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Health-saving technologies as a means of inclusion enhancement in preschool institutions.

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Abstract

The purpose of the present article is to show the experience of inclusion enhancement in the kindergarten "Romashka" located in the town of Sovietsky, the Khanty-Mansiysk autonomous district. Health-saving technologies aimed at preserving preschoolers' physical health have been used as a means of inclusion enhancement.

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1. Introduction

One of the main principles of modern national education development is the principle of availability, the essence of which is a need for creating equal educational opportunities for all children, including those with disabilities [1], which in turn actualizes the need for their inclusion in educational institutions, starting from the pre-school stage. This is reflected in such regulations as the law "On Education in the Russian Federation", the Strategy of education development in the Russian Federation up to 2025 [2], the Federal state standard of preschool education [3], professional standards, "Teacher (educational activities in the preschool, primary general, basic general, secondary education) (child minder, caregiver) "[4].

The above allowed us to distinguish the implementation of inclusive education as one of the main directions of development for the Municipal Autonomous preschool educational institution "Kindergarten "Romashka"(hereinafter MAPEI "Romashka") in the town of Sovietsky, the Khanty-Mansiysk Autonomous district. Inclusion (Fr. *inclusif* - comprising, Latin. *include* - conclude, enclose) requires adaptation of society to children's different needs and provision of opportunities for successful positive socialization of all children without exception. The key difference of inclusion from integration is its accentuation on a child. In other words, if integration involves helping a child to adapt to the environment, inclusion aims to change the environment to meet the needs of the child's adaptation.

For several years health-saving technologies have been implemented in the Kindergarten "Romashka". It should be noted here that health is usually understood as a complex category including physical, social, mental and spiritual well-being [5, p. 252]. This article presents the experience of using health-saving technologies aimed at preserving physical health. Health-saving technologies are an activity, which includes algorithms, tools and techniques aimed at implementing complex measures to improve the health of every subject of the educational process.

Thus, the purpose of the educational activities of MAPEI "Romashka" in the specified direction is to create conditions for successful adaptation of children with disabilities in the institution through the use of health-saving technology.

Achieving this goal is associated with a number of tasks, which, in turn, are carried out in stages. The first, diagnostic, stage involves a study of children's personalities (in particular, specific features of their health) as well as the environmental conditions in which they are raised.

At the second stage on the basis of the results identified during the diagnostics we worked out a development program for each individual child with health limitations, the content of which mandatorily included health-saving technologies. The technologies included exercises for fingers, eyes, respiration, bracing, orthopedic, corrective, fit ball), games (movement games), cold air, salt and water treatment, rubbing, swimming, dynamic break, massage, etc.

Special attention is also paid to the use of psychotherapy (sand therapy, water therapy, color therapy, fairy tale therapy) and art therapy (music therapy, isotherapy and drama therapy).

The third stage proposed realization of the activities which have been developed in the framework of the individual program.

To implement the technologies for preserving the physical health of children, Romashka has available two sports halls two music rooms, games rooms, a medical office, a probationary ward, outside sports facilities, a treadmill, a swimming pool and a phyto bar. The physical training halls are well equipped with wall bars, benches, mats, baskets for basketball, trampoline, various sports equipment (hula hoops, both ordinary and massage balls, fit balls, gymnastic sticks, gates, dumbbells, etc.); multifunctional soft modules, which can be easily transformed not only into various game designs, but also into different pieces of furniture to be used for physical training classes, recreational games for children; the facilities also include children's exercise equipment, a tape recorder, sensory trails and various surfaced paths. Groups for children with health limitations have motor activity centers equipped for them. They contain various massage rugs, sensory trails, balls, skipping ropes,

skittles, ring toss, tambourines, badminton, etc. Professionals such as educational psychologists work with the children in addition to their teachers, a social worker, a speech therapist, a physical training instructor, a music director and an art teacher.

The fourth stage is reflective. It involves an analysis of the work done.

