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A MONTESSORI MODEL FOR INCLUSION

by Joachim Dattke

Joachim Dattke inspires the reader to consider how a truly inclusive society is beneficial for both typical children and children with disabilities. Five essential components are defined for planning inclusive schools, and the key features of a Montessori model are discussed. The first inclusion-by-design school in the world (Munich, Germany), named Aktion Sonnenschein, was created through a collaboration between the founder, Theodor Hellbrügge, and Mario Montessori. From the beginning, this model integrated the key features of Montessori education into the pioneering field of social pediatrics.

THE COMPLEX ISSUE OF INCLUSION

All children have a right to attend school together regardless of their ethnic, cultural, or social background, and also regardless of any special problems, disabilities, or deviations. All children deserve to grow up side-by-side and learn from each other.

We want *all* of our children and young adults to have access to the many opportunities and possibilities that are offered by our society and that are necessary to live a dignified and independent life. For children and young adults with special needs, the only way to make this happen is through inclusion. We need people, organizations, foundations, corporations, states, and cities that are committed to working together. Through effective networks these groups must

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This talk was presented at the NAMTA conference titled Building the Inclusive Montessori Community, Phoenix, AZ, January 16-19, 2014. Translation and editing assistance provided by Barbara Luborsky and Catherine Nehring.

move towards a truly inclusive society. In particular for children and adolescents, growing up in an inclusive community is mutually beneficial for both the children with disabilities and typical children as both are prepared for life in an inclusive society.

Inclusion needs to be understood differently. Disability is not primarily a medically diagnosable disorder. Disability is also a social problem within the family and society, and is thus dependent on the conditions of the social environment. It's not about people adapting to a *normal level* or fitting into an existing structure. Rather, inclusion requires a comprehensive reorganization of structures, institutions, and practices. Inclusion means in school, at work, in neighborhoods, in politics; in short, in all areas of life. Only when society is truly inclusive, will people with disabilities, like all people, be able to enjoy their human rights and guaranteed freedoms.

Recent estimates suggest that about 10% of humanity—that is, at least 700 million people worldwide—are living with a disability. If we include the family members of people with disabilities, then we see that 2.5 billion people are directly or indirectly affected.

IMPLEMENTATION CHALLENGES: AN ANALYSIS OF INCLUSION IN GERMANY

In 2009, the federal government of Germany ratified the United Nations Convention on the Rights of Persons with Disabilities. This political directive calls for sustainable changes in Germany's educational landscape and requires changes in the educational institutions and laws.

[In his presentation, Dattke provided an overview and analysis of Germany's attempt to become inclusive (called *integration* in Germany) based on the United Nations directive. However, simply having a strong political agenda for inclusive education was not enough to fully realize the standard set by the United Nations for inclusion. Inclusion may seem simple, just placing students together; however, in practice, successful inclusion is highly complex, especially when trying to work within existing traditional education structures.]

[Dattke presented six different models of educational inclusion and described the challenges and imperfections of each of

these. These models are simply variations of placing children with disabilities into existing educational systems, with varying degrees of educational support. All of these variations of inclusion can be found in public schools in the United States, as

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Americans have struggled with implementing inclusion and “mainstreaming” of children with disabilities since the 1970s.]

Bavaria has used a variety of options to create inclusive schools:

1. Cooperation classes are classes in public schools. Children with and without special educational needs attend this cooperation class. The teacher of the special school looks after the cooperation class for several hours per week.
2. Partner classes are mainly special education classes at a public schools.
3. Up to 20% students without special needs can be included in open classes special schools.
4. For the inclusion of individual students, a child with special educational needs can go to a public school. The Mobile Special Educational Department will provide support for diagnostics, advice, coordinating the development, and training.
5. A school with the profile *inclusion* is based on common educational concepts in the classroom and school life, and the school has to give individual support for all students.
6. Classes can have teachers from public schools and special schools tandem (co-teach).

THE NECESSARY COMPONENTS FOR CREATING INCLUSIVE SCHOOLS

First, we need to develop a concept of what makes a good inclusive model. What are the characteristics of a successful inclusive school? What do we hope to achieve for children with disabilities? What do we hope to achieve with all children in an inclusive school?

Second, we need to determine if the concepts/models of inclusion are replicable. Can the concept/model be applied universally or only under very specific circumstances? Do these concepts/models apply to all children with disabilities or only to children with certain types of disabilities? We must consider the diversity of challenges faced by children in any community.

Third, support must be continuous. There must be on-going institutional support, school support, and the development of capability to meet the requirements of successful inclusion. Administrators, teachers, and parents must have training; schools must provide teachers with resources and materials needed by their students with disabilities; and appropriate space must be allocated for providing services and accommodations. We need a more flexible idea about inclusion environments; inclusion may involve different or separate environments for meeting the needs of particular students, such as therapy needs or sensory needs.

