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The implementation of inclusive education in preschool educational institutions of Russia

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Abstract

The article considers the problem of inclusion through the example of preschool educational institutions. In order to determine and scientifically substantiate structural and pedagogical conditions for the inclusion of children with impaired psychophysical development in a preschool educational institution, an ascertaining experiment was conducted in four preschool institutions. It was revealed that many problems had not been previously diagnosed for a number of reasons and, accordingly, the problem was not addressed. Most educators and parents do not know children development standards and, therefore, are not able to bring the problem into sharp focus or do not take it seriously.

Keywords: Inclusion, Preschool, Communication, Diagnostics, Rehabilitation and correctional work.

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La implementación de la educación inclusiva en las instituciones educativas preescolares de Rusia

Resumen

El artículo considera el problema de la inclusión a través del ejemplo de las instituciones educativas preescolares. Con el fin de determinar y corroborar científicamente las condiciones estructurales y pedagógicas para la inclusión de niños con problemas de desarrollo psicofísico en una institución educativa preescolar, se realizó un experimento en cuatro instituciones preescolares. Se reveló que muchos problemas no habían sido diagnosticados previamente por varias razones y, en consecuencia, el problema no fue abordado. La mayoría de los educadores y los padres no conocen los estándares de desarrollo infantil y, por lo tanto, no son capaces de enfocar el problema o no lo toman en serio.

Palabras clave: Inclusión, Preescolar, Comunicación, Diagnóstico, Rehabilitación y trabajo correccional.

1. INTRODUCTION

Recently, the number of children with disabilities has increased worldwide. In the Russian Federation as of 01.01.2020 the number of children with disabilities was about 670 thousand people, which is 1.24 times higher compared to 2011. In modern-day society, amiability to such children is increasing: their rights to receive a quality education are being recognized; the priorities and state approaches to special education are changing. This necessitates the use of all the best pedagogical experience to improve inclusive education in preschool educational institutions of the Russian Federation.

The introduction of inclusive education at all levels of the national educational system is a priority. It is a factor of sustainable development and humanization of society that ensures affordable quality education for all children (Convention on the Rights of Persons with Disabilities, 2016; Federal Law No. 273-FL, 2012). The introduction of inclusive preschool education as a socio-pedagogical phenomenon became possible due to the change in the value aspects of education (approaches to education, openness to the problems of children with disabilities, changes in the attitude of society towards such children) and the availability of educational and methodological complexes, a legal support, technologies for supporting inclusive processes, as well as human resources (FOMINA et al., 2018).

The importance of pre-school inclusion is explained by the fact that it is in pre-school age that there is a high probability of overcoming some disorders, correcting the psychophysical development, approaching the development level of healthy peers, as well as maximum socialization. In the global pedagogical practice, there are two basic organizational models of inclusive preschool education: teaching children with disabilities in traditional educational institutions, where special educational conditions are created and there are trained teachers; teaching children in special boarding schools. In the latter case, social isolation of children and the elimination of the parents's role in their upbringing take place (BRATKOVA and KARANEVSKAYA, 2015).

Modern Russian practice combines the best practices of these approaches: a system of special educational institutions and integrated learning, depending on the age group of children (FOMINA et al., 2019). In general, the state policy on this issue is aimed at the maximum community-based inclusion of children with disabilities and the creation of special educational conditions and/or institutions in some cases. International experience of inclusive education makes it possible to highlight the most successful developments and implement them in domestic education. However, despite a significant number of scientific works devoted to inclusion, the problem of the introduction of inclusive education in preschool educational institutions is still urgent; it is aimed at ensuring effective education for all children regardless of their health status.

The concept of inclusion appeared in the 1960-70s as a criticism of existing boarding schools. European countries under the influence of parents of children with disabilities have adopted laws (Belgium Acton Special Education, 1970; Loi d'orientation en faveur des personnes handicapées (France) 1975), which are based on two main principles:

- Each child should attend a traditional educational institution and the enrollment in a special school will be an exception: it is considered based on an independent and external comprehensive analysis;
- 2) Since special education is aimed at meeting students' special needs, several types of learning environments (institutions) that correspond to each special need must be organized.

