Child-Disability-Parent-Education

Pedagogical Guide

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SUMMARY

THE PEDAGOGIC TWENTIETH CENTURY BACKGROUND

In the second half of the nineteenth century, in Europe, there was a process of change and modernization, the culture of modernity laid the foundations for a restructuring of education.

From the 19th century onwards, states acted more and more directly in reforms until they were obliged to teach. From private school it was increasingly passed in state school with a change in the very appearance of the elementary school, finalizing in the preparation of both those who wanted to continue their studies, and those who wanted to attend for a few years. The obligation to education was oriented according to the criteria and characteristics of modernization.

THE FATHERS OF THE EDUCATIONAL SCHOOL

Granville Stanley Hall: The importance of how the child psyche works to be more effective on education.

Binet and Simon: the "metric scale of intelligence".

Louis William Stern: He developed the IQ born from the relationship between mental and chronological age.

Claude Bernard: hygiene and physical education were intended for the development of the body not only as a tool but also as a necessary asset in a healthier society.

Séguin: sensory education was indispensable for the acquisition of perceptual data, the purpose of education in the person with a mental disability could not be different from that of the non-disabled although with more suitable paths and tools.

Maria Montessori, Ovide Decroly, Edouard Claparčde: the contribution of these pedagogical doctors helped to give pedagogy a more scientific and experimental physiognomy, allowed a more

specific knowledge of childhood, of the dynamics of learning and the most effective ways to achieve academic success.

LEGISLATIVE REFORMS

The acronym SEN "Special Educational Needs" came into force in Italy after the issue of the Ministerial Directive of 27 December 2012 "Intervention tools for children with Special Educational Needs and territorial organization for inclusion school". The directive has broadened the scope of inclusive and personalized teaching; In particular, it also incorporates in SEN those learning difficulties that are not certifiable, but still exist.

The Miur has introduced the recognition of pupils with Special Educational Needs, that is, individuals who continuously or temporarily manifest special educational needs, dictated by physical, psychological, social, physiological or Biological.

There are **three categories of children with S.E.N** identified by the Miur:

- children with disabilities, for the recognition of which a special certification is required;
- children with specific developmental disorders including: Specific Learning Disorders (for which a diagnosis of ASA is required), speech deficits, non-verbal deficits, motor deficit, attention deficit and hyperactivity (ADHD).
- children with disadvantaged socially, culturally and linguistically.

In cases of disability or ASA, diagnoses and certifications are required, while for all other cases it is the teachers themselves who identify, on the base of educational and pedagogical analyses, any special educational needs.

Teachers' considerations are based on the educational and learning concept established by the World Health Organization's International Classification of Functioning (ICF) model.

They are **not medically certifiable inconveniences** because it is not a pathology if a Chinese boy who arrived in Italy a few months ago, enters a class and does not know Italian or if a boy suffers a general apathy towards the study due perhaps to the fact that his are separating. There would be many examples. All these cases are classified as SEN, that is children who have a non-pathological and temporary difficulty but which the school must support so that the child can conclude his school cycle in the best way.

Sometimes it is difficult to understand what is actually possible to help children and especially what the SEN Policy provides. It is important to know the **laws and methodologies** adopted by the school that deal with so many problems of today's students so as not to exclude or marginalize them from the school context but, on the contrary, to ensure that they manage **to reintegrate** each according to the their own needs and attitudes.

The first difficulty is in the first few months of school, when children have difficulty keeping up with the class and wondering why. It is not a question of **ill will**, of lack of study, but of something else that cannot be understood until teachers are summoned for an **interview**.

Ministerial Circular 8 of 6/3/2013

This circular highlights the need to draw up a PDP (personalized curriculum) not only for those pupils who have certifiable disabilities but also for all those who in various capacities and depending on the opinion of the Class Council present difficulties, disadvantages of various kinds and for which, a personalized curriculum would facilitate school learning to achieve the expected learning goals in line with the annual schedule and the POF (Offer Plan Training that varies from school to school).

To summarize what the Legislation provides, the areas of intervention by the school can be divided:

CHILDREN WITH DISABILITY: Law 104/92, with certification, presence of support teacher and/or assistant, drafting of the PEI (Individualized Educational Plan).

CHILDREN DSA: Law 170/2010, with certification, drafting of a PDP.

CHILDREN WITH SPECIFIC EVOLUTIONAL DISTURBIS: just the identification by the teachers, formalization of the custom path (PDP) or non-formalized customization path.

CHILDREN WITH CULTURAL AND LINGUISTIC SOCIO-ECONOMIC DISADVANTAGES: reporting by Social Services or identification by teachers, formalization of the custom path (PDP) or non-formalized personalization path.

In other words, the State acknowledges the complexity of the situations that a teacher may have to face and therefore offers the teaching staff the opportunity to evaluate, according to experience, individual cases to understand if it is a **disorder permanent** that needs certification because so wants the law or if it is a **temporary deficit**, linked

to other factors such as a period of **high stress**, or precarious conditions at the socio-economic level or more.

In the Class Council, the situation is noted and the need for targeted interventions and different assessment criteria for the student in question is formalized, but **this should not imply a lowering of the objectives and levels of learning**.

Parents like trainers

Human relations experts recognize the skills of parents as people who can provide useful insights into their children, with whom to have equal relationships and make an educational pact. This is underlined, for example, by the Framework Disability Act 104/92, when for school integration it provides for the presence of parents in the working groups alongside teachers and careers.

They are by vocation and direct practice trainers, express their skills through narration, non-invasive tool, linked to concrete reality, which has the merit of immediacy, emotional and emotional reconstruction of a didactic path based on empathy.

Even today **the family with a disabled person is seen itself as a "disabled family", a "dysfunctional" family that needs not only help, but often also control by experts**. The greatest manifestation of this culture has occurred with the psychogenetic theories of autism, with the figure of the mother, responsible for the pathology of the child.

Unfortunately, the idea that parents are, on the contrary, bearers of a specific competence to be valued and disseminated is far away. And that this competence, possessed by the parents, must be integrated with that of the formal experts. One of the first to enhance parents' educational abilities and put them on the same level as those of experts, was Eric Schopler, father of the TEACCH approach to global evolutionary disorder, recently passed away.

TEACCH

The TEACCH program, an acronym for Treatment and Education of Autistic and Communication Handicaped Children. The term "TEACCH Program" refers to the organization of services for autistic people made in North Carolina, which provides for a global takeover in a "horizontal" and "vertical" sense, that is, at all times of the day, in every time of the year and life and throughout life, in short, a total intervention for a pervasive disorder.

The organization of the services includes 6 diagnostic centres, 6 home help centres, numerous special classes in schools, and adult jobs; all services are linked together to ensure the overall and continuity of the intervention: in this way a continuity of intervention has been created both "horizontal", that is, in all living environments, that is, "vertical", that is, throughout the lifespan, people with autism.

The aim of the programme is to develop **the best possible degree of autonomy in personal, social and working life,** through educational strategies that enhance the skills of the autistic person.

If integration into society cannot take place spontaneously in the normal child, especially for the autistic child, who has a congenital disorder of social comprehension, therefore, he must take advantage of appropriate educational strategies. Finally, it should be remembered that the autistic child tends to associate learning with a given situation or environment, while having difficulty generalizing his behaviour. It will therefore be necessary to develop active generalization programmes of acquisitions. or in other situations.

Of course, this is also important for parents to work together: in the case of autism, the collaboration between parents and teachers is not a matter of good education, but an indispensable requirement of the educational process.

The difficulty of generalization also entails the need to provide the child with the skills that will be needed as an adult for a job placement in advance. Educational continuity and the coordination of services for children and adulthood, although they appear extremely difficult to achieve in practice, are essential requirements for effective social and work integration.

Montessori Method

The **Montessori method** is an educational system developed by the pedagogist Maria Montessori, practiced in about 60,000 schools around the world serving children from birth until eighteen years. Montessorian pedagogy is based on independence, freedom of choice of one's educational path and respect for the child's natural physical, psychological and social development. When Montessori came up with the method, child education was very strict and different from today.

As he wrote in the book *The Discovery of the Child*, children were forced into desks from which they could not move, and teaching was forcibly learned. Many ideas of the Montessori method, such as the use of appropriate sized furniture (all "child-friendly"), today have entered the education of all kindergartens, and for this reason appear today trivial and not revolutionary as at the time .

Some other styles and educational methods, on the other hand, are still typical of the Montessori method; An example of this is the prohibition of giving votes to the child or judging him in any way.

The Montessori model has two fundamental elements: first, children and adults must engage in the construction of their own character through interaction with their environments; Secondly, children, especially under the age of six, know an important path of mental development. Based on her observations, **Montessori believed that giving children the freedom to choose and act freely**, within an environment prepared according to her model would spontaneously contribute to optimal development.

The Montessori educational method illustrates free activity within a "prepared environment", that is, an educational environment tailored to the basic human characteristics and the specific characteristics of children of different ages. The function of the environment is to allow the child to develop autonomy in all areas, according to his own internal evolutionary directives.
In addition to providing access to children's age-appropriate materials, the deliberately structured environment must have the following characteristics:

- construction in proportion to the child and his real needs;
- beauty and harmony;
- cleaning the environment;
- order;
- an agreement that facilitates movement and activity;
- limiting tools.

These characteristics must be established within the school and family environment.

The child is free in the choice of material. Everything must arise from the child's spontaneous interest, thus developing a process of self-education and self-control. Montessori creates specific cognitive development material for the sensory and motor education of the child and divides it into:

- **analytical material**, focused on a single quality of the object, for example weight, shape and size. Educate the senses in isolation;
- **self-correcting** material, educates the child to self-correct error and control the error, without the intervention of the educator;
- **attractive material**, objects easy to handle and use, created to entice the child to play-work activity with it.

Practical life activities are the foundation of Montessori pedagogy, activities adapted to the needs and hands of children. It is important to develop the development that allows the child in a prepared environment and the activities offer the child unique opportunities to fortify, make more precise his movements and plan them in an orderly manner. In the Montessori approach, the role of movement is primary for the harmonic development of the small child. Maria Montessori defined such movements as "human" because directed by the will of the child with a specific purpose, through repetition of gestures, the movements will become more and more precise and the child will gain confidence in the planning of his gestures.

Everything goes through the use of hands, manual skills represents a moment of discovery for children but also of learning and growth, a systematic and regular transition from the simplest to the most complex in an order easy to follow and adaptable to the level and to the pace with which the child proceeds.

Helping the child with manual and motor skills

1. The transfer of liquids and solids

Prepare a tray in an orderly and attractive way and arrange two cups with handles, even better if with a spout to beam: filling one with rice (then you can switch to coloured water) the child will practice to transpose the contents in the second cup.

The second step to train grip and transfer is even more fun: the necessary material will be water, a bowl and a pump. At first the children can practice with a pump grip with their hands, then move on to the grip between the thumb and forefinger. And, once they become familiar with this tool, they can switch to smaller and smaller droppers, also practising with precise amounts of liquids. The same exercises can also be revisited with solid materials to be transferred from one container to another, for example coloured cubes to be taken with kitchen tongs to be transferred from a bowl to an ice holder, until you get to use some beautician tweezers with rice.

2. The waves

The basic element is the creation of jobs that include the "wave". For example: using a gift ribbon and a horizontal dishwasher, inserting the tape above and below the rods will form a kind of wave. And, continuing to insert coloured ribbons, a cute pattern will come out of it. When manual skills are perfected, the possible jobs will be really endless.

3. Dressing up

Getting dressed is important and children know it. Learning to do it yourself is an arduous task. Parents always help, but sooner or later, even if the child considers receiving help as an opportunity to spend time together, it is good to make the child independent even in an activity like this. Many children want to get dressed and undress themselves, others just don't. In any case, you can help them towards independence.

First of all, don't do it in hasty mornings: you need calm. Also to learn: you can start from socks, simple, and spend the next day to pants, then to shirt, sweater and so on. Another advice is to organize the clothes in an orderly manner, perhaps by inserting them in a dedicated basket every morning. Having them there, in sight and in order, the children will want to try to do it themselves.

4. Cooking

Trays and orderly compositions are sufficient to stimulate dexterity. Peel a potato, peel a hard-boiled egg, spread the butter on the slice of bread: going in stages according to the abilities of the child, Simply compose ordered trays that focus your attention on the tools to help them become familiar with these daily activities that will be useful not only in the kitchen

5. Floral compositions

They are colorful and fragrant, as well as neat; nothing more interactive. Just place on the tray on one side the cut flowers, on the other the container (a jar for jams, a basket, and then, the sponge to compose real floral works of art). It stimulates creativity, the sense of color; but also the dexterity and order.

6. Hammering

What child doesn't like it? And who doesn't have the effect of natural calming that releases all the accumulated stress? We talk about hammering, anti-stress for both adults and children, that if stimulated in the right way becomes the perfect tool to train manual skills and motor skills, eye-hand coordination and recognition of forms.

With a few plastic nails, a toy hammer and a stick of moldable dough, the child can start this activity in the most delicate way. We will then move on to a box of pre-pierced cardboard in which

to stab the nails, and then to a table of cork on which to hammer geometric shapes of fabric with thin nails, to create, in addition to natural anti-stress, of the beautiful works of art.

Conclusion

To conclude, the watchword with SEN children is **consistency**, in spaces, gestures, colors and, above all, words. They are non-disabled children who need a little more patience and organization than their peers.

It's important to respect their living spaces and wait for them to authorize new entries. The order they create in their room must be constantly maintained, respecting their ideas and visions. It makes everything easier the use of toy tools or drawings that make the word corresponding to the image.

Listen and listen to their needs and their expressions, as well as their expressions, and the use of dexterity, it's a great interactive encyclopedia of every day

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2. BEHAVIOURAL PROGRAM – RUSSIAN FEDERATION

Disability in Russia by the numbers (December 2019)[1]

1 Sources: The Russian Pension Fund's Federal Registry of Disabled People, Rosstat, the Health Ministry's statistics package for the year 2018, the Russian Federation Human Rights Envoy's annual report for 2018, Labor Ministry reports, and the Levada Center.

11,947,754
people with disabilities live in Russia. That's slightly more than eight percent of the national population.

670,086
children with disabilities live in Russia.

23.5%
of people over 60 in Russia have disabilities.

10.4%
of children with disabilities in Russia live in orphanages or other institutionalized settings.

Cancers
are the number one cause of registered disabilities among Russian adults.

Mental illnesses and behavioral differences
are the number one source of registered disabilities among Russian children.

18,950
people with disabilities are imprisoned in the Russian penitentiary system.

26.4%
of disabled Russian residents are legally employed. That's 918,000 people.

50,800,000,000
rubles (almost 796 million dollars) were budgeted for the Russian government's Accessible Environment program in 2018.

12.3%
of children in Chechnya have disabilities. That's the highest percentage in any Russian region.

83
out of every 10,000 people in Chechnya became disabled in 2018. That's the highest rate in any Russian region.

42%
of adults who became disabled in St. Petersburg in 2018 were affected by disorders of the circulatory system. No other cause was more widespread in the city.

1st
place in Russia's employment rankings among disabled people went to St. Petersburg in 2018. The neighboring region of Karelia, however, had one of the country's lowest employment rates for disabled people.

14.1%
of buses in Russia are equipped to serve passengers with limited mobility.

14,093.10
rubles (about $220) is the average monthly disability pension issued per person in Russia.