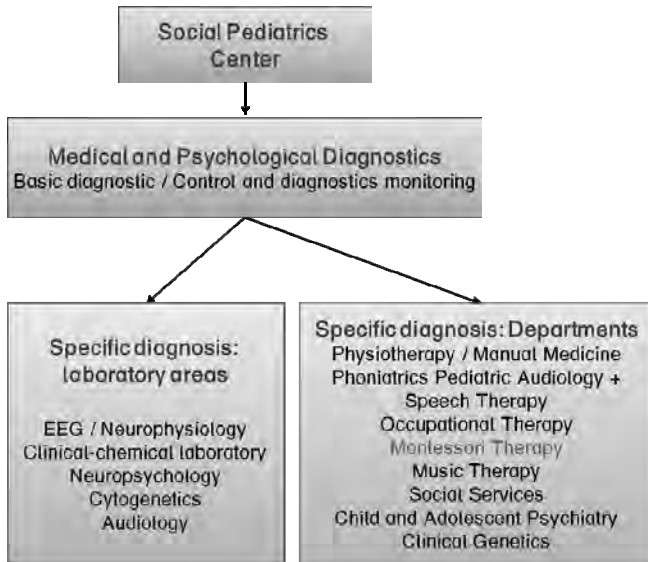
Fourth, there must be sufficient human resources. Serving the needs and supporting the education of children with disabilities requires a variety of personnel resources in any school: additional teachers, additional teaching assistants, special educators, and disability specialists. Without sufficient human resources, inclusion cannot give us what we hope to achieve through inclusive education. We need general education and special education teachers working together and teaching together, and we need a multidisciplinary team of specialists, using a multidisciplinary evaluation of a child, to discern a child's challenges and to create an individualized education plan.

Fifth, there must be support structures and physical equipment available to meet the needs of every child with disabilities and to make all environments accessible. These supports allow the child with challenges to be successful.

[These five conditions are necessary for successful inclusion but do not guarantee the standard set for inclusion by the 2009 United Nations Convention on the Rights of Persons with Disabilities. The United Nations calls for not only inclusive education and the full development of human potential, but also early intervention by a multi-disciplinary team for habilitation and rehabilitation. This necessarily involves a collaboration of educational and medical professionals.]

MONTESSORI SPECIAL EDUCATION IN THE PRESENT AND FUTURE

[In 1968, Dr. Theodor Hellbrügge, renowned German pediatrician, opened what is believed to be the first inclusion-by-design school in the world in Munich, Germany. This school, named Aktion Sonnenschein (The Sunshine Project), was an entirely new concept integrating Montessori education and medicine to aid the development of children with disabilities. Dr. Hellbrügge collaborated with Mario Montessori in creating this novel approach to educating children with disabilities together with typical children. This Montessori approach to inclusion provided a therapeutic educational program for children with disabilities within a socially inclusive classroom community, which jointly benefited special and typical



A Montessori Model for Inclusion



The Munich Child Center

children. Nearly a half century later, Action Sonnenschein remains a pioneering model of inclusive Montessori education.]

Dr. Hellbrügge invented a new branch of pediatrics, which he called *Social Pediatric Developmental Rehabilitation*. Social pediatrics discusses the conditions for health and optimal development and considers developmental disorders and dysfunctions. Using empirical and scientific evidence, social pediatrics investigates the frequency and distribution of health and developmental disorders that are related to the social (especially the family) and the natural environment. The activities and responsibilities of parents is not only tolerated, but is desirable and should be integrated into the therapy.

The focus of social pediatric centers is on the rehabilitation of children and young people with long-term impairments of health and is meant to aid their mental, spiritual, and social development. These goals are aided by early diagnosis, early initiation of therapy, and early social integration.

Social pediatric centers are responsible for:

- an interdisciplinary medical diagnosis, treatment planning, and treatment tailored to the earliest possible stage of the disease/dysfunction, and optimizing the development of each child or young person;

- the coordination of medical, psychological, therapeutic, social, and educational activities;
- promoting personal development and independence of children and adolescents;
- strengthening family resources; and
- the assurance and optimization of social integration in the family and social environments.

This holistic approach leads to a full involvement and appreciation of the child, their families, and the social environment. The social pediatric center takes advantage of its special design of interdisciplinary cooperation in a multi-professional team. The aim is to provide the affected children and their families with need-based networking and professionals. If we succeed to actively involve the social environment, there is a unique opportunity for children with congenital or early acquired dysfunctions and disorders to avoid the fate of lifelong disability and to protect the children against exclusion.

