illnesses, etc., to accompany the children to the commission. (Skolotāju Avīze, No. 20, May 25, 1968)

Meanwhile, in this newspaper article, a significant harm caused by parents to their children by allowing them to attend mainstream schools is highlighted:

Currently, in school collectives and families, alongside concerns for successfully completing the academic year, there is another concern for ensuring that all children attend schools appropriate for their health in the next academic year. Therefore, every year in June, the pedagogical medical commission operates. Many parents are aware of how important it is to send children to the medical commission to timely direct them to schools appropriate for their abilities and health. However, there are parents, who hesitate or even categorically forbid teachers from doing so, not realizing that by having a child to study in a school unsuitable for their health, they do great harm. The child becomes even more stressed, their health deteriorates, and their interest in studies and life around them completely fades. The Soviet state allocates significant resources and does everything possible to facilitate education for sick children. Special schools are open for nervous, visually impaired and blind, hard of hearing and deaf children, as well as children who have had polio and have impaired nervous systems. In these schools, they are fully provided for by the state, parents do not need to worry about their nutrition, clothing, or study materials. (Padomju Karogs, Talsi, No. 66, June 3, 1969)

And finally:

In our republic, there are 43 special schools where serious educational and upbringing work is carried out, as well as care for the improvement of students' health. The recently adopted decision of the Latvian SSR Supreme Council envisages further expansion of the network of special schools. Children are referred to special schools by republican or district pedagogical medical commissions. (Skolotāju Avīze, No. 20, May 20, 1970)

After regaining independence, the General Education Law changed the naming of the commissions, emphasizing the order of words to highlight the pedagogical assessment of children.

In 1999, the General Education Law (General Education Law, 1999) was adopted, which regulated the activities of PMC with the same approach – to direct children to special educational institutions based on the opinion of the PMC. A child with a commission opinion for a special program cannot start education in a general education school. This law provided that special education creates opportunities and conditions for students with special needs to receive education in any educational institution that corresponds to their health condition, abilities, and development level, while also ensuring pedagogical, psychological, and medical correction, as well as preparedness for work and life in society. Article 50 of the law stated that special education programs are implemented according to the type of developmental disorder, abilities, and health condition of students as determined by the pedagogical medical commission. The functions are similar to those mentioned in the current version of the law.

The law also discusses the integration of children with special needs into general education institutions. Specifically, in general basic education and secondary education institutions with appropriate facilities, based on the opinion of the state or municipal pedagogical medical commission, students with special needs can be integrated. The Cabinet of Ministers determines the provision of these schools according to special needs.

If students do not master the 1st-grade curriculum, the school's pedagogical council, in which the school doctor will participate, will decide whether to have them repeat the year. If, after repeating the material, the student still hasn't mastered the required course, the decision about their further education will be made by the pedagogical medical commission (Progress, Limbaži, No.16., 07.02.1987).

In 2012, separate Cabinet of Ministers regulations (Cabinet Regulation No. 709, 2012) on the competence of State and municipal pedagogical medical commissions were adopted, and they continue to operate to this day.

Currently, there are 56 municipal and State PMC operating in Latvia. Only two municipal PMCs operate on a permanent basis, with qualified specialists, appropriate facilities, and equipment. Other municipal commissions operate according to their capabilities – some commissions hold regular meetings once or twice a month, while others convene only once or twice a year.

According to data from the Unified Information System of PMCs, during the year 2018, both state and municipal commissions collectively issued 6907 recommendations (assuming that each child receives one recommendation per year) regarding the most suitable educational programs for students. However, often parents do not inform educational institutions about the PMC's recommendation for their child to pursue a specialized education program, resulting in the support for these children not being provided. Furthermore, PMCs do not monitor whether the children recommended for specialized education programs are actually pursuing them.

Municipal PMCs, considering the variations in the number of children across different municipalities, possess diverse experiences and knowledge in assessing children's developmental disorders and needs. Moreover, the professional preparedness of specialists involved in the commission's work also varies significantly. Consequently, as indicated by education sector specialists, there is no uniform practice for evaluating the same cases between different municipal PMCs. Analyzing available statistics, it is evident that municipal commissions operate in highly diverse ways (Research Group, 2019).

