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MODERN MODELS OF CONSULTATIVE SUPPORT FOR FAMILIES WITH CHILDREN IN NEED OF DEFECTOLOGICAL ASSISTANCE

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Abstract: The provision of defectological, or special educational, support has undergone a paradigm shift from traditional expert-led clinical interventions to holistic, family-centered consultation models. This article examines modern foundations of consultative support for families of children with disabilities, focusing on the transition toward integrated, multidisciplinary, and digitalized support systems. Through a systematic analysis of literature from 2024–2026, the study identifies key models such as the "Graduated Approach," "Family-Centered Professional Consultation," and the "Virtual Village" digital support system. The findings show that although these models significantly increase parental competence and children's participation, serious barriers remain, including "digital double binds," gaps in systemic funding, and incorrect theoretical assumptions.

Keywords: Defectology, family-centered consultation, special pedagogy, digital transformation, graduated approach, early intervention.

The landscape of special pedagogy, traditionally based on correcting "defects," has developed into a complex field of inclusive support. Modern defectological assistance no longer considers the child in isolation, but views the child as the central figure of a complex family and social ecosystem. As the prevalence of neurodevelopmental and complex disabilities continues to increase worldwide, the demand for consultative support has become a foundation of effective intervention. This support is defined as a collaborative process in which specialists enable caregivers to implement developmental strategies in natural environments [4; 15]. Despite the broad consensus on the importance of family involvement, there remains a significant gap in implementation. Traditional models often suffer from "extended bureaucracy" and a "lack of individualization" [6; 117]. In addition, although digital transformation has opened new pathways for support, it has also created a "digital double bind," in which online networks provide important information while also contributing to family fragmentation and the "invisible care work" of parents [7; 83].

At the macro level, international reforms, such as the 2026 SEND reforms in the United Kingdom, are promoting the introduction of a "National Inclusion Standard" that includes health and care services based on the child's natural environment [6; 18]. Moving to the meso level, service providers are shifting toward a "Graduated Approach" that emphasizes continuous monitoring rather than one-time assessment. Finally, at the micro level, within the family unit, attention has turned to "co-production," in which parents and children are active architects of their own care plans [3; 7]. This article examines how these multilayered models are currently structured and what challenges they face in the modern period. Recent studies have identified several state-of-the-art models that define current practice in defectological consultation.

The Graduated Approach and Early Intervention

The "Graduated Approach" remains the gold standard for the integration of mainstream and special education. This model operates through a four-stage cycle:

Assessment: Multidisciplinary identification of the child's strengths and needs.

Planning: Joint decision-making among caregivers, defectologists, and parents.

Implementation: Application of strategies at home or in the classroom.

Review: Data-based evaluation of progress [1; 14].

This model is increasingly supported by "Family Centers," which serve as centralized expert points and reduce the need for families to pass through several bureaucratic channels in order to receive basic consultative support. A comprehensive analysis of family-centered consultation models shows that when consultation is provided in natural environments, it leads to statistically significant improvements in the child's "caregiver competence" and "occupational performance" according to family-centered occupational therapy consultation research from 2026. Unlike the clinical model, in which the specialist "corrects" the child, the family-centered consultation model focuses on "synchronous consultation," in which the specialist coaches parents to support the child's development during daily routines.

Digital Ecology and the "Virtual Village"

With the digital transformation of the mid-2020s, the "Virtual Village" emerged in developed countries as a complementary consultation model.

Digital platforms provide the following opportunities:

Information search: Access to specialized medical and pedagogical databases.

Social support: Peer networks that reduce caregiver loneliness.

Telehealth consultation: Overcoming geographical barriers for families living in rural or underserved areas [5; 60].

The main results of the model components can be summarized as follows:

Graduated approach: Focuses on the systemic and educational level. Its main result is timely support and reduction of bureaucracy.

Family-centered model: Focuses on relationships and behavior. Its main result is increased caregiver confidence and participation.

Digital ecosystem: Focuses on accessibility and information. Its main result is the democratization of knowledge and mutual support.

Discussion: Barriers and Recommendations

Although modern models are theoretically reliable, the "lived experience" of families often reveals a "SEND crisis" characterized by systemic contradictions, as shown in studies of experiences and outcomes from 2025.

Identified Barriers

Systemic funding gaps: The marketization of education and decentralization of public funding have created gaps in the pedagogical guidance provided by special school staff [2; 15].

The digital double bind: Although technology provides connection, it also places an "invisible care burden" on parents, especially mothers. They often become the de facto "chief technology officers" of care for their children, which can lead to burnout [5; 14].

Incorrect expectations: Conflicts often arise between parents' hopes for their child's independence and the strict legal assessments required by public structures.

In order to overcome these gaps, practitioners and policymakers should adopt the following strategies:

Early adoption of co-production: Move from "consulting with families" to "co-producing with families." This includes giving children and parents real decision-making rights in Education, Health and Care Plans (EHCPs).

Hybrid consultation systems: Technology should be used not only as a repository of information, but also as a tool for "Video Interaction Guidance" (VIG), allowing specialists to provide real-time feedback on home-based interventions.

Inclusive education for teachers: There is an urgent need for a set of "ordinarily available" tools for teachers in mainstream settings to ensure that consultative recommendations are practically applied in the classroom.

In conclusion, the evolution of consultative support for families in need of defectological assistance represents a step toward a more "holistic and person-centered" future. The shift from a medically oriented "correction" approach to a family-centered "empowerment" approach has proven effective in increasing children's participation and parents' resilience. However, the research landscape for 2026 emphasizes that without addressing the "digital burden" and "bureaucratic barriers," these models will remain inaccessible for many families. In the coming years, the main contribution of this field should be the improvement of "joint commissioning," that is, ensuring that education, health, and social services work together continuously and without adversarial procedures, while placing the "voice of the child" at the center.

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