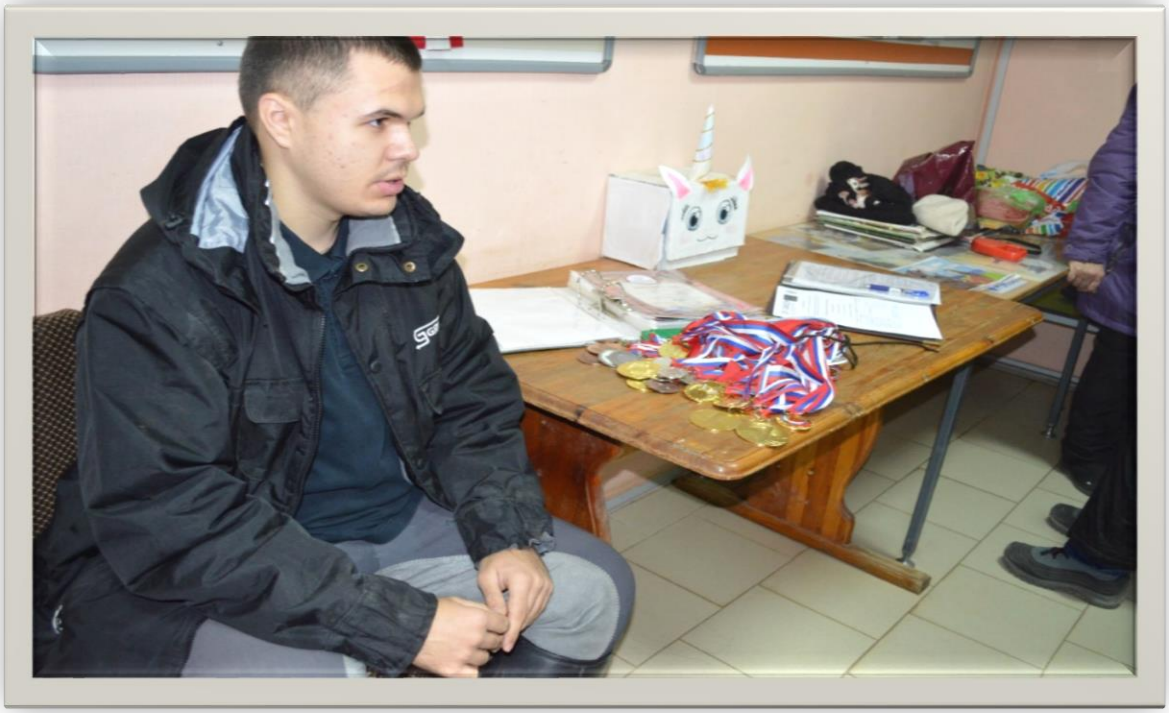
1,059
buses are equipped to serve passengers with limited mobility in Russia's Tyumen region. That's the highest number in any region outside Moscow, the Moscow region, and St. Petersburg.

37%
of Russia's adult population reports rarely or never encountering people with disabilities in their everyday lives.

>1,000,000,000
rubles (or more than 15.6 million dollars) were spent in rehabilitation services for veterans and people with dis region-wide in Moscow, the Moscow region, St. Petersb Krasnodar region, the Sverdlovsk region, and Tatarstan.

<100,000

rubles (or less than 1,570 dollars) were spent in 2018 on rehabilitation services for veterans and people with disabilities in region-wide in North Ossetia (70,110 disabled peop Karachay-Cherkessia (53,560 disabled people).



a) On tolerance regarding persons with disabilities;

Overview

1. Up to January 2020, there are at least 12 million people with various disabilities in Russia (including the territory of annexed Crimea). People who use wheelchairs or crutches; people with cerebral palsy; people who are blind or have poor eyesight; deaf or hard of hearing people; people with intellectual or developmental disabilities, such as Down syndrome or autism, people with mental health problems, and people with multiple disabilities live in every major city, city, and rural area. Despite the fact that of many political declarations proclaimed by federal and local bureaucrats, our findings prove that the government should do much more to ensure the right of people with disabilities to an accessible environment and education and promote widespread tolerance towards them.

2. Among a few steps, that the federal authorities have taken in 2010 – 2019 to demonstrate its commitment to ensuring the rights of persons with disabilities is the ratification of the UN Convention on the Rights of Persons with Disabilities in 2012. Convention obliges signatory nations to protect the equal enjoyment of all human rights and fundamental freedoms of persons with disabilities. The Convention establishes that people with disabilities should have equal access to transport, physical environment, information and communications, as well as other means and services that are open or provided to the public. As a key component of the implementation of the

Convention, the RF has implemented a four-year program of accessible environment worth several billion RUR (2011-2015), which provided federal funding and advisory support to expand the access of people with disabilities to education, healthcare, information, and transport and other public services, but just in several regions of Russia, while the vast majority of population has been avoided.

3. However, despite these initiatives, as we have found from our research across North-western regions and direct educational activities in the Novgorod region (2018 – 2020), for many people with disabilities in Russia participating in basic daily activities, such as going to work, school or university, gathering with friends or relatives, buying groceries, visiting cultural events. Events or a visit to a doctor can be extremely difficult or even impossible due to the various barriers they face. Barriers can be physical, such as the lack of a ramp or elevator to the apartment, train station, bus stop or workplace; or they may consist of attitudes that discriminate against employers, doctors, transport operators or store owners. Consequently, many people with disabilities can rarely leave their homes, have incomplete or poor education, and can never start a family or have meaningful work.

4. Based on surveys of 138 people with disabilities in five cities of the Novgorod region (Borovichi, Chudovo, Shimsk, Staraya Russa and Velikiy Novgorod), a few remaining local non-governmental organizations (NGOs) and representatives of organizations of people with disabilities (OPD), we have checked access to the physical environment, transportation, employment, private business, as well as healthcare and healthcare, rehabilitation services and discrimination analysis by transport operators, employers and health workers.

5. Although the RF has a seemingly progressive law guaranteeing the accessibility of infrastructure, information, education and health care for people with disabilities, it does not ensure ongoing compliance with this or other laws regarding accessibility. Moreover, the law contains significant omissions and shortcomings, such as, for example, the absence of specific mechanisms to ensure and monitor its implementation. Given the constitutional upheaval stated on 15th of January 2020 there are no possibilities for *de lege ferenda* changes or bringing focus of law-makers to the people with disabilities.

6. Interviewees rarely received satisfactory official responses to their complaints. Most people with disabilities interviewed said that when they submitted written (including gosuslugi.ru official portal) or oral complaints to the local/ regional government regarding inaccessible infrastructure or services, they either did not receive a response or received written notification that the government could not satisfy their accessibility needs.

“Tolerating” by avoiding

7. Despite the limited successes made by in Moscow and Saint Petersburg [two basic window displays of the ruling regime] in creating a more accessible environment in Russia, people with disabilities, who make up at least nine percent of the Russian population, still face many barriers to accessing many elements of everyday life, including housing and the public domain, transport, public buildings, medical facilities, schools, private enterprises and employment.

8. To define disability discrimination we use the following term "[a]ny distinction, exclusion or restriction on the basis of disability" that restricts or prevents people from enjoying fundamental rights and freedoms on an equal basis with others in political, economic, social, cultural, civil or other areas of life.

9. For example, respondents in cities where we conducted surveys talked about difficulties leaving their homes or gaining access to private businesses or government buildings due to narrow doorways, lack of elevators and steep ramps for wheelchairs that lack handrails. Some cannot leave their apartments because of the elevators are out of service for weeks and even months (Borovichi [2018] and V. Novgorod [2019]).

10. Many people with disabilities also mentioned multiple problems that prevented them from accessing transport, getting into train stations or bus stops, taking vehicles, or contacting transport operators. The lack of accessible transport further isolates people with disabilities from the rest of society, which makes it difficult or impossible for them to see friends and family, work outside the home, meet or use public amenities and institutions, such as museums, theaters and parks. Although some city authorities began to provide affordable buses or taxis, many respondents said they were too few, the service was infrequent, and there was no information on their schedule. Interviewees also described the lack of accessible sidewalks and streets. Uber and Yandex taxi provide such a service but the cost of a trip (appr. 2–3 euros) most of the times is unaffordable for the impoverished people.

11. People with sensory impairments talked about the lack of visual and tactile designation to make public transportation or services available. We have also found several cases of discrimination in which both municipal and private transport operators refused to lower wheelchair lifts on buses to allow people with disabilities to drive in, apparently with little or no sanction. In seven cases, people were denied entry for flights because of their disability.

12. Our interviewees also spoke about discrimination by some employers, including employers who explicitly stated that they would not hire an employee with a disability; an employer who paid a lower wage to an employee with a disability; and employers who created unbearable conditions or fired workers for reasons related to their disability.

13. State, thus pro-governmental, statistics [gks.ru] show that 20 percent of people with disabilities of working age in Russia work. Reality proves that this number is seriously exaggerated. Government attempts to increase employment for people with disabilities are usually focused on creating "special" jobs for them, thus reinforcing the discrimination again. Many respondents stated that they experienced discrimination in hiring and working conditions due to their disability, missed opportunities for professional development and were unable to find work. As a result, some are trying to hide their disability.

14. People with disabilities also said that they had problems with access to medical facilities and services, in particular due to a lack of access to adequate rehabilitation devices and services. In the case of people with hearing impairment or deafness, it was difficult for them to communicate with health workers and receive emergency care. People with various disabilities noted that some health

workers refused to speak directly with them or to meet basic accessibility needs. Some health workers also have a humiliating attitude towards people with disabilities with regard to their right to have a family, in one case [“we need normal children”], abortion was aggressively suggested on a woman with a disability.

15. Many federal laws and policies regarding people with disabilities are rooted in the Soviet period, when politicians gave people with disabilities material benefits, but strictly limited their participation in public life and often isolated them from public opinion.

16. Today, people with disabilities are still classified in accordance with the three-level system created by Stalin lawmakers in 1932, which determines their estimated working capacity, as well as the number and types of disability benefits that they are entitled to receive. RF also retains its Soviet-era practice of institutionalizing many people with disabilities. Hundreds of thousands of adults and children with disabilities who are believed to need constant care are currently living in closed institutions, including many who would like and could live independently with some social support. Under pressure from maternity hospital doctors and pediatricians, doctors force many parents with children with disabilities to drop them at birth or at a very young age into specialized “orphanages”. Many of these children remain in closed institutions throughout their lives.

Intolerance in education

17. For the majority of children with a disability in Russia, there is a significant chance that they will not receive a quality education or no education at all. Many of those who receive education are separated from other children in special schools/kindergartens for children with disabilities, often away from their families and communities. Others are isolated in their homes from visiting teachers only a few times a week. Tens of thousands of children with disabilities living in state-owned orphanages face particularly serious barriers to receiving any kind of formal education.

18. The Russian government has undertaken a few legal and political changes to ensure access to quality education for all children, including children with disabilities. For the successful implementation of these policies, changes were supposed to change the educational approach, ensuring that children are not excluded from the general education system due to disability and that children can receive inclusive, high-quality and free primary and secondary education on an equal footing basis with others in the communities in which they live. The government was supposed to ensure the provision of reasonable housing in the form of additional benefits and services so that all children can fully realize their potential, based on the needs of an individual child.

19. Inclusive education has been superficially recognized as the most appropriate way for governments to guarantee universality and non-discrimination in the right to education. In addition, inclusive education was a prerequisite for the full inclusion and participation of people with disabilities in society, as well as to counteract their isolation and segregation. In reality isolation and segregation go on as a social practice throughout the country.

20. Russian law provides children with disabilities and their parents with the opportunity to study at a primary school, a specialized school for children with disabilities or at home, through distance learning programs or teacher visits. In practice, however, we found that children with disabilities often attend specialized schools because regular schools do not have the reasonable facilities that children need, such as wheelchair ramps, assistive technology, or teacher assistants. Parents also said they feel compelled to send their children to specialized schools because officials who assess their children's disabilities recommend this type of school, or because primary school personnel refuse to accept children because of their disability. When accepted in usual schools many kids with disabilities face severe bullying including physical attacks and sexual abuse.

21. Infrastructure barriers prevent some children from attending schools in their districts, including the lack of accessible transportation or ramps and elevators in apartment buildings. When they reach adulthood, many children with disabilities face barriers to entering and studying at universities or gaining significant professional skills to ensure employment (e.g. not all buildings of the Novgorod state university have ramps and elevators).

22. Disabled children and activists we have interviewed said children with disabilities and their parents have faced a number of obstacles in regular schools in recent years, including the lack of ramps or lifts to help them enter and move around the buildings; lack of facilities for people with sensory impairments, such as large print textbooks for students with low vision; and a lack of teachers

and other school personnel with training to meet the diverse learning needs of students, including students with developmental disabilities such as autism spectrum disorder.

23. Some children experience discrimination when trying to access schools. This includes refusing admission on the assumption that children with disabilities, for example, will not be able to study, will be unsafe against other children, or will behave destructively. Russian Constitution guarantees everyone the right to education; legal amendments since January 2016 prohibit discrimination on the basis of disability in all areas of life. In January 2020, this discrimination is still ongoing. The government should take active steps to ensure that school officials and others do not deny children access to education because of their disability.

24. The Russian education system includes many specialized schools designed for children with disabilities, such as schools for blind or deaf children or for children with developmental disabilities, such as Down syndrome. Many children with disabilities and their parents prefer these schools to regular schools because they have more teachers and more options, but being graduate of a special school is a lifetime stigma within society.

25. However, due to the fact that regular schools usually do not have such facilities or may not accept children with disabilities, attending a specialized school is often not the result of a conscious choice.

26. Specialized schools are often located far from children's homes. As a result, many children with disabilities go to these specialized schools either part-time or full-time, returning home on weekends or less often if their family schedules and financial opportunities allow. Those children who attended specialized boarding schools told us that this led to unwanted separation from their families and communities. Children and adults with disabilities and their parents told us that some specialized schools offer a more limited curriculum than regular schools. We have verified it after, talking informally with staff of such schools.

27. In accordance with Russian federal law, parents of children with disabilities have the opportunity to ask the authorities (Committee of Education) to ask their children to study at home, visiting local teachers several times a week to familiarize themselves with the course materials. This option may be useful on a temporary basis when children cannot attend school, for example, during a serious illness. However, activists, children with disabilities, and parents interviewed by us reported that many children with disabilities studied at home because of the lack of accessible schools in their districts or because of inaccessible housing and transportation that caused children to difficult or dangerous to leave their homes to school every day. Most children and young people with disabilities who studied at home told us that their interaction with teachers was limited and that they felt isolated from their peers. Mostly students with disabilities interact with each other using online social networks such as VK and messengers, such as Telegram.

28. Lack of accurate information on children's right to inclusive education can also impede children's access to quality education in the communities in which they live. We have interviewed some parents who noted that officials responsible for determining what services and facilities children

should receive according to their disability informed them that their children with disabilities should be placed in specialized schools or study at home. Although these recommendations are not legally binding, parents often do not receive sufficient information about the right to inclusive education and understand that recommendations are requirements.

29. In our turn we provide pro bono legal advice for these parents and at times visit the school staff with parents in order to resolve problematic situations.

30. Tens of thousands of children with disabilities in the RF currently live in closed state orphanages, placed mostly in rural areas without regular public transport connections and hardly accessible by car. Most of these children receive almost no education because of the lack of teaching staff among guardians, the general isolation of children from the rural communities surrounding them, and also because in the past some children were diagnosed as "uneducated" (this refers mostly to the Roma community in Chudovo).

31. Amendments to the Education Law, which entered into force in 2013, excluded the possibility of defining a child as “uneducated,” requiring all children to receive an education. Despite the fact that this is an important step towards providing education without discrimination on the basis of disability, many children who cannot walk or talk, who are sent to boarding schools by separate boarding rooms, usually do not receive education or incentives at all. Other disabled children in orphanages may receive limited education, usually in the form of some kind of individual instruction from the shelter staff, and in some cases may attend nearby specialized schools.

32. To break this long-standing practice of intolerance and severe restrictions on the education of children in orphanages, the Russian government must make ambitious and concerted efforts. In the short term, authorities should ensure the provision of quality education to these children. In the longer term, the government should develop a plan to stop using institutions, promote family care for all children and facilitate their life and study in society in accordance with Russia's obligations under the UN Convention on the Rights of Persons with Disabilities (CRPD). Once again, since January 2020 the implementation of the already ratified international treaties is under question in the RF.

33. Limited opportunities for high-quality primary and secondary school education, as well as physical and communication barriers in Russian universities and professional institutes make it difficult for many young people with disabilities to obtain higher education. These students often have the responsibility to arrange accommodation with professors and other students, for example, by moving classes to the first floors or providing pallet-type systems that, for example, translate speech into text. The Russian specialized college system for students with developmental disabilities does little in terms of vocational education or skills training, but instead focuses on craft workshops such as ceramics and painting, forcing graduates to serve solely the tourist industry (case of V. Novgorod).

34. According to several activists for the protection of the rights of people with disabilities who have been interviewed by us, Russia does not have a federal system that would provide teachers in these colleges and other educational institutions with appropriate pedagogical training in order to

adapt their curricula to the diverse needs of students in training. Even among graduates, many young people with disabilities face problems to get work and live in their communities.