The research conducted by the University of Latvia emphasizes that PMCs operate in irregular structures, where individuals with insufficient experience sometimes carry out responsibilities, and there is a lack of continuous accountability (Research Group, 2019).

Current Shortcomings of Pedagogical Medical Commissions and Possible Solutions

As mentioned previously, while describing disability models, inclusive education in Latvia is still in its early stages of development and several remnants of the medical model are evident in the functioning of PMC. Pedagogical-medical commissions provide a decision on the child, assigning them an educational code consisting of two digits. These codes grant access to special education. The basis of the pedagogical-medical commission's opinion is the child's

medical diagnosis, which allows the child to be assigned to the appropriate educational program code. However, medical diagnosis does not determine educational needs, and health impairments are not always linked to special educational needs.

The Latvian CSCC (CSCC, 2023) has identified the main deficiencies in the existing support system and PMC, which require a review of their operations. This review will be carried out by a working group established by the Latvian Ministry of Education in 2023 and 2024. The identified deficiencies are as follows:

- **Fragmented Support and Services:** The currently offered support and available services are fragmented and not well coordinated.
- **Lack of Integrated Information Platform:** There is a lack of a unified integrated information platform for accumulating and exchanging information.
- **Identified Deficiencies in Inclusive and Special Education Systems:** Weaknesses have been identified in the systems of inclusive and special education.
- **Behavioral Disorders and Social Factors:** Behavioral disorders rooted in social environment factors are often not critically assessed and are directed towards the healthcare system for resolution.
- **Insufficient Involvement of Family Doctors' Teams:** Family doctor teams are not adequately involved in the assessment of children's mental health.
- **Ineffective Juvenile Offense Prevention System:** The existing juvenile offense prevention system is not effective; it reacts to offenses only from the age of 11 when more corrective measures can be applied, but by that age, the opportunity to correct the child's behavior is decreasing. There is a need for swift reaction to antisocial behavior regardless of the child's age.
- **Inconsistent Approach in Municipality PMC:** There is a significantly differing and unsystematic approach to assessing children's educational needs in various municipal PMC. This lack of consistency does not promote proper assessment of children's educational needs or a positive attitude from parents.

In another study (Regulation Project, 2021), the following additional deficiencies are highlighted:

- **Delayed Response to Crisis Situations:** The response to crisis situations is often delayed, rather than being timely and proactive.
- **Episodic Early Prevention Services:** Early prevention services are observed only sporadically and episodically.
- **Imbalance in Resource Planning, Funding, and Evaluation of Investments' Effectiveness:** There is an imbalance in planning resources, funding, and evaluating the effectiveness of investments.
- **Fragmented Sectoral Approach:** The prevailing fragmented sectoral approach divides and disrupts the holistic implementation of a child's developmental trajectory. As a result, the comprehensive value of a child's developmental needs is not institutionalized on a national level.
- **Regional Disparities in Service Quality and Availability:** There are significant regional disparities in the quality and availability of services.
- **Lack of Unified Practical Collaboration Mechanism:** There is no unified mechanism for practical collaboration in client and case management.
- **Lack of Regulation for Inter-Institutional Collaboration Authority, Rights, and Responsibilities:** There is a lack of regulation defining the authority, rights, and responsibilities for inter-institutional collaboration.

- Although there have been significant improvements in the operation of PMK compared to before the year 2000, there are still significant shortcomings, such as:
- Commission's opinions are not accessible to schools, and parents may choose not to present them to educational institutions.
- There is no tracking of opinions to ensure that the child actually receives the necessary support on a daily basis.
- By assigning a code, the child is stigmatized.
- Long queues are formed to obtain commission opinions, and assistance is delayed.
- Behavioral disorders, which are influenced by social and environmental factors, are often not critically evaluated and are directed to be addressed within the healthcare system.
- Support for the learner is disrupted if they do not have the opinion of the pedagogical-medical commission (Research Group, 2019).

Conclusion

In order for Latvia to move towards the biopsychosocial model approach and establish a new and improved system for providing support to children in the education sector, in the frame of doctoral thesis the experiences of Italy and Portugal were studied (Rektina, 2022).