Today, inclusion is regulated by the declaration of the World Conference on Special Needs Education: Accessibility and Quality (Salamanca, Spain, June 7-10, 1994). There are five components of effective inclusion: standardization, joint participation, individualization, uniqueness and integrity (THE EUROPEAN AGENCY FOR SPECIAL NEEDS AND INCLUSIVE EDUCATION, 2019).

The implementation of inclusion in the context of individual countries is characterized by The European Agency for Special Needs and Inclusive Education (2019):

- The existence of two parallel educational systems: inclusive and special (Belgium, the Netherlands);
- The introduction of various inclusion models (Finland, the USA);
- -The creation of a single (inclusive) educational system (Republic of Cyprus and Malta).

American inclusive education is characterized by the coexistence of different education models, which are based on a personality-oriented approach to each child, taking into account his/her individual characteristics (adaptive learning environments, an integrated classroom, maximization of educational correction, team individualization, joint learning, as well as learning based on student

achievement results). As in other countries, in order to provide highquality educational services to children with disabilities, multidisciplinary teams have been created in educational institutions. They include a teacher, teacher assistant, psychologist, social teacher, etc.

Today, considerable experience in inclusive technologies has been accumulated (ODOM, 2000). It can be concluded that the achievements of children with disabilities who attended inclusive preschool educational institutions were significantly higher than the psychomotor, linguistic and socio-emotional achievements of children with disabilities who did not visit such institutions (through the example of France, Canada (PONS et al., 2019), (SUCUOGLU et al., 2019). For example, the practicability of inclusive education for children with autism is noted by parents and school teachers in both developed and developing countries (for example, Sweden (LUNDQVIST and LARSDOTTER, 2018) and Iran (SAMADI and MCCONKEY, 2018). The game interaction of children with disabilities and without disabilities does not differ; however, increased development rates of children with disabilities were observed in inclusive groups (through the example of China (LIN et al., 2019).

Despite this fact, there are still significant obstacles to the implementation of inclusion in the early years of preschool education: lack of teacher training related to the introduction of inclusive teaching methods in a preschool educational institution, the prejudiced attitude

of parents of healthy children (PRICE, 2018; VARGAS-BARÓN et al., 2019) and the lack of reliable measures to assess the quality of inclusive practice (LUNDQVIST and LARSDOTTER 2018). The Inclusive Classroom Profile (ICP) profile (SOUKAKOU et al., 2018) was developed to assess the quality of inclusive classes, which can meet the developmental needs of children with disabilities within preschool development programs.

Russian scientists made a significant contribution to the development of the inclusion pedagogy: AGAVELYAN (1989) was the first to describe communication of children with disabilities; MALOFEEV (1996) developed a new methodological approach to the comparative analysis of education systems and the inclusion of children with disabilities: MORGACHEVA (2011) compared approaches to teaching and treating children with developmental delay in the United States and Russia; KAPUSTIN (1996) and BAKHAREV (2018) generalized the development of inclusive practices in the history of pedagogy; GONCHAROVA (1996) considered the problems of correcting skills and behavior in young children with disabilities; KUKUSHKINA (1996) studied the developmental and correctional tasks of teaching children with various developmental disabilities; LAZURENKO (2014) developed measures to provide corrective and pedagogical assistance to young children; FILATOVA (2012) and YAKOVLEVA I.M. (2010) proposed approaches to the training of modern speech pathologists.

2. METHODOLOGY

In order to determine and scientifically substantiate structural and pedagogical conditions for the inclusion of children with impaired psychophysical development in a preschool educational institution, an ascertaining experiment was conducted in four preschool institutions No. 584, 1413, 2555, 2635 located in Moscow. The experiment involved 108 pupils of senior and middle groups aged 4-6 years.

Table 1: Ascertaining experiment participants

Age/Sex	4			5.5		Total
	8		12	14		52
Boys	12	10	10	12	12	56

In the ascertaining experiment, quantitative indicators were defined:

- The number of children with different levels of psychophysical development was analyzed;
- The number of children at risk was determined (a child at risk is a child with developmental problems with no clinical and pathological characteristics (MURATKINA, 2014);
- The familiarity of parents with children development standards was identified;
- The interaction between the preschool educational institution and parents was analyzed.