35. Russia's international obligations, including in accordance with the CRPD, require that persons with disabilities have access to local, high-quality inclusive primary and secondary education in the communities in which they live, as well as access to higher education, vocational training and adult education on an equal basis with others. CRPD requires the government to provide reasonable accommodation or "necessary and appropriate changes and adjustments" so that people with disabilities can enjoy all human rights and freedoms on an equal basis with others at all levels of education. Denial of reasonable accommodation constitutes discrimination. CRPD also calls on states to give people with disabilities the opportunity to learn life skills and social development skills in order to promote their full and equal participation in education and as members of the community.

36. As the United Nations High Commissioner for Human Rights specified, inclusive education was recognized as the most appropriate means for governments to ensure universality and non-discrimination in the right to education. Inclusive education is the practice of teaching students with disabilities in regular schools in the neighborhood with the provision of additional aids and services, where necessary, so that children can realize their full potential. This includes recognizing the need to transform culture, policies and practices in schools to meet the diverse needs of individual students and a commitment to remove barriers that impede this opportunity.

37. Recently, the federal government has taken a number of steps to ensure that all children with disabilities receive education, and expanded inclusive education in many schools across the country. As part of the federal program "Accessible Environment", aimed at improving accessibility in various spheres of public life, some general and specialized schools throughout Russia have introduced living conditions to make schools more accessible for children with disabilities.

38. Since May 2016 the government began to introduce new primary education standards for children with disabilities, including special standards for children with intellectual disabilities, in more than one hundred schools in many regions of Russia. Each child with disabilities will have an individual educational program, which can be reviewed with the living conditions, programs and resources for each child. The standards has become mandatory for all children from September 2016.

39. Although standards are an important step in creating a more coherent education system for children with disabilities, standards require children to be classified according to their disability and one of four levels of education according to their intended learning ability. The ministry and regional and local education officials should ensure that educational programs and facilities are based on the specific learning needs of each student, and not on the categorization and hierarchy of cognitive skills.

40. In 2015, the Minister of Education publicly announced that the number of children in inclusive education has grown by more than 15 percent over the past three years. Representatives of the Ministry of Education also told that, as part of its inclusive education initiatives, the ministry is creating "basic inclusive schools" in all regions of Russia, and that each region should make 20

percent of its schools inclusive by the end of 2015. The basic structure of these initial basic inclusive schools-make every school accessible to children with a special type of disability: one school accepts deaf children, another accepts children with autism spectrum disorders and so on.

41. In January 2020, this plan has not been implemented. “Basic inclusive schools” do not exist in the Novgorod region at all.

42. Depending on its implementation, this system of basic schools could perpetuate the segregation of children with disabilities by type of disability instead of encouraging integration. Some children with disabilities and their families may choose an environment in which children can acquire skills directly related to their disabilities. For example, sign language in the case of deaf children or Braille for blind or visually impaired children. However, as it implements its inclusive education strategy, including the development of “basic schools,” the government should give priority to providing individual support measures in an environment that maximizes the academic and social development of each child, in accordance with the goal of full integration, as set out in the CRPD.

43. In the Novgorod region our organization has made significant contributions to the development of inclusive education, including by providing information, raising awareness, learning and other support to children, teachers and parents in regular schools, as well as by providing direct services to children and adults with disabilities and their families so that people with disabilities can study in regular institutions and receive vocational training.

44. In order to protect the right of children and adults with disabilities to inclusive education, the Russian government should intensify its efforts to ensure that persons with disabilities can access inclusive primary, secondary, vocational and higher education on an equal basis with others. This should include children and adults with developmental or psychosocial disabilities, as well as all persons with disabilities living in public orphanages. The government should strive to end the frequent segregation of children with disabilities in orphanages, individual schools, classrooms and homes. This should include a long-term plan for the transfer of children from orphanages and home care. While some children with disabilities and their parents may choose specialized schools, home schooling, or distance learning, the choice should be meaningful and not the result of barriers to inclusive education in local schools.

45. Authorities should also expand ongoing projects to develop standards and guidelines for inclusive education training for teachers at all levels of the education system. Programs to promote a culture of inclusive education in schools are also important, including classes on disability education and activities for children with and without disabilities, in collaboration with organizations of persons with disabilities and other groups on the rights of persons with disabilities. In addition, the government must also fully realize its efforts to make communities accessible and accessible to all people with disabilities. Only these efforts will help to finish the decades of intolerance towards people with disabilities.

b). Management of stress situations;

46. Currently, more and more people around the world are suffering from stress. People with disabilities are victims of stress too and at a higher scale. In Russia, it is aggravated with a state of political dictatorship, growing tax pressure, worsening ecology and degrading social benefits. This is due to emotional pressure that occurs in different everyday situations. Stress affects various age groups of people with disabilities: children from preschool age, schoolchildren, students, adults and the elderly.

47. One reason children with disabilities are stressed is because they expect their parents to be punished for mistakes or poor grades at school; in addition, strict teachers cause concern among children with disabilities throughout the class. This can be observed both in favorable and in disadvantaged families. Stress in children with disabilities can be caused by poor adaptation in their age group. School graduates and students with disabilities are most often stressed about exams, when teachers and professors often require money offerings. This is due to the expectation of passing the exam, the fear of receiving a poor grade, as well as poor performance during the exam, when the student practically does not know the answers to the questions.

48. Adults with disabilities experience strong stress for several reasons. These can be extreme situations, including man-made accidents, natural disasters, a sentence of imprisonment, physical, psychological and sexual violence, family problems, difficulties at work, the problem of loneliness or retirement. A person who is constantly exposed to stress can develop psychosomatic illnesses. That is why psychologists conduct research in order to identify, classify and prevent stressful situations,

taking into account personal qualities of character, as well as to identify the internal resources of the personality that allow us to cope with stress.

Coping-behaviour strategies

49. Copying comes from English "to handle", which means "to deal with". Studies of human behavior in stressful situations have led to the identification of coping mechanisms that determine further successful or unsuccessful adaptation.

50. According to Russian scholar I.M. Kondakov[2], coping behavior is a form of behavior that shows that an individual is ready to solve problems and orientates his behavior in accordance with life circumstances. Behavioral suggests that the ability to use certain means to overcome emotional stress has already formed. The specific features of this ability are related to the ego concept, locus of control, empathy and the environment.

51. We believe that there are three types of coping strategies: coping with children (denial and distortion of reality); overcoming adolescence (projection, hypochondria, emotional outbursts); mature (humor, conscious abstraction from disturbing thoughts). When a person gets older, there is a transition from child survival strategies to mature ones.

Stress

52. V.A. Bodrov, M.D. writes that stress is the most characteristic mental state that develops in extreme living conditions[3].

53. According to the author, the term "stress" includes a wide range of issues related to the occurrence, manifestation and consequences of extreme environmental influences, conflicts and so on. Various aspects of stress are studied by psychologists, physiologists, medical scientists and other researchers.

54. V. A. Bodrov argues that to date, the concepts of stress, distress, tension, tension, emotional stress, etc., have not been clearly distinguished in the literature.

55. In their book "Psychological stress: methods of development and overcoming", other scientists mention that "the problem of stress has ceased to be exclusively scientific, but rather has become a concept that covers a wide range of everyday events, including changes in mental state under the influence of extreme circumstances. Stress as a specific mental state is associated with the manifestation of emotions ... and is reflected in motivational, cognitive, volitional, characteristic and other elements of the personality. This is why the stress phenomenon should be studied from a psychological point of view. "

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2 Kondakov I. M. 'Illustrated Dictionary of Psychology'/ I. M. Kondakov. – 2nd edition, revised and corrected edition – St. Petersburg: Prime-Evroznak, 2007. – p. 783

3 Bodrov V. A. 'Psychological Stress: Development and Coping Techniques'-M.: PER SE.-2006. – p. 528

56. Maklakov A. G. Ph.D. in psychology in his book "General Psychology" the role of stress in a person's life is explained, the circumstances of prolonged stress transferred at a physiological level are listed[4].

57. According to A. Maklakov, stress is an emotional state. One of the main characteristics of stress is its instability. In some cases, this condition can turn into an optimal state, while in other cases it can turn into a state of nervous and emotional stress, which is characterized by low efficiency, poor functioning of systems and organs and exhausted energy resources.

58. American psychology professor David Myers writes that "stress is neither a stimulus nor a reaction. This is a process in which we assess the situation and deal with the threat."[5]

59. The concept of stress was introduced by H. Selye. He found that when exposed to adverse factors such as fear, humiliation, pain, and many others, the body reacts with the same type of reaction depending on the stimulus.

60. In his research, H. Selye proved that there are several stages of adaptation that characterize stress. Stress stages are characteristic of any adaptation process.

61. At the first stage-anxiety, according to H. Selye, the body's defenses are organized, which increases its stability. The body functions under great pressure. The initial physiological mobilization is manifested, as a rule, in the following symptoms: the blood becomes thicker, the liver or spleen grows, etc. The end of the first stage is marked by effectiveness. Thus, stress occurs when the body has to adapt to new conditions, that is, stress cannot be separated from the adaptation process.

62. In the second stage, which is called stabilization or the most effective adaptation, all the parameters that were unbalanced in the first stage are fixed at a new level. However, if the voltage continues for a long time or if the stress factors are very intense, the third stage, the exhaust stage, is inevitable. Under stress, certain hormones are released into the bloodstream. Heart rate is becoming more frequent. Blood coagulation increases and the body's defense mechanisms change.

63. Thus, after analyzing the special literature on psychology, we can conclude that stress is the body's response to adaptation to extreme life situations. This reaction is primarily reflected in the human psychosomatics. The stronger the stress, the clearer the psychosomatics.

Types of Stress

4 Maklakov A. G. 'General Psychology': Textbook for Colleges and Universities – St. Petersburg: Piter, 2007. – p. 583

5 Mayers, D. 'Psychology'/D. Mayers; translated from English by I. A. Karpikov, V. A. Starovoytova. – 2nd edition – Mn.: 'Popurri', 2006. – p. 848.

64. Types of stress, according to A. Maklakov, can conditionally be classified as physiological and mental. In turn, mental stress can be classified as informational and emotional. Information stress occurs in cases of high information overload. Emotional stress is associated with dangerous situations, threats, sadness, and so on. Under stress, information and emotional factors cannot be separated. In turn, there are three forms of emotional stress: impulsive, inhibitory, and generalized.

65. S.Yu. Golovin, editor of the Dictionary of Practical Psychology, mentions that such forms of emotional stress as impulsive, restraining and generalized lead to a modification of mental processes, emotional shifts, transformation of the motivational structure and modifications of motor and speech behavior."[6]

66. Wong proposed the following classification of stress:

(a)internal personal stress;
(b)interpersonal stress;
(c)personal stress;
(d)family stress;
(e)work stress;
(f)environmental stress;
(g)financial stress; and
(h)social stress.

67. Yu. V. Shcherbatykh gives in his book a detailed description of occupational stress, which he divides into separate types: educational stress, stress experienced by medical practitioners, managerial stress, and sports stress. In addition, the author analyzed the causes of occupational stress and the phenomenon of occupational decomposition. According to him, professional causes of stress are caused by a lack of knowledge and skills, and in some cases are related to human health. The causes of personal types of stress are most often associated with low self-esteem, self-doubt, fear of failure and uncertainty in the future[7].

68. Thus, analyzing these literary sources, we can see that in the modern world there is a huge variety of types of stress that affect the mental and physiological level of human life. The causes of stress can be internal personal or interpersonal. Stress depends on objective and subjective factors.

6 Golovin S. Yu. 'Dictionary of Practical Psychology'/Writer: S. Yu. Golovin.-2nd edition, revised and corrected edition – Mn.: Harvest, 2005. – p. 976

7 Scherbatikh Yu. V. 'Stress Psychology and Correction Methods'. – St. Petersburg: Piter, 2006. – p. 256

Cope with stress with art therapy

69. Today, more and more attention is paid to the various methods of art therapy used to successfully overcome stress.

70. Cheder Williams in his book, 'Speaking Picture or How to know your internal Me', gives tips on how to deal with stress[8].

71. Lucia Capaccione suggests painting with both hands to relieve stress. In her opinion, this exercise allows you to free the mind from unnecessary sad or disturbing thoughts and serves as a relaxing tool. When you feel exhausted, upset, mentally unstable, you should try to perform the exercise with both hands[9].

72. M. Shevchenko, a practicing psychologist and art therapist, writes in his work that every person periodically finds himself in crisis situations, such as job loss, illness, death of a loved one ...

8 Williams H 'Speaking Picture or How to know your internal Me'. – M.: AST: ASTREL, 2007. – p. 205

9 Capaccione L. 'Power of a Hand. Or how to Activate the Abilities of the Right Hemisphere of the Brain by using Left Hand. – M.: Sofia, 2005. – p. 336

The author says that often our problems created by ourselves. She advises using the power of positive imagination[10].

73. In his work, A. M. Shevchenko describes the exercise "Getting Rid of a Problem". She offers you to draw your problem on the right side, like a ball of tangled threads, and that you draw yourself on the left side. Then you need to take the scissors and cut out part of the picture with the problem. According to this art therapist, this action will help our mind to clarify the situation and solve the problem. The author believes that our thoughts, written in writing, are our holograms. Thus, they can be destroyed, that is, a person can be freed from negative energy, negative thoughts and emotions.

74. Barbara Ghanim argues that expressive art can help us avoid negative thoughts that block our body's abilities. Expressive arts, she said, can help break free of the stressful emotions that weaken our immune system, as proven by numerous studies. Barbara Ghanim, author of Healing by Art, writes that as soon as negative emotions are visualized, it becomes possible to get rid of them by expressing them in a painting, sculpture or collage[11].

75. Barbara Ghanim believes that negative thoughts and emotions cause stress. Psychological stress, which lasts for a long period of time, can affect the immune system, after which healthy cells can be changed, which can lead to serious diseases. She, along with many other art therapists, suggests starting to paint from the prevailing side. This is a means of reducing a person's control over his / her actions and preventing him / her from criticizing the work. Based on her observations, she came to the conclusion that people who do not know how to draw achieve better results. According to the author, when working with drawings, it is advisable to include relaxing music, preferably without lyrics. Negative emotions can be expressed through color, shape, lines and other visual forms. The simple act of putting negative and stressful emotions on paper will free our body from pressure and will never be harmful.

76. Having studied Russian and foreign literature on stress management methods and stress management methods, we came to the following conclusions: Art therapy is a powerful tool in dealing with stressful situations and helps to get out of such situations. Dance therapy, music therapy, phototherapy and so on show a significant advantage in psychotherapy. In all these cases, the person with disabilities will let go of emotions and thereby reduce tension. An analysis of literary sources allows us to conclude that coping resources include, first of all, cognitive resources, which serve as the basis for choosing survival strategies, since in different sources the number of coping strategies is different: from 5-6 to 400 strategies.

77. The intellectual skills of a person allow him to choose several strategies. In some cases, combined strategies can be used, which leads to successful adaptation to stressful situations. Copying resources include psychological, spiritual, physical and financial resources. One of the most

10 Shevtchenko M. 'I am Painting my Success and my Health' Art Therapy for everyone. – St. Petersburg: Piter, 2007. – p. 96

11 Ganim B. 'Healing through Arts'. – Mn.: Popurri LLC, 2005. – p. 336

important resource conditions of a person is self-confidence, which brings calm and concentration of thoughts, contributes to the achievement of goals.

Stress management through building capacity of caregivers and service users

Training for support workers

78. Support workers, regardless of setting and service, need professional training (variously known as human services, social work, or social care) that takes into account the principles of the CRPD. While many workers lack post-school education, further and higher education programs in social work and health and social care are increasingly available in high income countries.

79. How the training is conducted is as important as the content. In general, people with disabilities prefer the personal assistance model where they direct the tasks, rather than have the social care worker provide the services. A new generation of support workers – including personal assistants, advocates, and those supporting people with intellectual difficulties – present a fresh approach to working with people with disabilities in the community and helping them attain their own goals and aspirations, based on respect for human rights rather than the traditional ethos of "care".