Italy and Portugal were selected as the countries to be studied in the context of early childhood intervention systems, as they have fully implemented inclusive education at all levels of education (from pre-school to university) and have the relevant legislation in place. This fact has been confirmed in the educational literature for more than 10 years (Marsili et.al., 2021, Ianes & Dell'Anna, 2020, Begney & Martens, 2007) and in various reports and data (UNESCO 2020 Global Education Monitoring). The research has led to a number of valuable insights, system characteristics and architectures, which the Latvian working group will take into account when designing Latvian early intervention and support systems, of course bearing in mind the historical and cultural differences between countries. However, the examples and experiences from abroad give Latvia a broader insight into the possibilities that can be developed in the design of the new early development assessment and support system. In both countries, the biopsychosocial approach is recognized and can be observed in the functions of the support system. There is close cooperation between the Ministries of Health, Education, Labor, and Social Policy in both countries. For the child, an immediately established dynamically functional plan is created, which includes clear action steps for the family and specific support measures. Additionally, an individual educational plan is developed with the involvement of a wide range of specialists, which is regularly evaluated and modified if necessary. The main approach is not to impose a specific program on the child but to develop their maximum potential by assessing their strengths and weaknesses (Rektina, 2022).

As a result of all the research tasks, the following proposals can be put forward for further actions to improve Latvia's progress towards a contemporary understanding of inclusive education:

- By 2024, the introduction of an early preventive support system for Latvian children in grades 1 to 6 should be planned, with regular assessments.
- Latvia should establish a framework for cooperation between the Ministries of Education, Welfare, and Health.

- Continued political discussions should focus on the creation of a new structure, the Child Development Support Center (CDSC), which would oversee the work of existing inclusive education support centers and the operations of pedagogical-medical commissions.
- Existing pedagogical-medical commissions should be transformed into multi-professional intervention teams that:
 - i) Coordinate in-depth research for children who show increased risk factors during screening.
 - ii) Develop individual child development and learning plans in collaboration with doctor-specialists, families, educational institutions, and other specialists.
 - iii) Determine the necessary support measures.
 - iv) Provide family support and monitoring measures to ensure that the child receives daily necessary support.
 - v) Offer professional development in line with contemporary disability theories.

References

- Barnes C., Mercer G., Shakespeare T. (1999). *Exploring Disability. A Sociological Introduction*, 3. Auflage, Cambridge.
- Befring, E. (2001). The enrichment perspective. In Johnsen, H. B., Skjorten, M. D. (ed.) *Education – Special needs education*. Oslo: Unipub forlag, p. 49–63. quoted after Nimante D. (2008). Doctoral thesis: *Inclusive education of children with special needs in Latvia: historical and contemporary context*. University of Latvia. https://dspace.lu.lv/dspace/bitstream/handle/7/4759/27873-Dita_Nimante_2008._pdf.pdf?sequence=1
- Begeny, J. C., & Martens, B. K. (2007). Inclusionary education in Italy: A little literature review and call for more empirical research. *Remedial and Special Education*, 28(2), 80-94. <https://doi.org/10.1177/07419325070280020701>
- CSCC (2022). *Early Childhood Preventive System in Latvia*. <https://pkc.gov.lv/lv/sabiedribas-lidzdaliba/iniciativas-un-darba-grupas/agrina-preventiva-atbalsta-sistemas-veidosanas>
- CSCC (2023). *Support and involvement of Members of the Saeima (Latvian Parliament) is essential for the establishment of an early preventive support system for children*. <https://pkc.gov.lv/lv/aktualit%C4%81tes/agrinas-preventivas-atbalsta-sistemas-izveidei-berniem-butisks-ir-saeimas-deputatu> and https://pkc.gov.lv/sites/default/files/inline-files/FIN_Cooperation%20and%20Integration%20of%20Services%20in%20the%20Interest%20of%20Children%20%E2%80%93%20the%20Prosperity%20Act_2_Dec_2022_islande.pdf
- Domniece, I., Eglava, I. (2004). *Is school for everyone? Rīga*. quoted after Rozenfelde, M., 2018. *Support system for inclusion of students with special needs in general education institutions*. ISBN978-9984-44-2167. Rezekne. Academy of Technologies in Rezekne.
- Education Law of Latvia (1998). <https://likumi.lv/ta/id/50759-izglitiba-likums>
- Fan, H. (1937). *Placing auxiliary school graduates in practical life*. Collection of Articles of the Latvian Association of Teachers of Defective Children. No. 1, Riga : A. S. The Publisher, 7.–13. p. quoted after Nimante D. (2008). Nimante D. (2008). Doctoral thesis: *Inclusive education of children with special needs in Latvia: historical and contemporary context*. University of Latvia. https://dspace.lu.lv/dspace/bitstream/handle/7/4759/27873-Dita_Nimante_2008._pdf.pdf?sequence=1
- General Education Law of Latvia (1999). <https://likumi.lv/ta/en/en/id/50759-education-law>
- Global Education Monitoring Report, UNESCO (2020). <https://gem-report-2020.unesco.org/>
- Hirschberg M., Köbsell S. (2017). *Behindernde Gesellschaftliche Realität heute*. Zentrum für Fernstudien und Universitäre Weiterbildung, Universität Koblenz-Landau.