The ascertaining experiment also involved qualitative indicators:

- The quality and effectiveness of the educational process in the context of spontaneous integration was analyzed;
- The familiarity of parents with children development standards was identified;
- The interaction between the preschool educational institution and parents was analyzed.

Table 2 presents the data on the inclusive groups of children.

Table 2. Children with disabilities in inclusive groups

Table 2. Children with disabilities in inclusive groups					
Preschool	No. 584	No. 1413	No. 2555	No. 2635	
educational					
institution					
Number of children	27	28	26	27	
in the group					
	Childre	n with disabilit	ies (ICD)		
Visual impairment	1			1 (a boy, 4 y.o.)	
	(A girl,				
	4 y.o.)				
Hearing impairment	•	1			
		(A boy, 4.5			
		y.o.)			
Muscle-skeleton	1		1		
disorder	(A girl,		(A boy, 5.5		
	4.5		y.o.)		
	y.o.)		• .		
Developmental	1 (a	2 (a girl, 6	1 (a boy, 6.5	3 (a girl, 4.5 y.o.	
delay	girl, 5.5	y.o. and boy	y.o.)	and 2 boys, 6.5	
•	y.o.)	4.5 y.o.)	• .	y.o. and 4 y.o.)	
Speech pathology	-	<u>.</u>	2 (a girl, 6	<u> </u>	
			y.o. and a		
			boy 4.5 y.o.)		

The Expert Committee diagnosed: visual impairment in 2 children; hearing impairment in 2 children; muscle-skeleton disorders in 1 child; developmental delay in 4 children; speech pathology in 4 children. This makes up 12 % of the total number of children.

Table 3: Children with disabilities diagnosed by the Expert Committee

Tuble 5. Children with disabilities diagnosed by the Expert Committee					
No. 584	No. 1413	No. 2555	No. 2635		
27	28	26	27		
3	3	4	4		
	No. 584	No. 584 No. 1413	No. 584 No. 1413 No. 2555		

	Γ	Diagnosis		
Visual impairment		1 (a boy, 4		1 (a boy, 5
		y.o.)		y.o.)
Hearing impairment	1 (a boy, 4.5			1 (a boy, 5.5
	y.o.)			y.o.)
Muscle-skeleton			1 (a girl, 4	
disorder			y.o.)	
Developmental	2 (a girl, 4	1 (a girl, 5	1 (a girl, 5.5	
delay	y.o. and a	y.o.)	y.o.)	
	boy, 4.5			
	y.o.)			
Speech pathology	1 (a boy, 4	2 (2 girls,	1 (a boy, 6	
	y.o.)	5.5 and 6	y.o.)	
		y.o.)		
Total (%)	3 (11%)	4 (14%)	3 (11%)	2 (7.4%)
Total number of	6 (22%)	7 (25%)	7 (26%)	6 (22%)
children with				
disabilities in the				
group (5)				

Next, the staff of preschool educational institutions were surveyed in order to determine the level of their professional

competences. The study revealed that 80% of the staff are not knowledgeable enough about mental development of children and cannot list the main indicators of normal psychophysical development of children. There is no attention to possible disease manifestations. Most educators consider children healthy and normally developed. They believe that the existing problems are either far-fetched or exclusively pedagogical.

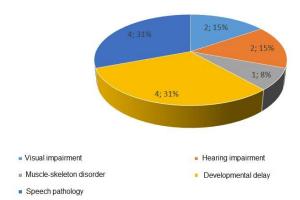


Figure 1: The structure of disorders identified in the experiment

The knowledge of parents about the standards of psychophysical development of children was assessed based on the questionnaire, which contained 20 questions asking them to determine normality and abnormalities (an example of some questions is presented below):

Is the following behavior of a 5-year-old child normal?

- Body contact (kisses, stroking, friendly slapping and hitting) causes discontent and aggression in the child.
- The child highlights the essential features of objects and phenomena, as well as establishes causal, spatial, temporal and other relationships between them.
- The child can fasten shoelaces.

It was revealed that most parents are not aware of children development standards, which is the main reason for their untimely visit to a doctor. At the same time, preschool teachers are not sufficiently familiar with the basics of developmental psychology and special psychology. They often deny abnormal development of children and are generally not ready to work with children with mental and physical disabilities. However, most teachers displayed their willingness to educate children with special educational needs and a desire to improve their professional knowledge and skills in order to provide the necessary assistance to children with developmental disabilities. They also noted that they lack special knowledge, advice and psychological support.