Support for users of assistance and support services

80. Funding arrangements for personal assistance schemes must take into account the additional tasks that users of the schemes may be call to perform. People receiving direct payments, for instance, should be properly supported so that complexities in the system are not the cause of additional stress or isolation. People with disabilities who employ support workers need to know how to manage staff and fulfil their employer responsibilities. Current Russian conditions, however, make these scenario extremely complicated.

81. Disabled peoples' organizations and caregivers' organizations help users benefit from consumer-directed services. Individualized funding models are most effective when coupled with other support services. Support is also needed to ensure that brokers and fund managers are not excessively directive and that the quality of care is good. In Russian low-income settings, community-based rehabilitation programs may be able to provide training to people with disabilities and their families to manage their support needs and create links with self-help groups for information and advice. It is important not to give the monopoly of community-based rehabilitation programs to the Russian Orthodox Church, which has already started to grasp this initiative coupling it with heavy religious indoctrination.

Developing community-based rehabilitation and community home-based care

Community-based rehabilitation

82. In many low-income and middle-income countries, such as Russia, consumer-led, government-delivered, or NGO-delivered community-based rehabilitation (CBR) programs are becoming a source of assistance and support for many people with dis-abilities and their families. Many focus on information provision, working closely with families, and facilitating disabled peoples' participation in the community. They can also counter tendencies towards overprotection by families, especially in the South of Russia and within ethnic republics. In all income settings, it may be useful for CBR workers, social workers, or community workers to bring together families who share similar experiences in supporting relatives with disabilities.

83. As the CBR model strengthens the quality of the relationship between people with disabilities and their families, it can bring significant support to people with disabilities and caregivers. Recently the principles of independent living have started to be introduced within community-based rehabilitation, which will help CBR services ensure greater self-determination for people with disabilities.

Community home-based care

84. Community home-based care is any support given, in their homes, to people who are ill and their families. The model, developed particularly to cope with HIV/AIDS, operates in many African

and Asian countries, whose conditions are close to Russian, with care of orphans a special concern. A government community home-based care program might provide food, transport, medication, respite care, cash allowances, and emotional and physical care.

Including assistance and support in disability policies and action plans

85. The inclusion of formal assistance and sup-port services within a national disability policy and related action plan can improve community participation of persons with disabilities, for example:

86. CBR programmes can also promote local action plans in low-income and middle-income countries.

Our recommendations

87. In Russia 99% of persons with disabilities need assistance and support to achieve a good quality of life and to participate in social and economic activities on an equal basis with others. Across the world most of the assistance and support services are provided informally by family members or social networks. While informal care is invaluable, in Russia it is mostly unavailable, inadequate or insufficient. Formal provision of assistance and support services, by contrast, is insufficient, especially in low-income settings: state supply of services is generally underdeveloped, not-for-profit organizations have limited coverage and are pressed by the federal authorities, and shrinking private markets rarely offer enough support to meet the needs of people with disabilities. The result is significant unmet need for assistance and support services.

88. A multitude of stakeholders have roles in ensuring that adequate assistance and support services are accessible to persons with disabilities. Government's role is to ensure equal access to services including through making policies and implementing them; regulating service provision including setting standards and enforcing them; funding services for people with disabilities who cannot afford to purchase services; and if needed, organizing the provision of services.

89. In planning and introducing formal assistance and support services, careful consideration should be given to avoiding disincentives for informal care. Service users and disabled peoples' organizations and other NGOs should increase awareness, lobby for the introduction of services, participate in policy development and monitor implementation of policies and service provision. Service providers should provide the highest quality of services.

90. Through international cooperation, including Erasmus+ Key Action 2 projects, good and promising cost-effective practices should be shared and technical assistance provided to countries that are introducing assistance and support services.

c). Method and techniques for developing positive thinking;

91. Prior researches have indicated strong discrepancies in the levels of subjective well-being between people with and without disabilities. Given the Russian Government ratified the Convention on the Rights of People with Disabilities and thus committed itself to ensuring equal opportunities for citizens with disabilities, it is important to understand how those discrepancies can be explained and addressed. Our project task has been to test whether it is the disability itself that hinders developing positive thinking of disabled persons in Russia, or rather the social and economic consequences of ableist inequity, as the social model of disability would suggest.

92. For this purpose, we have analyzed data from the Russia Longitudinal Monitoring Survey (RLMS-HSE) which included the following blocks of independent variables: disability status, demographic background (gender, age, level of education, and marital status), economic position (relative income, purchasing power, and workforce participation) and social exclusion (loneliness, respect, and online networking).

93. Our findings indicate that the differences in developing positive thinking are fully absorbed by social exclusion and financial situation rather than disability status. Thus, it can be argued that more attention should be paid by Russian policymakers to the promotion of social inclusion, combating stigma and raising public awareness on the topic, as well as employment strategies for people with disabilities that could provide them with an opportunity to improve their financial position, which should replace charitable interventions.

94. In ratifying the UN Convention on the Rights of People with Disabilities, Russia took an important step towards the elimination of barriers for people with disabilities. Since then, the Russian government has devoted some attention to adjusting its policy on disability to better meet the needs of the group in question and to ensure a decent quality of life for them. Quality of life can be assessed in a number of ways, with subjective well-being the most commonly used indicator in public policy studies.

95. The general notion is that people with disability should score lower on this indicator, and, as cross-cultural research on developing positive thinking in vulnerable groups has shown, this assumption is not unfounded. Studies suggest that gaps between people with and without disability in regard to both 'emotional well-being' and 'life satisfaction'-components of subjective well-being-are ubiquitous[12], with Russia sadly showing one of the highest discrepancies among European countries[13].

96. While one interpretation of the observed inequality in developing positive thinking between people with and without disability attributes this gap to the functional limitations of disability itself, the social model of disability suggests a different causal mechanism. The social model defined as a disadvantage and activity restriction of people with disabilities resulting from contemporary social organization[14], highlights the role of social and economic barriers that act as the main cause of such disadvantage and calls for the removal of such barriers and anti-discrimination measures[15].

97. It stands in strong opposition to the individual model, which implies that disability is an individual tragedy or individual deficit which should be 'fixed' or 'cured.' When put in the context of developing positive thinking, the social model reasoning boils down to the idea that 'people with disabilities are not emotionally distressed primarily by their bodily differences or functional

12 Van Santvoort M. M. (2009) Disability in Europe: Policy, Social Participation and Subjective Well-being. Dissertation. Groningen: University of Groningen.

13 Van Campen C., van Santvoort M. (2013) Explaining Low Subjective Well-Being of Persons with Disabilities in Europe: The Impact of Disability, Personal Resources, Participation and Socio-Economic Status. Social Indicators Research, 111 (3): 839-854.

14 UPIAS (1975) Fundamental Principles of Disability. London: Union of Physically Impaired against Segregation.

15 Oliver M. (2013) The Social Model of Disability: Thirty Years on. Disability & Society, 28 (7): 1024-1026.

limitations, but rather by the layers of social and economic disadvantage imposed on top of their impairments'[16]. This proposition has been confirmed in a number of studies[17]; however, its applicability to Russia still remains insufficiently researched and shows no clear signs of coming onto the focus of researchers.

98. Our organization cannot fill in this gap but can address the following question: can the difference in developing positive thinking between people with and without disabilities in Russia be attributed to discrepancies in their social and economic position? In other words is it the disability itself that hinders developing positive thinking of disabled persons in Russia, or rather the social and economic consequences of ableist inequity, as the social model of disability would suggest? Building on previous research on the topic, the following blocks of determinants of subjective well-being are included in regressions equations: disability status, demographic background (gender, age, level of education, and marital status), economic position (relative income, purchasing power, and work force participation) and social exclusion (loneliness, respect, and online networking). Our analysis is based on the data collected from individuals living in Russia as part of the Russia Longitudinal Monitoring Survey (RLMS-HSE 2016) and a number of scientific publications. The findings can inform our Partners, disability policy-making strategies in Russia to promote higher levels of happiness and life satisfaction in the group in question.

16 Green S. E., Vice B. (2017) Disability and Community Life: Mediating Effects of Work, Social Inclusion, and Economic Disadvantage in the Relationship Between Disability and Subjective Well-Being. In: B. M. Altman (ed.) Factors in Studying Employmentfor Persons with Disability (Research in Social Science and Disability, Volume 10). Bingley: Emerald Publishing Limited: 225-246.

17 See e.g. Savage A., McConnell D., Emerson E., Llewellyn G. (2014) Disability-based Inequity in Youth Subjective Well-being: Current Findings and Future Directions. Disability & Society, 29 (6): 877-892.

Disability in Russia

99. As a recent report on disability in Russia suggests, currently there are about 12.5 million adults with some degree of disability in the country (8% of the total population) and approximately 600,000 children diagnosed with a disability[18]. According to the Law On the Social Protection of Disabled People in the Russian Federation (1995, as amended on 18-07-2019), a disabled person 'has a health condition characterized by the permanent disorder of bodily functions caused by diseases, consequences of injuries or defects, leading to the restriction of activity and causing the necessity of their social protection'[19].

100. In 2012, Russia ratified the United Nations Convention on the Rights of People with Disabilities. According to this treaty, the state must ensure equality and absence of discrimination against people with disabilities. This has resulted in a number of legislative measures, such as changes in a number of federal and regional laws. According to the latest presentation of the report on the implementation of the Convention in Russia to the United Nations Committee on the Rights of Persons with Disabilities[20], the main areas of concern included guiding administrative regulations and the delivery of municipal services, improving access to buildings and goods, and vehicle production.

101. It was asserted that the State did its best to create conditions for independence among individuals with disabilities, with a focus on providing assistance, access to information and affording ground for independent mobility. Yet, in spite of these public statements, according to independent research, 63 % of individuals with a disability living in Russia considered these measures insufficient to ensure their well-being.

102. Looking for an explanation, one can turn to Tarasenko's claim[21] which still remains relevant: Russian social policy regarding people with a disability is rather 'provisional' in nature and accentuates differences instead of promoting equality of opportunities. Moreover, even when the

18 Maleva T. M. (ed.) (2017) Invalidnost' i sotsial 'noye polozheniye invalidov v Rossii [Disability and the Social Position of People with Disabilities in Russia]. Moscow: Delo.

19 Federal Law (1995) O sotsial'noi zashchite invalidov v RossiiskoiFedeeratsii [On Social Protection for Disabled People in the Russian Federation] No. 181-FZ from 24.11.1995.

20 OHCHR (2018) Committee on the Rights of Persons with Disabilities Examines the Report of Russia. Geneva: United Nations. Available at: https://www.ohchr.org/EN/NewsEvents/ Pages/DisplayNews.aspx? NewsID=22733&LangID=E (accessed 30 January 2020).

21 Tarasenko E. (2004) Sotsial'naia politika v oblasti invalidnosti [Disability Policy: Cross-cultural Analysis and Optimal Conception Search for Russia]. The Journal of Social Policy Studies, 2 (1): 7-28.

rights and benefits for the group in question are formally declared, the Russian mechanisms for their practical implementation and regulation are often underdeveloped[22].

103. Hence the documented lack of consensus in terms of the standards, purpose and content of social support at the local level and patronizing attitudes towards people with disabilities on the part of social workers[23]. This reluctance to employ global practices in eliminating social and economic barriers in order to ensure higher subjective well-being among people with disabilities may well stem from the belief that such practices are of no use in the Russian context. However, the present analysis provides grounds for thinking otherwise.

Developing positive thinking and its determinants

22 Fröhlich C. (2012). Civil Society and the State Intertwined: The Case of Disability NGOs in Russia. East European Politics, 28 (4): 371-389.

23 Romanov P., Iarskaia-Smirnova E. (2008) Ideologiia sotsial'noi politiki i praktika sotsi-al'nogo obsluzhivaniia v period liberal'nykh reform [Ideology of Social Policy and Practice of Social Service in the Period of Liberal Reforms]. In: P. Romanov, E. Iarskaia-Smir-nova (eds.) Sotsial'naiapolitika v sovremennoi Rossii: reformy ipovtsedevnost' [Social Policy in Modern Russia: Reforms and the Everyday Reality]. Moscow: Variant: 80-105.

104. Developing positive thinking is one of the most widely used indicators for quality of life in any research about people with special needs. It is the measure of whether one lives a 'good life' based on subjects' own experiences, i. e. cognitive and affective reactions to events in life. It includes such factors as happiness and life-satisfaction, where the former is the emotional and the latter the cognitive component of subjective well-being. While happiness is understood as the overall emotional well-being of a person, life-satisfaction is an individual's positive evaluation of their life[24].

105. Developing positive thinking has received a lot of attention, with social scientists attempting to determine the causes of happiness and satisfaction. The potential candidates on the micro level may include personal and socially developed characteristics, attitudes and beliefs, social interactions, while on the macro level the economic, social and political environments are considered.

106. Disability has been repeatedly found to be negatively associated with developing positive thinking; in other words, people with a disability, on average, report lower levels of happiness and life-satisfaction than non-disabled people[25]. In his happiness research, Edward Diener chooses this gap, which is especially pronounced for individuals with multiple handicaps, as an example of the circumstances that strongly undermine subjective well-being and to which people do not completely adapt even after many years[26]. However, one must be very cautious in establishing any direct causal relationship in this respect, since the link between disability and developing positive thinking may prove to be spurious, as the social model of disability would suggest.

107. To begin with, inequality in levels of developing positive thinking in people with disabilities, as in other groups, is often linked to certain demographic characteristics, although the results are rather contradictory. Thus, while Marcel W. M. Post et al. in their study of individuals with a spinal cord injury reported that younger age and being married are related to higher life satisfaction[27], J. Scot Osberg et al., who conducted research on elderly persons with severe disabilities, showed that older males rate higher on developing positive thinking than younger ones and that positive marital status has but a slight positive effect and only among men[28].

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24 Diener E., Suh E. (1997) Measuring Quality of Life: Economic, Social, and Subjective Indicators. Social Indicators Research, 40 (1-2): 189-216.

25 Freedman V. A., Stafford F., Schwarz N., Conrad F., Cornman J. C. (2012) Disability, Participation, and Subjective Well-Being Among Older Couples. Social Science & Medicine, (74): 588-596.

26 Diener E. (2000). Subjective Well-being. The Science of Happiness and a Proposal for a National Index. The American Psychologist, 55 (1): 34-43.

27 Post M. W. M., de Witte L. P., van Asbeck F. W. A., van Dijk A. J., Schrijvers A. J. P. (1998) Predictors of Health Status and Life Satisfaction in Spinal Cord Injury. Archives of Physical Medicine and Rehabilitation, 79 (4): 395-401.

28 Osberg J. S., McGinnis G. E., Dejong G., Seward M. L. (1987) Life Satisfaction and Quality of Life among Disabled Elderly Adults. Journal of Gerontology, 42 (2): 228-230.

108. John D. Corrigan et al. concluded that neither age nor marital status was associated with developing positive thinking of persons with a traumatic brain injury[29]. Post et al. also find a bivariate association between educational level and developing positive thinking, although this did not stand the test of path analysis, suggesting that more years of education do not lead to higher life satisfaction and happiness, at least in individuals with a spinal cord injury. Clearly, the inconclusive results may be due to a variety of factors ranging from the type of disability to the stage in life when the disability was acquired to different regional contexts, especially in Russia where the difference, e.g. between Moscow and Novgorod regions is an expanding chasm. Yet, demographic characteristics constitute necessary controls to be used in the models of subjective well-being for people with disabilities.

109. There is more consensus among researchers in respect to the causal effect of economic factors. Poverty is one of the first challenges that arises in a discussion of the disadvantaged position of people with a disability. The mediating effect of poverty on developing positive thinking in the group is well documented[30]. Sara E. Green and Brianna Vice posit that disability is costly for an individual, regarding the expenses for special equipment, medication, caregiver and medical services, which puts a strain on a person with a disability and may lead to lower happiness and life satisfaction.

110. However, it can hardly be argued that poverty in the group in question arises solely due to their higher expenses. As UPIAS proclaimed in their Fundamental Principles of Disability: The particular form of poverty principally associated with physical impairment is caused by our exclusion from the ability to earn an income on a par with our able-bodied peers, due to the way employment is organized. This exclusion is linked with our exclusion from participating in the social activities and provisions that make general employment possible[31].

111. Indeed, there is evidence of the underrepresentation of people with a disability in the labour force both in Russia and of a positive relation between employment and developing positive thinking in the group in question.