The unique opportunities of high adaptability in early childhood stages of development were the starting point for social pediatric centers to engage from the beginning in early diagnosis and early therapy for developmental risks and developmental disorders. Now, we not only see the importance of early experiences but also understand the development of the child resulting from the complex interaction with the social environment. We are continually seeking new ways to help the child achieve their individual and unique potential. The main emphases are concepts of *identifying* [recognizing, recording] early psychosocial handicaps and/or developmental risks, but also a new understanding and the empiric evaluation of the variety of methods of therapy from the angle of a family-oriented view.

Key Features of the Montessori Model of Inclusion

The Montessori educational framework has a collection of features that creates a strong developmental foundation for all children, and at the same time provides an individually tailored program of exercises to empower the child with disabilities within an inclusive social community.

These special educational features stand in sharp contrast to traditional educational methods:

- **Freedom of the children:** in a Montessori classroom, children have the freedom to choose their activity, which develops their intrinsic motivation to work and learn.
- **Sensitive periods:** in a Montessori classroom, children are free to respond to their innate biological processes of development, which allows them to optimize their self-construction.
- **Working as a need:** in a Montessori classroom, the children work to fulfill a need within them, which helps them develop their personalities to a higher level.
- **Repetition:** in a Montessori classroom, the children are allowed to repeat their activities to their heart's content, until they have internalized what they need from that activity.
- **Concentration (polarization of attention):** in a Montessori classroom, the children are protected in the development of their attention, which is the most basic foundation of learning.
- **Normalization of the children:** through their work in a Montessori classroom, guided by their Montessori teacher, the children's personalities rise to higher levels of self-control, self-satisfaction, socialization, and love of work.
- **No use of praise and blame:** in a Montessori classroom, praise and blame are not used to control or motivate children, resulting in the development of intrinsic motivation to work and learn.
- **Order, freedom, and discipline:** in a Montessori classroom, children experience external order, which creates internal order in their minds and allows free-

dom of independent action. Freedom of choice and independent action, in turn, create self-discipline in the child.

- Silence: in a Montessori classroom, the children learn to achieve and appreciate silence, which builds self-discipline and lays a foundation for the development of their spiritual life.
- Exercises of practical life—sensorial, language, mathematics, etc.: in a Montessori classroom, children develop themselves through exploration and discovery using their minds, bodies, and personalities in a holistic educational experience.

Practical Application of Montessori Education in the Present and Future

The paths to the goal are different depending on whether the child is a disabled child, a typical child, or a gifted child. A non-disabled child has many opportunities to capture his environment and to develop his individuality. However, a dis-

Montessori therapy seeks to obtain for the individual the highest level possible of self-determined and responsible management of their daily life. This will be achieved through the development and promotion of skills and abilities on the sensory-motor, social-emotional, cognitive, and interactive level. In this therapeutic approach, the interest of the child is always at the center.

abled child cannot explore his environment the same way because his motor skills develop more slowly or incompletely so many, many impressions are lost this way. Many paths to self-discovery are closed. The child is often in need of physical care and, therefore, detachment from the caregiver (individuation) is not possible. The disabled child is not only disabled in the execution of his wishes, but often in the expression of his desires or requests as well. Someone else other than this child must identify his desires for him and then create opportunities for their fulfillment. Here is the starting point for Montessori special education.

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EXCERPTS FROM A BAVARIAN TV INTERVIEW WITH PROFESSOR HELLBRÜGGE

Comments or questions: The Munich-based Children's Center is a Bavarian, a national, and an international success story. The Children's Center with schools and Kinderhaus, hospital and ambulance, and the academy may be the work of many, but inextricably linked to the performance of one individual: Professor Theodor Hellbrügge. Professor Hellbrügge recalls how his vision originated.

Prof. Hellbrügge: No one else had the idea of protecting children from disability. So we had no other choice than to build a non-profit organization – Aktion Sonnenschein, the Sunshine Project – because the organization was independent. We started... in an ordinary apartment building And, since we started, the result has even surprised us.

Comments or questions: The archival footage of Bavarian television shows, from the beginning, the wonder of visitors. And the project chairman, pediatrician, and professor of social pediatrics had also brought new knowledge from abroad to the Sunshine Project.

Prof. Hellbrügge: They have recognized abroad that all educational and psychological processes have their physical basis, and that the study of a child-oriented research environment is extremely important for society and for the individual child."

Comments or questions: And what about the money, Sir?