2. Methods

To develop individual development programs, and their further correction, if necessary, we carried out a study of the children's physical development by using a complex of diagnostic methods including:

- Analysis of children's personal documents (personal files, the conclusion of the psychological, medical and educational board);

- Diagnostic interview with parents held at the beginning of the school year and consecutively every three months (questions: "Does the child do any physical activity at home?", "Does the child like to do physical activity?", "What are the child's favorite activities of at home?", "What are the child's favorite activities, in his own view and that of the kindergarten "?);

- Anthropocentric measurement data (height, weight).

In the process of implementation of the program "Alenkiy tsvetochek":

- The children are monitored for indicators of their activity during physical education, free time, routines, the mood in which they perform physical exercise and play active games);

- The attendance table is filled in.

At the reflexive stage we conducted:

- Monitoring of the physical development of children with disabilities (repeated measuring of anthropocentric and motor skills);

- Analysis of the observation cards and attendance tables.

3. Sample of Characteristics

Fifteen children with disabilities (autism, mental retardation, Down syndrome, mental retardation, cerebral palsy, complex defects) took part in the experimental research work. The distribution of children by age groups is shown in Table 1.

Table 1. The distribution of children with disabilities by groups.

Age category	Group orientation	Number of groups	Number of children
from 4 to 5 years	Group of children with disabilities	1	5
from 5 to 8 years	Group of children with disabilities	1	6
from 2 to 5 years	Group of short stay	1	4
	Total	3	15

4. Results and discussion

In 2011, MAPEI "Romashka" launched a group of short stay for children with disabilities for the first time. From the first group:

- Three children went to school in 2012 and today they show results in their learning that meet the standards;
- Two children study in the seventh type of class (remedial classes) for children with mental retardation;
- One child is at the eighth type of class with individual learning.

Based on the analysis of the work done we prepared a complex adaptive program of inclusive education for children with disabilities "Alenkiy tsvetochek", based on which individual development programs are worked out. In addition to the short stay group, a full-time group for children with disabilities started in September 2013. Today a total of fifteen children with disabilities study at MAPEI "Romashka".

Conversations with the parents of children with disabilities suggest that in a year's time their children begin to independently carry out physical exercise at home, show them to their parents, while the parents become involved in the exercises. The children's most favorite pastimes in the kindergarten are swimming and fitball exercises.

Our observations show that all the children happily:

- Perform exercises aimed at developing basic movements (walking, running, jumping, climbing, crawling, throwing), and general developmental exercises aimed at strengthening back, shoulder and leg muscles, coordination of movements, formation of correct posture, balance development, manual and medium dexterity during morning remedial gymnastics, awakening remedial gymnastics, dynamic breaks;

- Play active games in their spare time, while walking;

- Cold tempering (taking air baths, walking on salt and rope tracks, wiping with a damp towel).

As for psychotherapeutic health saving techniques the children are most attracted to sand therapy (including light tables), isotherapy (finger drawing, sandals, a sponge, cotton, cloth); music therapy.

The anthropocentric measurement data shows that everybody had positive dynamics by the end of the year, as presented in Table 2.

Table 2. Distribution of children with special needs in health groups.

Age category	Average growth	Average weight gain
from 4 to 5 years	4.5 – 5 cm	1.5 – 2 kg
from 5 to 8 years	5 – 6 cm	2 – 2.5 kg
from 2 to 5 years	6 – 6.5 cm	2 – 2.5 kg

One of the success indexes of the use of health-saving technologies in this group is the level of morbidity. The monitoring conducted in the group over the past two years, testifies to the fact that the level of child morbidity gradually goes down, and the percentage of children attendance at the institution is steadily on the increase, which is presented in Table 3.

Table 3. Kindergarten attendance by children with disabilities in 2013-2015.

September -June 2013	September - June 2014	September - June 2015
63%	71%	89%

5. Conclusion

The implementation results of the comprehensive program for children with disabilities "Alenkiy tsvetochek" by MAPEI "Romashka" in the town of Sovietsky, the Khanty-Mansiysk Autonomous region, which consisted of individual development programs designed for each child and involved the use of a variety of health-saving technologies, gave us an opportunity to create conditions for the successful physical development of children with disabilities.

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