112. Our short project research shows that despite widespread ableist stereotypes, people with disabilities are capable of living happy lives. Even though there is evidence for significantly lower

29 Corrigan J. D., Bogner J. A., Mysiw W. J., Clincho, D., Fugate L. (2001) Life Satisfaction After Traumatic Brain Injury. Journal of Head Trauma Rehabilitation, 16 (6): 543-555.

30 Kinney W. B., Coyle C. P. (1992) Predicting Life Satisfaction among Adults with Physical Disabilities. Archives of Physical Medicine and Rehabilitation, 73 (9): 863-869; Schmidt L., Danziger S. (2012) Filling Holes in the Safety Net? Material Hardship and Subjective Well-being among Disability Benefit Applicants and Recipients after the 1996 Welfare Reform. Social Science Research, (41): 1581-1597.

31 UPIAS (1975) Fundamental Principles of Disability. London: Union of Physically Impaired against Segregation. P.15.

levels of self-reported happiness and life satisfaction among people with and without disability in Russia, this relationship is fully mediated by social exclusion and economic need, which, according to the social model, are frequently the outcome of discriminatory attitudes toward people with disabilities.

113. The problem of financial disadvantages in the group in question is well known and is tackled through disability pensions, benefits, services and charitable donations. However, the social model argues that these measures are inadequate since they force persons with a disability into the role of 'tragic victims', and mandates instead the removal of social and infrastructural barriers that prevent them from improving their economic position through employment and full social participation. Indeed, in a recent report on disability and the social position of people with disabilities in Russia, 16 % of unemployed people with disabilities reported that they would return to the labour market if given such an opportunity. Therefore, employment and inclusive strategies for people with disabilities should be given more weight, articulated in more detail and better monitored.

114. Importantly, the social model does not encourage persons with a disability to assimilate and conform in order to fit in society; it claims that the barriers they face are the product of a specific social structure and, hence, holds society responsible for accommodating people with a disability. In this way, disability policy measures should, in the first place, combat negative attitudes towards the group in question and improve their confidence and self-esteem to ensure equal participation in all types of social activities.

115. Our organization already performs *pro bono* some of these functions by providing job search assistance and conducting seminars and inclusive events for people with disabilities, on the one hand, and raising public awareness on the topic and combatting stigma, on the other. Given the potential for cooperative relations between the Russian state and civil society in the field of social inclusion and the representation of vulnerable groups' interests, our short study implies that the third sector initiative should be supported and their country-specific experience should be considered when developing state projects and programs. Further, given the negative effect of age on developing positive thinking and the above-average age of the group with a disability, it is critical to ensure that the challenges that the adult population-and not only children with disabilities-faces are on the agenda.

116. It should be noted that the social model of disability has been subjected to criticism for its lack of consideration for disabilities and heterogeneity within the group[32]. It is not the intention here to claim that the pain and discomfort often associated with disability have no effect on happiness and life satisfaction in the group; however, our analysis shows that socio-economic differences may explain the gap in developing positive thinking.

32 Shakespeare T. (2006) The Social Model of Disability. In: L. J. Davis (ed.) The Disability Studies Reader. New York: Routledge: 197-204.

117. Further, Mike Oliver states that the social model has never intended to serve as an overarching theory, but rather is a tool to improve the lives of persons with a disability. In this way, it is understandable that it would not be able to account for the trends in groups with every type and degree of disability, yet it proves to be instrumental in highlighting the common forms of discrimination that persons with a disability face. It also provides a base for a sense of collective identity instead of introducing divisions between more deserving and less deserving or deserving and dependent, as welfare systems often do.

118. Unfortunately, in current Russian conditions a base for a sense of collective identity is allowed only in direction, predestined by the Government, whose focus is far from helping people with disabilities.

d) Legislation in Russia regarding the social inclusion of persons with disabilities;

119. Until 1979, children with disabilities were not legally recognized in our country, because disability was defined as the inability to perform professional functions due to illness or injury. People who did not have work experience could not claim disability benefits. In accordance with the UN requirements, children under the age of sixteen can be recognized as disabled in accordance with the Decree of the Ministry of Health of USSR No. 1265 of December 14, 1979. The decision contains

a very limited list of diseases, mainly genetic and incurable, for which children were allowed to receive social security benefits.

120. In 1991, this list was expanded in accordance with the recommendations of the World Health Organization, and, consequently, the number of those who were recognized as children with disabilities increased. Since 2000, minors under the age of eighteen have been in this category. The number of such children is about 205 per 10,000 children. The main legal act, which provides for the definition of disability, establishes the responsibilities of federal and regional authorities and defines economic, legal and social measures aimed at supporting, compensating and integrating persons with disabilities, is the Federal Law on Social Protection of People with disabilities[33].

121. The law is based on the concept of equal civil, social and cultural rights of persons with disabilities and provides for medical and social rehabilitation, including vocational education and employment assistance. The rights of children with disabilities are defined in the Family Code of the Russian Federation, the Fundamentals of Health Law and about twenty federal and 800 state legislative acts; however, in most of them there are no norms ensuring the implementation of legislative decisions.

122. One of the errors in the application of the law was corrected by the Constitutional Court of Russia by Decree No. 231 of June 27, 2005[34]. This decision expanded the right of mothers and children with disabilities to receive earlier retirement benefits than fathers of such children, and provided one of parents are entitled to receive federal pension benefits at the age of fifty if they have paid social insurance tax for at least fifteen years and have been involved in raising a child under eight who has become disabled since birth.

33 SZ RF 1995, No. 32, Item 3198.

34 SZ RF 2005, No. 29, Item 3097.

National Legal Standards regrading Education and People with disabilities

123. Under current federal legislation, all people have the right to education. The law requires that regional and city authorities create conditions for quality education for all without discrimination against persons with disabilities, including through the organization of inclusive education. The law defines inclusive education as "providing equal access to education for all students, given the diversity of special educational needs and individual opportunities". The law also states that the education of children with disabilities can be organized in various ways, including: together with other students, as well as in individual classes, groups or in separate educational organizations (specialized schools). The law provides conditions for facilitating the education of children with disabilities, which include: special curricula, specialized textbooks, support programs, technical devices and provision of assistants, accessible physical infrastructure and other conditions.

124. The Russian law "On Social Protection of Persons with Disabilities" guarantees disabled people access to free pre-school, school, vocational and higher education, and also obliges regional and city authorities to create conditions for people with disabilities to access these forms of education. The law also guarantees accessible infrastructure and information for people with disabilities, including, for example, housing, public transport and science books written in Braille or in audio recordings.

Law and reality

125. The Federal Law "On the Social Protection of Persons with Disabilities" provides important guarantees for people with disabilities, including benefits such as pensions, subsidies, and rights to assistive devices and rehabilitation services. We did not conduct a comprehensive analysis of the law; instead, we identified some aspects related to the law, including the lack of clear enforcement mechanisms at the federal level, according to which enforcement remains at the discretion of regional and city authorities.

126. In addition, while the law requires owners of private properties to grant access to their property or face litigation and fines, government agencies are not required to make public facilities fully accessible if they consider that they are beyond their budget.

127. The four-year Russian program "Accessible Environment", already mentioned in our part of this guide, included ambitious and important goals, such as expanding access to education, information, healthcare and transport for people with disabilities through financial and technical support in certain regions. The program was aimed at people with sensory impairments and limited mobility, but did not include clear information on how it was intended to help people with other types of disabilities, such as psychosocial, developmental and intellectual disabilities. In addition, the program was limited in that it financed only those regions of Russia that were also ready to allocate their resources or ready to agree for kickbacks.

128. In January 2020, we can prove that the four-year Russian program "Accessible Environment" has failed mostly because it was hastily prepared as many of the famous Soviet five-years mobilization plans, while in the USSR the outcomes of these plans were a way more effective.

e). Examples of methods and techniques used in Russia for the recovery of children with disabilities;

129. The last part of our project task is about the processes of adaptation of Russian children with disabilities and their successful socialization.

130. Currently (2010-2020), research in the field of social rehabilitation of children with disabilities is complex and structured. Various fields of scientific knowledge draw attention to this problem, which in its significance is one of the most relevant and requires the search for the most productive ways to solve it. The scale of the problem became more acute in our country in the late 90s and attracted the attention of prominent sociologists, educators, psychologists and politicians.

131. The process of social adaptation of children with disabilities is a problem of the formation and development of personality in society as an equal and free person, capable of leading a normal life among healthy people. Recently, it has acquired special significance due to the fact that in the new millennium, with its rapid progress, the development of technology and the entry into a new era of post-industrial society, it is possible to change our attitude towards people who are in difficult lives. situations and implement social assistance and their gradual integration into modern society as full members. And this is a problem that sociologists have dealt with throughout the history of human civilization. This has influenced fundamental concepts such as mercy, mercy, kindness, humanity and tolerance, and cannot leave us indifferent to ourselves and to the present gloomy situation in the modern world.

132. The aim of our organization was to identify and analyze some aspects of the social rehabilitation of children with disabilities by assessing the impact of social technologies on the implementation of safe socialization and constructive resocialization of children with disabilities.

133. To study the essence of the problem, it is necessary to define the basic terms. The term "adaptation" in translation from Latin means literally "fit", "fit". This term was originally borrowed from biology, where adaptation means adaptation of an organism to external conditions during evolution, including morphophysiological and behavioral components. From a sociological point of view in this context, we offer the following interpretation of this concept, referring to the ideas of the researcher Yu.A. Urmantsev: “Adaptation is the adaptation of the characteristics of a teleobject system to the characteristics of the environment for the implementation of specific goals in this environment”[35].

134. In other words, we can understand adaptation as adaptation to the environment through the adoption of its specific features, and the process of inculturation, that is, the process by which a person adapts and assimilates the culture in which he lives i. e. entry into human culture with the help of a teleobject system by adopting social norms for the realization of personal aspirations.

135. Scientists note that a “teleobject-system” means absolutely any object that is active, determined and capable of the process of self-adaptation, creating the conditions necessary for its

35 Urmantsev, Y. A. Nature of adaptation (system explication) // Issues of Philosophy. — 2003. — № 3. — P. 21–36.

implementation in relation to the goals and characteristics characteristic of this object and the environment[36]. Adaptation is an integral part of the effective socialization of any person and his or her entry into the community as a full member.

136. But psychological aspects and the fear of feeling unwanted and alien make children with disabilities go through the process of desocialization. When a person loses certain social values and norms, this process is often accompanied by his or her exclusion from a particular group or society as a whole. Thus, the child loses touch with society, alienates and moves away into himself. In such a situation, social workers, psychologists, teachers and specialists working with children with disabilities should initiate the process of resocialization, i.e. e. re-socialization immediately.

137. Psychologists have identified four main types of adaptation of people with disabilities to the community. The first is an active-positive type of people with disabilities who are looking for a way out of negative life situations; they have a positive attitude towards life, a rather high self-esteem, enthusiasm that affects others, vitality and independence of thoughts and actions.

138. The second is a passive-positive type. People of this type have a fairly low self-esteem. They are quite satisfied with the current state of affairs in their lives today, for example, the excessive protection of relatives who satisfy all their needs with the help of the rest of the family. Therefore, they are generally positive and peaceful, but not active enough to change their lives and realize themselves through art, sports, etc.

139. The third type is a passively negative type; people of this type are rather unhappy with their situation and at the same time do not want to try to improve the situation. At the same time, such people have rather low self-esteem, a cautious attitude to the world around them, a constant expectation of a dirty trick or new troubles.

140. And the fourth type is the active-negative type. Psychological discomfort and dissatisfaction with one's life are combined with a belief in the ability to change one's life for the better, but not with one's own efforts, but with the help of someone else, such as the state or parents. The type of adaptation of a child with disabilities depends on his immediate environment, his or her socialization agents, and, of course, on the core values of the society in which he or she lives. Each state has different approaches to solving this problem due to different political, socio-economic and psychological-pedagogical conditions.

141. So, according to E.I. Kholostova, a typical example in this regard is a comparison of two social security systems-European and American. The social system of the European continent was affected by the destruction of existing ties in the community, which entailed the weakening and, as a

36 Belyaev, I. A. Adaptation as a form of individual integrity of human identity // VESTNIK. — 2010. — № 2 (108) — P. 4–10.

result, the lack of support for those who need it from the immediate environment. In America, however, the emphasis was shifted toward independence, personal initiative and independence.

142. Thus, the system is free from government influence. For example, to some extent, we may consider the Declaration of Independence of Persons with Disabilities as the result of successful rehabilitation of people with disabilities in the United States. Of great importance are the so-called independent life centers, which are widely used not only in the United States, but also in the UK, Russia, Canada and Sweden[37].

143. On the territory of our country, solving the problem of adaptation of children with disabilities is extremely necessary. Many experts are working on creating innovative methods for communicating with children with disabilities with members of society[38]. An example is the so-called "game therapy" developed by the Institute for the Development of Personality with the participation of G.I. Reprintseva, which is used for the prevention and correction of neurotic reactions, fatigue and deviations in behavior and communication in children of this category.

144. Ringo-Nadezhda is a technique widely used abroad. It was developed by Russian scientists. One of the authors is L. Ye. Argun, Honored Worker of Physical Culture of the RSFSR, Honored Master of Sports of the USSR. He is the author of many scientific papers, methods and books on physical education for adolescents and children with disabilities.

145. The problem of social protection and rehabilitation of children is constantly under the control of federal and regional authorities of the Rostov region. Dobrodeya is a rehabilitation center that makes an important contribution to the general solution of the problem of adaptation and socialization of children with disabilities. It is located in the area of the Cotton Textile Mill in the city of Mines. Children with disabilities suffering from cerebral palsy receive specialized care. Medical and social patronage is being successfully implemented to teach parents how to rehabilitate a child at home, as well as socio-psychological patronage to correct family relationships.

146. The center also provides advisory assistance: it informs parents about relevant social benefits and introduces them to laws and regulations that provide for all types of social assistance and support for children with disabilities. The rehabilitation center “Dobrodeya” gives adolescents the opportunity to determine their propensity for a particular type of work and encourage them to choose a future profession that will correspond to individual talents and abilities.

147. Professional training is offered in the following areas: “PC User”, “Tailoring”, “Hairdresser”. Children learn the basics of computer science and take the first steps in the world of computer

37 Kholostova, E. I. Social work with handicapped people: textbook. — Moscow: Publishing and Trade Corporation «Dashkov & K«, 2006. — 240 p.

38 Akatov, L. I. Social rehabilitation of children with disabilities: textbook. — M.: Humanity Center VLADOS, 2003. — 368 p.

communications in the computer room of this center. Thanks to the close work of the center with the Institute of Service and Entrepreneurship (a branch) of the Don State Technical University, the children were trained in information technology and received certificates "PC User" on the basis of the institute.

148. The Department of Psychological and Pedagogical Rehabilitation offers training in subjects related to the vocational training of children in primary and secondary schools, including information technology, craft, music and choreography. Specialists of the psychological and pedagogical department offer corrective psychological, therapeutic treatment, speech therapy and other types of care for children and adolescents with cerebral palsy. The medical and social rehabilitation department administers the treatment of the central nervous system of the disease, the musculoskeletal system at all stages of the recovery period of the disease. The treatment is carried out by experienced specialists: neurologists, an orthopedist, pediatrician, doctor, physiotherapist, reflexologist, physiotherapist, otolaryngologist, psychiatrist, massage therapists, physiotherapists and nurses. Medical assistance is provided around the clock.

149. The Center pays great attention to ethical, aesthetic, environmental and other types of education through various forms of cognitive activity-games, quizzes, competitions, theatrical productions, holidays, festivals, etc. All modern equipment is available. specialists: devices, simulators and technology for diseases that are effective in the treatment of the musculoskeletal system, such as SCANNER therapy, MILTA, costumes Adele, Graviton, Gross simulator, therapeutic blanket, pearl baths, underwater massage, vacuum massage, Solarium, etc.

150. There are two rooms for physiotherapy (conductive and mechanical therapy), light therapy, thermotherapy, hydrotherapy, treatment room, pool with sauna, solarium, garden and bar with herbal tea. All departments work closely with each other. This allows you to create a consistent set of corrective actions and get targeted positive results, thereby improving the quality of life of children with disabilities. Thus, having determined the scope and specificity of the processes of social rehabilitation of children with disabilities, we can conclude that in our time a lot of work is being done to solve the problems of children with disabilities, and the results are realized in the field of social work through the use of modern social technologies that can help motivate children with disabilities strive to achieve their goals and be full members of our society.