The statistical study of pupils revealed a significant percentage of children with disabilities who had been underdiagnosed (12%). The total number of children with disabilities is 24%, that is, a significant number of disorders had not been detected at an early stage. We recommended the parents of children with disabilities to take their

children to health screening centers and consult diverse specialists (an audiologist, an ophthalmologist, a psychiatrist, a neurologist).

We believe that this is explained by the following facts:

- Parents are not aware of children development standards; thus, they do not contact specialists;
- There is inadequate communication between preschool teachers and parents.

3. RESULTS and DISCUSSION

The analysis of the ascertaining experiment data showed a significant social role of the institution. However, it also revealed a low level of self-awareness and responsibility of parents for the education and development of their children. Educators do not see most problems and the solution of possible problems of children is attached to the family. A low level of communication between the family and the educational institution was revealed. The survey of preschool teachers demonstrated that the educational resources of the family of a child with disabilities are not used (that is, the parents of children with diagnosed disabilities do not share their experience); explanatory and consultation work with families is not carried out; targeted awareness-building activities are not conducted (lectures, information notices, etc.). According to the survey of parents, it was

found that parents wanted to increase their knowledge about possible developmental abnormalities, children development standards, as well as corrective techniques, etc. They believe that lectures and/or training sessions are the most appropriate methods to do this.

The survey results, as well as the generalized data on the number of teachers and parents who took part in it are presented in Table 4.

Table 4: Generalized teacher and parent survey results

Preschool educational institution	No.	No.	No.	No.
	584	1413	2555	2635
Number of children in the group	27	28	26	27
Number of teachers in the groups	2	2	2	2
Number of teachers participating	2	2	2	1
in the survey				
Number of correct answers in the	15	11	12 and	10
teacher questionnaire	and	and	8	
	12	14		
Total number of parents	44	48	42	40
Number of parents participating in	21	25	30	34
the survey				
Average number of correct	11	9	12	10
answers in the parent questionnaire				

The academic staff do not include a speech pathologist and psychologist. This makes it impossible to implement special programs for teaching children with special educational needs. It was established that the lack of diagnostic and correctional assistance to families and children negatively affects the development, education and upbringing

of children. As a result, this complicates their socialization and limits life possibilities.

4. CONCLUSION

The study revealed that the introduction of inclusive education in the modern education system is driven by modern trends in the development of pedagogy and humanization of society, as well as the studies confirming the practicability of inclusion. Unfortunately, there between academic developments and practical gap implementation. In modern pedagogy, inclusive education is considered as a combination of integral, consistent, structural, structured, subordinate and interconnected components aimed at the implementation of general pedagogical, correctional-developmental, preventive, therapeutic, rehabilitation and socializing tasks; it is also focused on achieving the results of integration and socialization of a child with psychophysical disorders in a preschool educational institution and society (The Federal State Educational Standard, 2013).

The Expert Committee diagnosed: visual impairment in 2 children; hearing impairment in 2 children; muscle-skeleton disorders in 1 child; developmental delay in 4 children; speech pathology in 4 children. This makes up 12 % of the total number of children. The problem is the lack of specialists (a speech pathologist and a psychologist) in preschool educational institutions who could identify problems in children and draw their parents' attention to them.

Based on the research, the following problems of preschool institutions have been identified:

- Parents are not aware of children development standards; thus, they do not contact specialists;
- There is inadequate communication between preschool teachers and parents.
- Parents and teachers are not worried about possible abnormalities in children;
- Teachers do not have sufficient competences or there aren't enough specialists (a speech pathologist and a psychologist).

These problems are the cause of poor communication between the educational institution and the family, as well as poor corrective assistance to the family and children.

The focus areas have been defined. They include improving the content and methods of teaching and raising children with disabilities in an inclusive preschool environment and society; optimization of the methods and forms of the correctional-developmental educational process. The proposed organizational and pedagogical conditions optimize the educational and social environment of children with disabilities. The main role is played by the support service for families

of such children, which also provides consulting, methodological and rehabilitation assistance.

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