- Hofzess, 2008; UNESCO, 2008/b; Vasilevskis, 2008. quoted after Rozenfelde, M., 2018. Support system for inclusion of students with special needs in general education institutions. ISBN978-9984-44-2167. Rezekne. Academy of Technologies in Rezekne.
- Ianes, D., & Dell'Anna, S. (2020). Evaluating the quality of school inclusion: An ecological framework. *L'integrazione scolastica e sociale*, 19(1), 109-128. DOI: <https://doi.org/10.14605/ISS1912011>
- Marsili, F., Morganti, A., & Signorelli, A. (2021). The Italian leadership on inclusive education: Myth or reality? *Science Insights Education Frontiers*, 9(1), 1241-1263.
- Mason, M., Reiser, R. (2000). *Altogether better: From special needs to equality in education*. London: Comic Relief.
- McTigue, P. (2015). From Navas to Kaltoft: The European Court of Justice's evolving definition of disability and the implications for HIV-positive individuals. *International Journal of Discrimination and the Law*, 15(4), 241-255. doi:10.1177/1358229115591653
- Nimante D. (2008). Doctoral thesis: Inclusive education of children with special needs in Latvia: historical and contemporary context. University of Latvia. https://dspace.lu.lv/dspace/bitstream/handle/7/4759/27873-Dita_Nimante_2008._pdf.pdf?sequence=1
- Nimante's Study (2019). Nimante D., Inclusive Education. Examples of Latvia. <https://www.ozolzile.lu.lv/par-mums/zinas/zina/t/60922/>
- Oliver, M. (1990). *The politics of disablement*. Basingstoke : Macmillan.
- Padomju Daugava (Jēkabpils) No.44, 11.04.1981. Auxiliary school of Antuzi. <http://periodika.lv/periodika2-viewer/?lang=fr#panel:pa|issue:509217|article:DIVL175|query:pal%C4%ABgskolu%20>
- Padomju Karogs, Talsi, No.66, 03.06.1969. Medical-pedagogical Commissions will be working. <http://periodika.lv/periodika2-viewer/?lang=fr#panel:pa|issue:529419|article:DIVL126|query:medic%C4%ABniski%20pedago%C4%A3isk%C4%81%20komisija%20>
- Petasis A. (2019). Discrepancies of the Medical, Social and Biopsychosocial Models of Disability; A Comprehensive Theoretical Framework, *The International Journal of Business Management and Technology*, Volume 3 Issue 4 July – August 2019 ISSN: 2581-3889.
- Progress, Limbazi, Nr.16., 07.02.1987. Six-year-olds are preparing for school. <http://periodika.lv/periodika2-viewer/?lang=fr#panel:pa|issue:319027|article:DIVL97|query:pedago%C4%A3iski%20medic%C4%ABniska%20komisija%20>