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List of our partner NGOs helping people with disabilities
(*North-West region of Russian Federation***)**

1. **Perspektivy**
   ST. PETERSBURG

   Since 1996, PERSPEKTIVY has provided living conditions for children with severe mental and physical impairments as close as possible to living conditions of children without disabilities, as well as undertakes normalization of surroundings where they live when become adults. We have the assistance program for supporting 75 children with the most severe physical and mental impairments in State Orphanage No. 4 for Disabled in Pavlovsk. Our experts together with volunteers work with our care recipients during the year. They teach children to walk, eat, and drink by themselves, as well as to get dressed and serve themselves. They bring meaning and interesting activities in our guys and girls' lives by organizing games, celebrations, trips, in line with providing additional care, attention, and development. We also support 195 families from Saint-Petersburg by helping them to live life to the full and create future for their children: the Day Care Center for children, the Day Occupation Center for teenagers and young people, and the Guest House in cooperation with experts and volunteers supporting families in crisis situations work under the program.

2. **Pskov regional public charitable organization "Rostok"**
   PORKHOV

   We support graduates with special needs; support for foster and biological parents, the provision of pedagogical and psychological assistance

3. **Trinity**
   SEVERODVINSK

   Prevention of disabling diseases, promotion of healthy lifestyles among schoolchildren and students. Collection of donations for emergency assistance, purchase of vital medicaments. Development and realization of rehabilitation programs for children with oncological diseases and adults. Self-support groups and the School of Women's Health, etc.

4. **Hope**
   ARKHANGELSK

   We implement projects aimed at improving the quality of life of people in this category. Rehabilitation of people with disabilities, conduction of classes in physiotherapy exercises, training on a personal computer, cultural events, board games, dance classes, etc.

5. **MOST**
   ARKHANGELSK

   Assistance of persons with mental health features, protection of their rights and freedoms, socio-psychological and social support, assistance in finding employment and adapting to independent living in the community. Bringing the public's attention to the problems of mentally ill people.

6. **Severodvinsk local public organization of disabled people with hearing loss**
   SEVERODVINSK

   Work in the field of: health, preschool and school education. Professional education, labor and sports rehabilitation. Training of specialists.

7. **Women from Koryazhma**
   KORYAZHMA

   We make projects for the youth, the elderly population, the disabled, orphans. We organize garden exhibitions and forum of soldiers' mothers.

8. **All-Russian Society of the Blind**
   ARKHANGELSK

   Our organization helps the blind and visually impaired people, aid their rehabilitation and integration in society. Helps to master and apply the technical means intended to facilitate work and life of blind people, to facilitate the organization of leisure and recreational activities.

9. **Kargopol Organization of the All-Russian Society of Disabled People**
   KARGOPOL

   Protection of the rights and interests of people with disabilities, organization of their leisure and help in everyday life.

10. **All-Russia Society of the Deaf**
    ARKHANGELSK

    The organization:-helps strengthen the organizations that are its members;-is a negotiation platform for public organizations of disabled people in interaction with the authorities;-influences the formation of social policy at the regional and municipal levels.

11. **Arkhangelsk regional organization of the All-Russian Society of Disabled People**
    ARKHANGELSK

Creating an accessible environment. Protection of the rights of disabled people. Organization of sports competitions. Conducting seminars and conferences on accessibility of facilities and services for people with disabilities.

12. **Happy Childhood**
ARKHANGELSK

Pre-school education, social and psychological consulting, socio-educational correction, rehabilitation of preschool children with diagnosis: children's autism, autism spectrum disorder (ASD), Down's syndrome etc.

CDPE O1 Pedagogical Guide- Hanta Associates Ltd

Child-Disability-Parent-Education

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Summary

Today, around 95 million children are affected by moderate to severe disabilities worldwide, representing 5 children out of 100.[1] This huge number presents numerous challenges for them and for the society to adapt.

They have a right to appropriate education in line with their abilities, to live full and independent lives as any other child.

According to the Children and Family Act 2014 from the UK legislation,[2] children with Special Educational Needs are defined as follows;

.A child or young person has Special Educational Needs if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her

.A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

.Has a significantly greater difficulty in learning than the majority of others of the same age, or

.Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools

Active and responsible participation of parents and families is important for the success of children with SEN. Parents can support their children to become confident and help them with education. They play an active role in the well-being of their children and ought to be well-informed. Yet it is proven that parents with disabled children are often overwhelmed. They have a tendency to self isolate from society because of the permanent stress that affects their daily lives. This social exclusion could be overcome through different steps that our project is going to tackle.

[1] https://unesdoc.unesco.org/ark:/48223/pf0000265353

[2] https://www.legislation.gov.uk/ukpga/2014/6/contents

Erasmus+

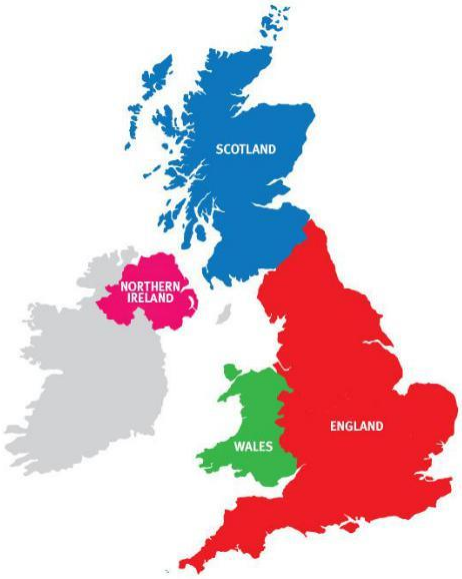
Child-Disability-Parent-Education

O1 Pedagogical Guide-UK

Child Disability Parent Education Erasmus+ project aims to help parents of children with special educational needs. A parental education program related to the special needs of the children has been developed. Parents are able to meet and discuss with other parents facing the same difficulties and overcome their social exclusion. An online platform has been set up for them to communicate and also to have counseling services. Advice is available with non formal educational approaches and techniques used at an international level.

Specialists working with children with learning difficulties are involved and can share up to date information. Parents and specialists have a broader involvement in the social recovery and integration of our target group. Children also have the opportunity to benefit from different recuperative activities and therapies.

In the United Kingdom, 15% of children have special educational needs in 2019[3], including 1,25 million in England. Only 14% of these have access to EHC or SEN plans which are aids and funds given by the government. An EHC plan details the education, health and social care support that is to be provided to a child with SEN from the local authority whereas the SEN support is what schools and similar settings use to find and meet the needs of children with special educational needs. In the year 2010, one child out of 5 was diagnosed with SEN, in 2018, it reduced to 1 child out of 7[4]. The United Kingdom has set up more than 1000 special schools over the country for our target group, in 2018, 120,000 children attended.



Children with disabilities are one of the most excluded groups in society as they have to deal with daily discrimination and mobility difficulties due to the lack of infrastructure adapted to them. Parents are often found to be lost as to which steps can be taken to help them as mentioned above. Several therapies are available nowadays for children with Special Educational Needs (SEN) in order to improve their daily lives. In recent years, there has been an improvement in the quality and quantity of therapies available for this target group.

3 https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2019

.https://www.frontiersin.org/articles/10.3389/feduc.2019.00079/full#B9

Kinesiology

There are traditional and some alternative therapies that offer a large range of benefits for children with SEN. **Kinesiology** is one of them. It is the alternative and holistic therapy that involves the science of physical activity and movement. It is the study of how muscles act and coordinate in the body. According to this science, each muscle group is linked with other entities in the body, helping to investigate what may cause imbalances.[5] Looking at the health condition as a whole, this therapy addresses the physical body, the environment and the psychological state of each person. Practitioners use a process of gentle muscle monitoring to gain an insight into muscle patterns and to assess how the body functions. In this way, they are able to find out more about the body's overall state of structural, chemical and emotional balance and therefore treat a wide range of health issues.

Historically speaking, this alternative therapy was created in the 1960s when a chiropractor carried out a body evaluation through muscle testing. He discovered that each muscle was related to an energy circuit which was then connected to organs. His findings are now the basis of Kinesiology which then evolved into kinesiotherapy.

Kinesiotherapy is the study of human movement in order to help patients meet exercise goals and recover from injuries. It will enhance the strength, endurance and mobility of individuals with functional limitations.

The therapy is done through repeated voluntary dynamic movements either with the whole body or a specific area with the aim of relieving symptoms and improving functions. Kinesiologists use their deep understanding of anatomy, physiology, biomechanics, psychomotor behaviour, and other fields to improve human function and performances and optimize the body's potential.[6] Kinesiologists treatment program is determined after a thorough examination, leading to a personalized program (including fitness athletics and body composition). This therapy is closely related to physical activity and mobility.

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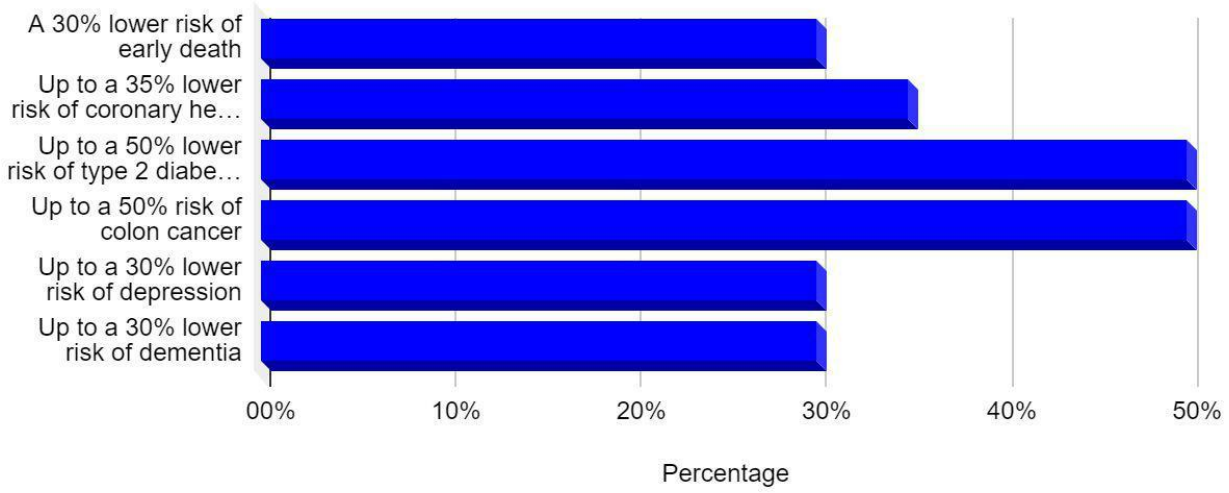
5 https://www.couriermail.com.au/lifestyle/health/all-about-alternative-therapy-what-is-kinesiology/news-story/a4c2096a86fb4f164011788e41e34496?sv=bf0fc5a6cd966c95e592ac93a7e1e6a0

6 https://www.symmetrix.ca/blog/difference-between-kinesiologist-and-physiotherapist-in-vancouver

Physical Activity

Kinesiotherapy can be linked to mobility and sports in general. This mobility can help children with SEN to focus more and increase their different skills. According to the NHS, active people are known to have:



In addition, it is proven to help memory, increase brain function and reduce stress. Self confidence and sleep pattern will be improved greatly. Children with Special Educational Needs will not only gain from *internal benefits* but it can also improve their social lives. For instance, many sport activities are done in teams, and the group cohesiveness is positive for children with disabilities.

According to Sport England's[7] 4 out of 5 disabled people take little or no exercise, in which 7 out of 10 would like to increase their physical activity. For children with SEN, parents should encourage them in taking physical activity or joining a club as it is beneficial on a long-term scale. Some might be reluctant because they believe there are some barriers, yet more and more places are becoming accessible with specialist equipment and trainers. It is important to know that in the United Kingdom, since the Equality Act 2010, most facilities had to make reasonable adjustments to make their facilities inclusive.

7 http://www.activityalliance.org.uk/assets/000/000/149/2518_BeingActiveReport_A4_FINAL%281%29_original.pdf?1461165840

As an example, you may find leisure centers, swimming pools, tennis clubs, golf clubs, rugby, cricket, football clubs, riding schools, gyms, health and fitness clubs that welcome children with disabilities. By starting an activity in the early stage of a child's life, an habit can be created, which will be continued throughout their entire life.

Physical activity may seem challenging to reach for parents with children with disabilities. Yet they should really understand the benefits and promote it so they can have the same opportunities as any other children. Educational professionals had already grasped its importance before it became mandatory in schools.

Physical Education

It is important for kinesiotherapy and physical activity to be highlighted in schools and especially for children with SEN. As seen earlier, the use of physical activity supports gross motor skills and has diverse benefits. Almost all children on SEN support are educated in mainstream schools rather than special schools or units. They may have trouble focusing in classes and sitting still. For instance, it has been proven that maintaining balance, sitting or standing draws upon attention resources that are needed to undertake academic tasks. They ought to be encouraged to redirect their activities so that they are not excluded in activities such as physical education.

Physical activity participation is recognized as a critical component of health and development for disabled and non-disabled children. Physical activity is seen as a multidimensional construct, encompassing aspects of physical performance, and self perceived engagement[8]. Research has shown that children with SEN often have fewer opportunities to access physical education and school sport due to physical, social and emotional barriers to participation[9]. Yet, PE is a compulsory subject under the National Curriculum at all key stages of the children's lives so it ought to be taught to everyone in the same way.

As it states: "PE helps pupils develop personally and socially. They work as individuals, in groups and in teams, developing concepts of fairness and of personal and social responsibility.

They take on different roles and responsibilities, including leadership, coaching and officiating. Through the range of experiences that PE offers, they learn how to be effective in competitive, creative and challenging situations."-National Curriculum, QCA, 2009

[8] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5011128/
[9] https://dera.ioe.ac.uk/13804/1/physicaleducationpe.pdf

There are three main benefits for physical education for children with special needs at school

- Physical improvements: several studies[10] In disability groups have found that participation in physical activity and sports improved the levels of well-being and physical health. Their involvement in physical education helps them to develop different skills that might be below age-level performance. Children with SEN have seen improvements in everything from their hand-eye coordination and flexibility to their muscle strength and endurance. Simple exercises greatly improve the overall motor skills

- Mental improvements: Being involved in PE classes improves the general mood and wellness of the target group. It reduces anxiety, improves self esteem, social awareness and self-confidence which are essential for empowering the lives of young people with special needs[11]. The interaction with other children will give a sense of accomplishment and confidence to them if they feel successfully contributing to the group.

- Behavioral improvements in attention, relationship and academics: Physical education will lead to cognitive improvements thanks to the structure of sport (its set of rules, organisation) as it can help them practice self-regulation and enhance decision making skills. They will be able, thanks to educational professionals, to focus on specific goals and communicate adequately with their peers in a team-work spirit

Physical education is more than engaging into a particular spot, it teaches children a large range of skills that will be transferable to their daily lives. Parents, teachers and specialists are encouraged to find creative ways to implement reasonable accommodation to ensure that all students with special needs are successfully included in the school physical education environment.

10 https://www.ncbi.nlm.nih.gov/pubmed/19149420

11 https://blog.schoolspecialty.com/benefits-physical-education-children-special-needs/

In addition, Guides have been created in order to include pupils with special educational needs in physical education at school by the Training and Development Agency for Schools.

These guides give direction and examples with the following different themes[12]:

- maintaining an inclusive learning environment
- multi-sensory approaches, including information and communication technology (ICT)
- working with additional adults
- managing peer relationships
- adult-pupil communication
- formative assessment/assessment for learning
- Motivation
- memory/consolidation

All the teaching staff in a school is responsible for the provision for pupils with SEN and/or disabilities. They should be involved in developing school policies for identifying, assessing and making provision for pupils with SEN.

12 https://dera.ioe.ac.uk/13804/1/physicaleducationpe.pdf

Case Studies

As mentioned throughout this guide, movements and mobilities are crucial in the lives of children with SEN. From kinesiology, kinesitherapy, physical activity and education should all be considered by specialists and parents to help our target group. These types of therapies do not change the outcome of the disability and learning difficulty, yet they do improve the condition of each child. New therapies and techniques are found daily and still developing to create cures.