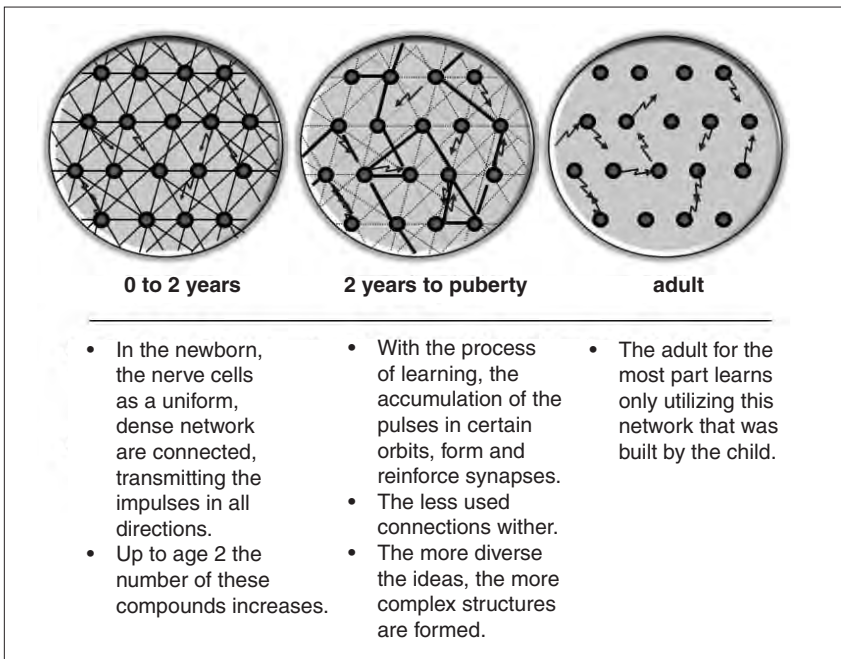
Prof. Hellbrügge: This is a very sore point. I had to start my own organization – Aktion Sonnenschein – and I am currently becoming a master beggar. I must say that I am very happy about any help that is given to me. We will have to purchase very expensive equipment, for example, such as needed by very young infants with hearing impairment.

Comments or questions: The main contribution was not the expensive equipment; much more important was the unique collaboration from the beginning with doctors and psychologists, physiotherapists and social workers, speech and occupational therapists.

Prof. Hellbrügge: The most important thing is not the medicine and pediatrics, nor the therapist. The most important person is the parent. And the therapist must show the parents a small therapeutic program, which they can then carry out at home. It makes absolutely no sense for a hearing-impaired child to receive twice-a-week therapy. The therapeutic assistance must go continually from morning to night, just as the mother speaks to her infant continuously from morning to night. In this way, but we are able to save deaf children from the fate of silence and to preserve and integrate them fully into the family, kindergarten, and school.

proach, the interest of the child is always at the center. Supporting this is the prepared environment with Montessori materials that have a strong stimulative nature and that promote learning processes through tangible experience with the senses. Parent involvement is essential in this developmental process with their child and with the Montessori therapist.

For the Montessori therapist, the Montessori material is also a diagnostic material allowing her to continuously update the developmental level of the child during the *participatory observation* of the work with the material. Occasionally the developmental material becomes only an auxiliary material when the sensitive period to acquire a certain skill should already be finished. The range of therapies includes individual support, groups with two children, and small groups. An integral part of the treatment concept consists of parents' support, advice and instruction, and if necessary also of other direct caregivers such as grandparents, educators, and teachers of the child.



Development of synapses in the brain

THE PATH TO DEVELOPING INCLUSIVE SCHOOLS

More inclusion is feasible if we study the developmental process of the child. The first years of life, including prenatal development, are particularly important for human development. The four planes of development are embedded into the Montessori educator's support and observation approaches. A child growing up in unfavorable conditions may have lifelong, negative, and irreversible consequences. Early childhood development plays a key role in the developmental potential of the child, their family, and society. Furthermore, cognitive and emotional experiences have far more impact on brain architecture during childhood than in adulthood.

Inclusion will be feasible if we study special education methods for particular disabilities. We must study special education if we have children with the following problems:

- Learning
- Seeing
- Hearing
- Language
- Physical/Motor Development
- Mental Development
- Emotional and Social Development
- Illness

Planning and implementing an inclusive school must include a process to include all children. Other school development considerations will be determining the appropriate location/region for the formation of the school, supplementing the inclusive school with personnel, training the multi-professional team, and providing appropriate materials for inclusion.

The school development process succeeds when there is long-term monitoring and support. Long-term training should be reflexive

and spiral out and should include input, testing, and reflection. Support opportunities should be included for participation with the multi-professional team and should include all members of the educational staff, including assistants. Partnering with the local community can create a supportive structure for development, support, and networks. Networks refers to the exchange of information, such as knowledge or experience. With our focus on inclusion of disadvantaged children and adolescents, inclusive networks ensure a wide and exciting interconnected field that is worth the effort of joint collaboration in learning processes.

Creating supportive, inclusive, Montessori environments is an opportunity to promote optimal development and ensure a brighter future for all children. Developments in the brain happen at certain times and the timeframe of intervention is crucial. If parents see an opportunity, a hope, then they become engaged, so give parents a chance to help actively. The child's developmental outcome depends on the actions of the parents and every day counts!