- Regulation No. 556 (2019). Cabinet of Ministers Regulation No. 556 "Requirements for General Education Institutions to Enroll Students with Special Needs in their Implemented Education Programs", issued on 19 November 2019.
<https://likumi.lv/ta/id/310939-prasibas-visparejas-izglitibas-iestadem-lai-to-istenotajas-izglitibas-programmas-uznemtu-izglitojamos-ar-specialam-vajadzibam>
- Regulation No. 709 (2012). Cabinet of Ministers Regulation No. 709 "Regulations on Pedagogical and Medical Commissions," issued on 16 October 2012.
<https://likumi.lv/ta/id/252162-noteikumi-par-pedagogiski-mediciniskajam-komisijam>
- Regulation Project (2021). Draft Order "On the establishment and start-up of the Pedagogical and Psychological Support Service" <https://tap.mk.gov.lv/mk/tap/?pid=40497395>
- Rektina A. (2022). Enhancing Latvia's Early Childhood Preventive System through Comparative analysis of Italy and Portugal. Publication in the Conference Proceeding Book of the 81th International Scientific Conference of the University of Latvia 2023 (in edition process).
- Research Group (2019). Study on the cost model of support services for children with special needs in the context of inclusive education. Research of the University of Latvia.
https://petijumi.mk.gov.lv/sites/default/files/title_file/IzM_Petijums_par_berniem_ar_spec_vajadz_sniedzamo_atbalsta_paklp_imaksu_modeli.pdf
- Saeima Final Report (2020). Inclusive education for children with special needs in Latvia.
https://www.saeima.lv/petijumi/Ieklaujosa_izglitiba_berniem_spec_vajadzibam_Latvija.pdf
- Shinohara, K., Wobbrock, J. O. (2011). In the shadow of misperception: Assistive technology use and social interactions. *ACM Conference on Human Factors in Computing Systems*. (Vancouver, B.C., Canada). CHI '11. ACM, New York, NY. Quoted after Petasis A. (2019). Discrepancies of the Medical, Social and Biopsychosocial Models of Disability; A Comprehensive Theoretical Framework, *The International Journal of Business Management and Technology*, Volume 3 Issue 4 July – August 2019 ISSN: 2581-3889
- Skolotāju Avīze, No.11, 17.03.1950. New instruction on registration of children and adolescents aged 7 – 12 years. <http://www.periodika.lv/periodika2-viewer/?lang=fr#panel:pa|issue:663026|article:DIVL105|query:defektiviem%20>
- Skolotāju Avīze, No.25, 22.06.1951. The special orphanage.
<http://www.periodika.lv/periodika2-viewer/?lang=fr#panel:pa|issue:663306|article:DIVL123|query:defektivo%20>
- Skolotāju Avīze No.33, 18.08.1955. On the further expansion of general education in the Latvian SSR. <http://www.periodika.lv/periodika2-viewer/?lang=fr#panel:pa|issue:666875|article:DIVL28|query:nervozajiem%20b%C4%93rniem%20b%C4%93rnu%20>

Skolotāju Avīze Nr.20, 17.05.1967. Medical-pedagogical Commissions will be working.
<http://periodika.lv/periodika2-viewer/?lang=fr#panel:pa|issue:686581|article:DIVL282|query:medic%C4%ABniski%20pedago%C4%A3isk%C4%81s%20komisijas%20>

Skolotāju Avīze Nr.20, 25.05.1968. Medical-pedagogical Commissions.
<http://periodika.lv/periodika2-viewer/?lang=fr#panel:pa|issue:688121|article:DIVL245|query:MEDIC%C4%AANISKI%20pedago%C4%A3isk%C4%81s%20KOMISIJAS%20>

Skolotāju Avīze Nr.20, 20.05.1970.. Medical-pedagogical Commissions start their work.
<http://periodika.lv/periodika2-viewer/?lang=fr#panel:pa|issue:689830|article:DIVL311|query:MEDIC%C4%AANISKI%20PEDAGO%C4%A2ISK%C4%80S%20KOMISIJAS%20>

Strādnieku Avīze, No. 250, 03.11.1928. In the case of needy pupils.
<http://www.periodika.lv/periodika2-viewer/?lang=fr#panel:pa|issue:24180|article:DIVL77|query:idioti%20>

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