This aspect is still relatively new in the United Kingdom and Europe to find concrete data and experiences. Few cases are still available to confirm the different positive points of these therapies.

- **Using Kinesiotherapy programs in children with Down syndrome**

This research was done in Romania by a science, movement and health journal. The goal of the research is to try to demonstrate that the social, emotional, cognitive, communication and motor skills in the children with Down syndrome are practiced throughout the kinesiotherapy programs. The results of the research will try to demonstrate that the social, emotional, cognitive, communication and motor skills in the children with Down syndrome are practiced throughout the kinesiotherapy programs too. The main goals of the kinesiotherapy treatment are Re-establishment of the body alignment; Gaining and maintaining the articular mobility; Preserving or gaining again the muscular strength and endurance; Rehabilitation of coordination and balance; Re-education of sensitivity; Regaining the capacity for effort; Creation of the capacity for relaxation.

Benefits noticed regarding the application of the programs for children with Down syndrome: Stimulation of the central nervous system; Normalization of the muscle tone; Alignment of the body as normal as possible; Correction of the gait characteristics; Influence on the vestibular system; Improvement of balance; Improvement of coordination; Diminution of uncontrolled and hesitating movements; Improvement of spatial and body perception; Improvement of speaking and its fluency by controlling the posture of body and trunk; Adjustment of gross and fine motor skills[13]. The findings are encouraging and they specify that children with Down syndrome should invent and practice their own movements like the ones from kinesiotherapy in order to keep improving the aboves.

13 http://www.analefefs.ro/en/anale-fefs/2018/i2supliment/autori/TIMNEA_OLIVIA_CARMEN___POTOP_LARISA___TIMNEA_ANDREEA_CONSUELA%20%281%29.PDF

- **Use of robotic kinesiotherapy and botulinum in the complex of rehabilitation of children with cerebral palsy**

This research was done in Kazakhstan by several medical universities. They found out that effective methods for rehabilitation of children with CP are not enough. NEw approaches are needed for a full recovery. They have proven the connection between exercises of robotic kinesiotherapy and improvements of the gross motor function, speed and endurance of walk, kinematics of the lower limbs in varying degrees, and social activity improvement.

The research results indicated that children with spastic diplegia have significant improvement in motor characteristics when the combined applying of robotic walking and botulinum therapy compared with conventional therapy. There was also a significant improvement in self-service skills, which is the main goal of rehabilitation of children with disabilities[14]. Yet they specify they have a lack of data that prevents them to compare the study at a larger scale.

14 https://innovareacademics.in/journals/index.php/ajpcr/article/view/26541/15642

Conclusion

The number of children with disabilities and with Special Educational Needs is growing at the same time as population growth. Several therapies are available for these 95 million children worldwide. The people surrounding them play a crucial role to support and help them overcome the problems they may face. Parents are on the first line and often found to be overwhelmed. This is why it is essential for them to have access to information and different educational approaches available for their SEN children.

Kinesitherapy is an alternative therapy dealing with human mobility using muscle connection. It contributes to the strength, endurance and mobility of the patients. Children with Special Educational needs could greatly benefit from this physical activity science.

It is important for parents, trainers and teachers to take into consideration the physical aspect with children with disabilities. As mentioned above, involving them in a physical activity will not only benefit them from physical capabilities but also from mental capabilities. It can enhance brain function, reduce stress, encourage confidence and social skills. To a certain extent, all children can benefit from physical education at school, yet not all schools and teachers are skilled to teach children with Special Educational Needs. In England, as most SEN children attend normal schools, guides have been created to support the staff.

Thanks to these different steps, children with Special Education Needs are able to enjoy more and more physical activities at school and outside. By encouraging children to be involved in sports, parents will not only improve their children's conditions but also theirs; they will be able to meet other parents during activities and hence favoritize social inclusion.

4. Methods and techniques for stimulating social skills-ROMANIA

a. LANGUAGE DISRUPTION THERAPY

Speech therapy is a complex activity, carried out on many planes, individually or in groups, depending on the etiology of the disorder, severity, age. Speech therapy is established following a complex examination, based on which the speech-language diagnosis is established.

Speech therapy should be based on the plasticity and the compensatory character of the cortical activity that ensures the balance between the body and the environment, adapting to it. Modern research has shown that the whole human body has many resources in its reserve to combat various disorders. However, the restoring of the disturbed functions is not realized spontaneously, automatically, but it is gradually acquired, based on sustained exercise, through re-education measures. With regard to children who are logopathic with organic and sensory deficits, the compensation also concerns cortical dynamics restructuring, as well as the restructuring of complex relationships between sensory and motor activity.

The readaptation is conditioned not only by the innate biological properties, but also by the influences of external factors, education, social relationships. Motivation plays a decisive role.

In correcting speech disorders, account should be taken not only of the anatomical factors, but also of the superior nervous activity, the psychic and the social environment. That is why the methods have to be complex, a certain sequence must be respected, and medicine should be intervened where appropriate, physiotherapy and psychotherapy.

If the disorder is mild, it is necessary to use the specific methods of forming the correct speech skills. If the disorder is more complex, it will work on the whole body, the methods will be more complex, it will work individually and for a longer duration. Some also require medication over time to eliminate or weaken etiological factors. The medicines do not contribute to the actual correction of the speech disorders, but to the restoration or improvement of the damaged organic

and functional balance, to the increase of the threshold of organic and mental resistance in front of the different factors. The main role in correcting speech disorders lies with speech therapy, with medication being an adjuvant factor.

Speech therapy is a complex process, sometimes of long duration, which is carried out in stages, the success of each stage contributing to the success of the others.

Regarding the correction methods, the specialized literature and the practice prove that generally valid methods cannot be applied in all disorders and cases. Speech therapy is strictly individualized.

Method is imitation, but although its base lies reflex imitation, which is easiest physiological mechanism, it is not sufficiently effective in all cases, it involves sufficient attention, interest, cooperation, understanding of the purpose of the activity, but most of the logopathic children have very labile attention, with a minimum power of concentration, they are refractory at the beginning, they are not willing to make a sustained effort and therefore this method must be supported by a number of other methods and procedures, aimed at act not only on the speech, but on the whole personality of the child: to educate his conscience, to enrich his knowledge, to contribute to the development of the whole intellectual activity, to form a correct orientation on his own defect and towards those around him, to arouse his interest and desire to correct himself. To do this, the exercises have to be well selected and dosed, the whole activity to be interesting and to be carried out in an atmosphere of calm, good will and optimism, with a verbal and illustrated material appropriate to each disorder and stages, the mechanical processes alternating with the living speech. should not be neglected semantic aspect of speech and where necessary to use special measures psychotherapy.

Speech therapy is established according to the disorder and personality of the speech therapist. If the child understands speech and has logical thinking, the word can be used because it acts directly on the brain. By explaining to him what the disorder consists of and what are his chances of correction, he gains confidence in his own possibilities, contributing himself to the correction. The use of the word presupposes a child with a certain degree of intellectual maturity to understand the arguments that are brought to him and then react appropriately. In the young school age and in those with serious language disorders, due to the minimal possibilities of understanding or even misunderstanding of the word, its use is not very indicated. In no case will the logical argumentation which becomes boring and is generally rejected be used.

More appropriate at this age, due to the tendency to imitate the child, is the use of extralinguistic processes and the combination with rational procedures. Simple guidance, suggestive impression, affirmative attitude, immediate deed, and especially progress awareness, will have far greater effect than reproach, argumentation, theoretical explanation. A determined tone, an expressive mimicry are more indicated than the verbal demonstrations. In the selection of the procedures it is good to take into account the particularities of each child.

The discussions should be shorter, aiming to achieve success through speech therapy. Success is the best psychotherapeutic means.

Psychotherapy should also be extended to the family in order to initiate them with the particularities of the child, in order to support and continue the speech-language exercises, to create a proper life regime, to avoid the psychic traumas, to integrate normal in the family life and in the community. Teachers need to be trained, as both the family and the school have a decisive influence on the development of the child's speech. They can stimulate their speech and help remove speech defects or intensify them when they do not have the right attitude. Not being notified, parents, teachers can suspect them of ill will, lazy, often labeling them negative. In these situations they cannot ensure a favorable climate for speech development, they will act as traumatic factors and

will contribute to the appearance and fixation of negative elements in the neuro-psychic sphere of the child, which will complicate the picture and will accentuate their maladaptation. There are quite a few teachers and parents who have a negative affective attitude towards children with language disorders, not taking into account the fact that they are not responsible for the disorder they have, that school success is not only assured by physical health and development. intellectual, but also by a number of other factors, including language normality and emotional balance.

1 . ***The principles of speech therapy:***

- observing the particularities of the child's age, type and degree of deficiency, as well as the level of schooling;

- observance of the unitary character in the intervention (by correlation with the medical, pedagogical or psycho-diagnostic measures);

- observing the succession of the correction stages, according to the increasingly complex phonetic structures in which the sound is integrated;

- the passage during the correction through different action plans (from the image to the phoneme, from the phoneme to the grapheme and vice versa);

- use of the didactic game at any stage of the speech-intervention program;

- the permanent practice of the new phono-articulatory acquisitions in normal communication contexts;

- the use of psychotherapy as a means of support throughout the program of speech-language intervention;

- ensuring continuity in the corrective-recovery activity by involving the family, the teacher, the child's friends.

2. General methods and procedures

In the category of general methods and procedures are included:

- gymnastics and myo-gymnastics of the body and organs that participate in the pronunciation;

- education of breath and balance between inspiration and expiration;

- education of phonemic hearing;

- educating the personality, removing the negativity towards the speech and some behavioural disorders.

1. In order to ***improve the general motor skills and of the phonotic movements of the cross-links***, a series of exercises can be indicated that are of particular importance not only for the development of the language, but also for the health of the body. From this point of view, first of all, the general exercises that strengthen the body (limbs, trunk, neck) are important.

There are two major categories of exercises, namely:

- some with the purpose of relaxing the body and the musculature of the emission apparatus, exercises useful in pronouncing the majority of the sounds of the Romanian language

- others of tense that are used especially when pronouncing deaf sounds and more complicated words.

For those with speech defects, particular importance should be given to relaxation exercises. They usually pronounce phonemes too strongly. In their pronunciation they appear tense and too rigid. Relaxation exercises begin with some quiet breathing movements, performed with uninspired inspiration and prolonged exhalation. In order to be as efficient as possible, general physical exercises should be performed rhythmically in children, as they contribute to the rhythmicity of print and speech.

Gymnastics of the articulating apparatus

- general gymnastics exercises: gymnastic exercises for the torso, limbs and exercises for the neck muscles.

- coordinating inspiration and expiration with gymnastics.

- gymnastics apparatus articulator includes a wide variety of exercises for the jaw, lips, cheeks and their MBA.

Exercises should be done systematically every day for 5 to 10 minutes.

Exercise examples:

• **for jaws:**

- alternative closing and opening of the mouth.

- Movement of the mandible alternately to the right and left.

- movement of the jaw up and down.

• **for cheeks:**

- swelling and suction of the cheeks.

- the swelling of the cheeks alternately by passing the air from left to right.

• **for lips:**

- alternatively the extended lips-the rounded lips.

- grabbing a piece of cardboard by squeezing the lips and then relaxing the lips.

- covering the upper incisors with the upper lip.

- the strong extension of the lips, so that the teeth can be seen very well.

- strong vibration of the lips.

• **for the language:**

- raising and lowering the tip of the tongue behind the upper and lower incisors, keeping the mouth wide open.

- alternating the flat and sharp position of the tongue.

- lateral, left / right movements with the sharpest form of the tongue inside the mouth.

- left and right lateral movements in the outside of the mouth.

- formation of the median groove by raising the lateral edges of the tongue.

- the strong vibration of the tongue between the teeth at the same time as the vibration of the lips.

The exercises are done in front of the mirror, the child following the model of the educator or the parent. Once the exercises are learned the movements will be executed rhythmically after the verbal command.

Even when the child is undergoing treatment in a speech-language clinic, it is very good for the parent to learn the gymnastics and repeat them at home.

Exercises to coordinate the articulatory movements for the correct pronunciation of sounds

• The correct model of sound articulation we want to correct will be shown to the child.

• Demonstrate sound noise issue very slowly following the movements articulato country fair.

• The child will be shown the difference between the way he articulates and the correct pattern of movements.

• The child will mimic the proper articulation mode, first without sound emission, then with the sound output.

• The sound will be whispered with self-control and then with a normal voice.)

• We practice the pronunciation of syllables with the respective sound introduced in different positions (initially, final, middle position).

• The stage of practice of the series of words in which the corrected sound is in several positions.

• Consolation stage, consists in practising the correct pronunciation in sentences, poems, stories.

• Exercises are done in front of the mirror

• Gradually reach a natural pronunciation without effort.

2. Educate the right breathing

Q between the act of breathing and speech act must be a very good coordination. Difficult breathing may occur due to anatomical deficiencies, respiratory tract disorders . Are very frequent cases of children with mouth breathing (inspired by mouth) because vege your gations adenoids. It is compulsory to consult the specialist doctor and remove the causes. When the child's body is in full development during childhood, it is natural for some irregularities to occur without an organic cause.

Often children, when they speak, breathe using only the upper part of the paws . Q. During inspiration the chest grows vertically child raising exaggerated shoulders and neck muscles contracting. This is called the upper and denotes a breathing capacity but Tate respiratory reduced.

The rush in expression and the non-observance of the pauses in speech make some children talk and during the inspiration not only the expiration as normal. When they have told some children running forced respiratory movements using a sing t ies too much air in exhalation. Q. In this way they consume up all the air in the lungs and the last words of the sentence does not hear.

It is advisable to do a few simple exercises to develop the respiratory capacity and to achieve a good coordination between speech and breathing. It will begin with breathing exercises not on verbal. If done correctly and systematically be contributing b ui to general health.

• Breathing exercises will always be done only in well-ventilated rooms or in baby air.

• The child will be taught to breathe deeply into the nose and to breathe through the mouth.

• Inspiration will be accompanied by backward tilting movements of the trunk, and expiration by reverse movement, forward leaning.

• during inspiration will follow the extension of the lower part of the abdomen and the chest cavity C is then slowly return to normal during expiration.

• The exercises will be done at a slow pace with very little effort at the beginning.

• The correctness of the respiratory movements will be followed and then the duration of the breathing will be gradually increased.

• Follow the formation of self-control respiratory movements, equal time for inspiration, atoning r ation and break.

• The exercises will be much better understood and executed if we try to make them in game form.

Exercise for control of inspiration and expiration

1. Inhale deeply on the nose.
2. Put your hand on your chest and feel the air in your lungs.
3. Exhale the air in your mouth very slowly.
4. Gently exhale the air in your mouth, gently pressing your hand on your abdomen.
5. The upper lip covers the lower lip and the exhaled air is directed downwards.

Exercise for abdominal breathing

1. The back glued to the wall, and the column as straight as possible.

2. Gently inhales the nose and the air fills the entire lung; the left hand controls the lift of the abdomen.

3. Gently exhale the air in your mouth, gently pressing your hand on your abdomen.

Exhaled air steering exercises

1. Inhale on the nose and exhale slightly on the mouth with slightly rounded lips in the direction of the palm.

2. The lower lip covers the upper lip and the inhaled air is directed upward.

3. The upper lip covers the lower lip and the exhaled air is directed downwards.

Exercises to increase respiratory capacity

Inhale on the nose and exhale on the mouth blowing in the candles; gradually the number of candles increases.

1. Inhale deeply, exhale by inflating the balloon.

2. Inhale on the nose and exhale on the mouth slowly, moving the moss slowly.

3. Inhale on the nose and exhale strongly on the mouth, moving the moss quickly.

• Develop a better respiratory capacity and coordination movements inspire r ation and exhalation will be the basis for correct oral breathing.

• Breathing exercises word should be simple, without any effort or incorporated d is muscle.

• The talk will only be done during the expiration.

• These exercises are best done by reciting poems with short lyrics, emphasizing the intonation.

• It is important to form the self-control of the breath.

The education of the breath and the balance between breath and expiration plays an important role not only in ensuring biological functions, but also in pronunciation.

Specific speech therapy methods and procedures

1. ***Articulation demonstration method.*** At the beginning, the sound emission is made only with the help of kinesthetic visual analyzers, the speech therapist using one of its basic materials-the speech therapy mirror.

During the demonstration, the speech-language teacher also uses palatograms (which are graphical representations of the palate's surface touched by the language during the sound emission) and different articulation profiles, which highlight the normal position of the speech organs during the pronunciation of the sound, alternating with their wrong position. They are also of a real use the evocative gestures, with which they familiarize the child, gestures that indicate the place of articulation of the respective sound.

2. ***Method of exercises.*** The development of the correct sound is the result of performing a large number of phono-articulatory exercises, which are differentiated according to the form of the dyslalia and the peculiarities of the speech organs.

In order to ensure the formation of auditory perceptions as clearly as possible, the verb-tonal procedure is used, which puts the value of the auditory analyzer in the elaboration of the new sound. The speech therapist can use the phonemic differentiation device for this purpose, with which the dyslalic child exercises the accommodation of his speech organs according to the correct model, provided by the therapist. Use of a wide range of auxiliary material: speech-language mirror, pronunciation profiles, schemes, palatograms, etc.

3. The ***method of comparison*** gives the disloyal child the opportunity to report the stage in which the process of collecting his language disorder with previous stages is found and, in this way, of recording the progress made.

4. The ***method of deriving the*** affected sounds from sounds that are correctly emitted and which resemble them by their motor-kinesthetic execution, as well as by their acoustic form, has also a wide application in speech-language practice. The affected sounds can be derived not only from close sounds but also from the sounds preceding them in ontogenesis.

The stage of sound consolidation-repeatedly performing a series of exercises as varied as possible, to contribute to the steady state of the correct pronunciation skills.

The exercises method contributes to the consolidation of the sound in the most diverse combinations of articulations: direct, indirect, intermediate syllables, logatomes (artificial words, mono sila bice, without meaning, consisting of three sounds: consonant-vowel-consonant), consonant groups, monosyllabic words, bisilabice, polysyllabic. All of these must have the problem sound sound differently positioned: initially, medial and final. We then move on to simple sentences, developed sentences, sentences, respecting the principles of minimum effort.

The comparison method is also a method with a wide range of use in the process of sound correction. It gives the child the opportunity to relate his / her pronunciation to the correct pattern. The step of consolidating the correct pronunciation is the moment of introducing the new sound into the child's current speech. At school the consolidation of the new sound is made and read-written. The dyslexic student must be taught to use the correct pronunciation when reading.

The stage of the differentiation of the sounds is imposed by the need to develop the phonemic hearing, the phonemic differentiation capacity, which is deficient in many of the disllicic children. This stage is also claimed by the fact that some sounds have very close place and mode of articulation and, therefore, there is the possibility of confusing them (s-z, f-v, p-b, etc.). two of the most commonly used methods for this purpose.

Exercise method. Many dyslexic children have the ability to correctly articulate sounds and, however, do not pronounce correctly. Through repetition, unable to control himself, he fixes and reinforces his defective joint movements and, therefore, his wrong speech, becomes permanent. Poor hearing causes the sound to be misappropriated.

Comparison method. Among the auxiliary mechanical means that facilitate the application of the comparison method, the tape recorder is registered.

In the stage of speech automation, the methods that are used.

-the method of the exercises of pronouns is: of simple sentences in which the deficient sound is present in words at the beginning, in the middle and at the end; some of the syntagms with the initial, final constant or in which the poor sound has a high frequency;

-exercises to memorize poems, riddles, proverbs

-storytelling by pictures, movies, floorboards;

-the conversation on various topics;

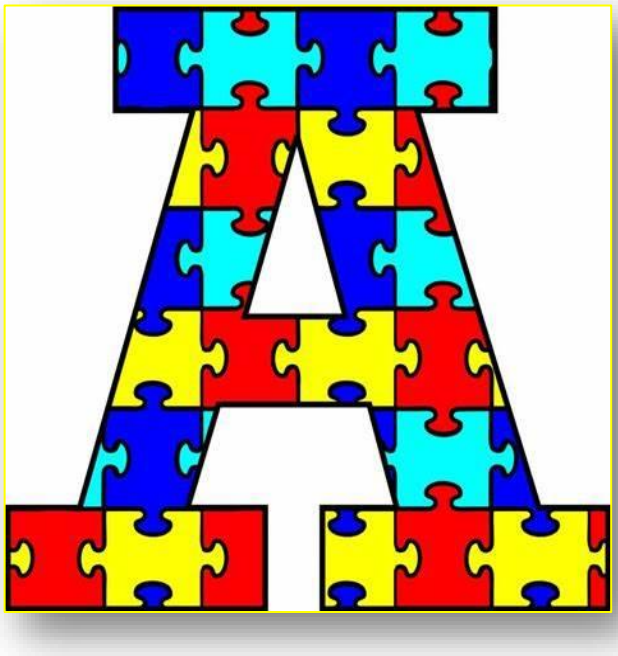
-composition on given or free themes.

Psycho-pedagogical results

The longitudinal investigations carried out on the case law entered in the logopedic record, offered the opportunity to study the educational level of the subjects, as well as the results obtained in the bio-psycho-social recovery activity. Observations over a long period were possible because the complex therapy of the anomalies through splits is dragging, being more and more concentrated in the dental surgery clinics through the action of the team of specialists.

The essential condition for the kidney patients to overcome the difficulties inherent in the created disability is to perform the complex therapy in a timely manner, so that the psycho-intellectual development can take place under favorable conditions. Therefore, the surgical, speech-language and orthodontic treatment must favor our students, obtaining a position that belongs to the human dignity, in order to feel and become, like the others, people who are useful to society.

CONCLUSIONS-THE PRACTICAL IMPORTANCE OF LOGOPEDICAL THERAPY



Rinolalia is phenomenologically inscribed in the communication loop, on the phono-articulatory motility involved in the transmission mechanisms, which leads to a decrease in the intelligibility of the transmitted message. Defects physiognomy and speech trouble are creating conflicting situations, emotional imbalance and inferiority complexes with real implications for competitive efficiency of individual activity. For the bio-psycho-social recovery of children with disabilities through congenital labio-maxilo-palatine defects, whose percentage is increasing, the establishment of a specialized treatment is mandatory.

Complex therapy should apply in the first years of life both prophylactically and in order to achieve effective results are achieved by working professionals in the team: maxillofacial surgeon, speech therapist, dentist specializing in ortodontic. The surgical interventions to restore the

morphological integrity of the elements of the phonatory apparatus, create the possibilities of rehabilitating the phonatory function, and the phonetic re-education remains the most valuable adjuvant in finalizing the results. The faulty articulation is stabilized by a series of reflexes, stereotypes, cortically inscribed, that do not give in to the mere closing of the palace. The establishment of background activities of speech therapy is needed an early age, as exercise and persevere in erroneous verbal associations increase difficulties for both subject and specialists.

Knowing the specificity of language development in such conditions, demands a major importance in complex therapy. Some authors consider that there would be some consonance between the cleft labia-maxilla-palatine and some mental deficiencies. Because the disturbance of the mechanism of speech production is placed in the age of organization of the structures of the language system, dyslalic phenomena of psycholinguistic and psycho-pedagogical nature appear, which the work highlights throughout.

Delay in the occurrence and development of speech in the first two years of life, manifested by difficulties in adapting the function to the affected degree, with consequences on the learning of the mother tongue, transfers to the level of language development and thinking a recoverable deficit only under complex therapy conditions. The handicap installed from the earliest stages of language acquisition, prints a slow rhythm of the development of the phonemic side with repercussions on vocabulary growth, then with phono-articulatory disorders at this level throughout the childhood, which does not remain unheard of throughout the development of psychic processes. The rhinolalic child cannot be understood by others and receives only partially the social satisfaction of his communicative act. He loses the desire to speak because he cannot enjoy it. Rhinolayer disorders thus exert a delaying effect on other aspects of language development, an extremely new and unexplored dimensional relationship in the literature.

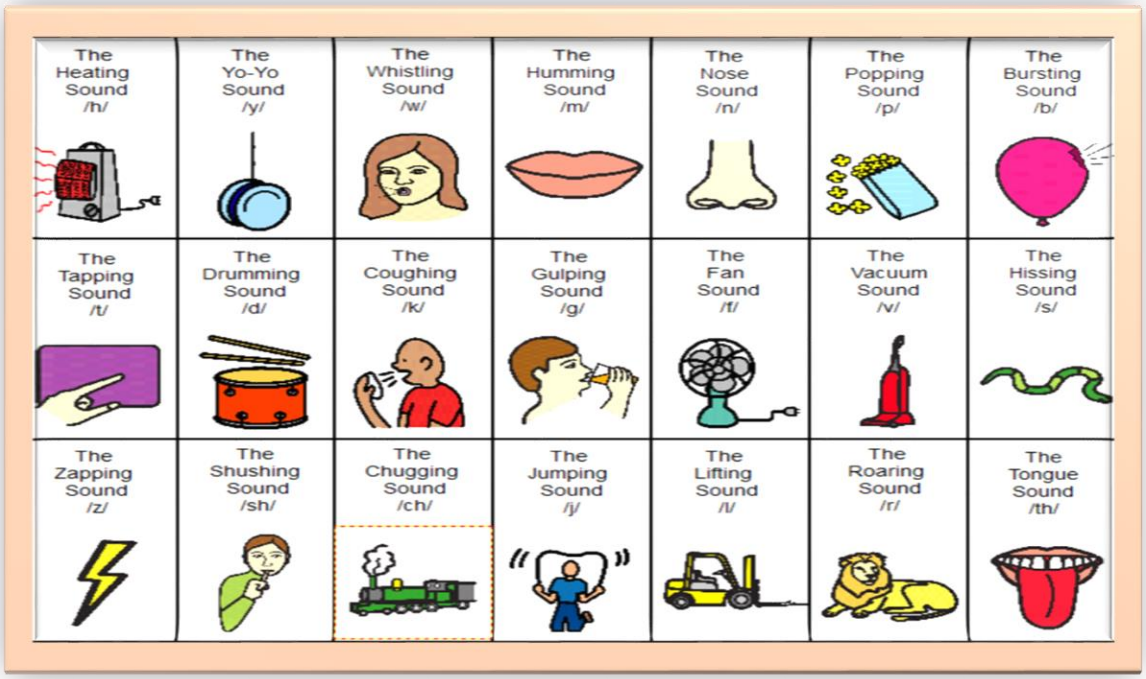
The study of speech formation and development in the kidney kid, highlights the following conclusions:

- The development of speech in kidney children is inferior to the development of speech in normal children, but higher than those with a diminished intellect, diagnosed as mentally deficient . Thus, it is possible to speak of a delay in the linguistic development in relation to the group of normal subjects, a delay that affects the level of instrumental realization of the language.

The use of language is therefore the most precarious side, through the difficulties of velar insufficiency and by being left behind emotionally. They manifest only some forms of dysrhythmias of psycho-intellectual development and not disorders of the mental organization process.

- Asking the problem from the perspective of the relations between thought and language, our research highlights on the first plane the implications determined by the speech disorders, which generate difficulties in fixing and evoking words in the idiom used by the child's entourage. He is partially frustrated by the means and momentarily of the support necessary for his thinking, with repercussions on linguistic development.

- Difficulties of consonantal emission slow down the growth of vocabulary, summing up some of the deficient aspects of the psycho-linguistic development, thus the problematic of our research thus emphasizing the relation between the sound side and the meaning of the word. The abstract and semi-abstract words are used in smaller percentages than the concrete and much smaller ones, compared to the group of subjects without splits, by age groups. Speech development and vocabulary growth should be stimulated and guided at this stage.



- The analysis of the verbal support in the rhinolalic children in which the symbolic nucleus is modified by the form of expression, raises the problem of the verbal mediation and therefore of the intellectual activity that is signaled from the first stage of childhood through an apparent and transitory deficit. its implications according to the mediator, with low indices, compared to those obtained in psycho-motor and socio-affective development, before surgery and before re-education.

- The process of intellectual development can be slowed down or accelerated in relation to practical, cognitive and social obstacles. This stigma, which often bears the imprint of heredity, must disappear in the physical and functional organization of the child, being "prefigured the possibilities of social assimilation through environment and education where internal development can be combined with external factors, specifically social".

- In the elaboration of a typology of the phono-articulatory disorders necessary in the differentiated application of a correction methodology as appropriate and efficient, I noticed that this is not directly dependent on the clinical form of the defect, but under that of a multitude of factors. influence.

The variability of the conditions determined by the form of the defect, the moment of the surgical intervention and the operative success, the age at which the educational and re-educational activity begins, as well as the objective and subjective factors, which act in relationships subject-environment, prints specific individual characteristics of the formation and systemic development of the language, with psycho-pedagogical implications.

- The analysis of the success factors with the weight of the obtained results and the application of the formula of "degree of organization and progress" highlights the following correlations:

1) There is an inverse correlation between the psycho-pedagogical results and the age at the time of the operation. The younger the age (2 years), the greater the chances of success.

2) There is an inverse correlation between psycho-pedagogical outcomes and the age at which speech therapy begins; so the younger the age, the greater the chances of success. Despite some indications in the specialized literature we have found that phonetic re-education is more effective when acquiring and developing the language, learning the language through the directed activity, adapting with facility and conditions improper to the phonetic insufficiency specific to the velar insufficiency.

3) There is a direct correlation between the operative success and the effectiveness of the speech therapy work.

4) There is a direct correlation between the degree of affective participation of the family and the psycho-speech-language results, a correlation that becomes one of the success factors in speech therapy.

Thus, the four factors considered main and on which it can act directed, collaborate in a proportion of 4/5 in obtaining the results, 1/5 representing other influences that are due to the psycho-individual particularities as well as to the elements of chance.

- Subjects who enjoy the balanced affective transfer of parents and the support given in performing the exercises of respiratory and phono-articulatory muscular training have 4 times more chances of normalizing the speech, while the risk of maintaining the initial defects is 10 or greater, for those who do not enjoy the interest and affective support of the family, which highlights the importance of training the mother in the activity of correcting the speech.

- Speech therapy should be of a programmed nature and should be carried out continuously at home and discontinued at home, in view of obtaining a normal speech until the age of schooling. Only in this way is it possible to dispense the rhinolalic children following regular progress monitoring.

From psycho-social surveys carried out in the family and school environment, isolation tendencies with low socialization as well as some deficiencies in the formation of the main personality dimensions have emerged, the modeling and stimulating influences being restricted. In contrast, various skills with multiple compensatory meanings are highlighted, the inclinations belong to the practical domains in which communication uses forms of expression through drawing, painting, manual work.

The school and professional orientation must take into account the psycho-individual and potential particularities of the ill-formed children, so that the social classification by professional categories of work will be realized with maximum efficiency.

The psycho-social recovery represents an important moral act, citizen, as well as a scientific one, confirming the role of the psychologist and the speech therapist in the complex therapy, together with the surgeon.

Their integration is a basic condition for the further development of the personality, and within this integration two aspects must be taken into account:

- compensating for the deficiency and recovering it.

- the attitude of the society towards the deficient individual. The actuality of this problem is conditioned by the need to use all the affective factors capable of contributing to the efficiency of the complex therapy.

b. GAME THERAPY

Play is for children what speech is for adults. It is an environment for expressing feelings, for exploring relationships, describing experiences, confessing desires and fulfilling oneself.

The problems that children experience do not exist separately from their person. Thus, play therapy equates the dynamic internal structure of a child with an equally dynamic method.

In the process of growth / maturation, many of the problems of the children are determined by the inability of the adults to understand or to respond effectively to what the child feels or tries to communicate. This "communication gap" is widened as a result of the insistence with which adults try to force children to adopt adult-specific expression modes. Efforts to communicate with children on an exclusively verbal level presuppose the presence of a fairly developed facility of speech expression, thus limiting children to an environment that is often uncomfortable and restrictive.

Motivations for play therapy

As children's language development remains as a result of their cognitive development, they communicate by playing discernment about what is happening in their world. In game therapy, toys are perceived as words of the child, and play as the language of the child. So, play therapy is for the child what counselling or psychotherapy is for adults. In game therapy, the symbolic function of the game is the most important aspect, ensuring the children the possibility to evaluate the expression of

their inner feelings. Emotionally significant experiences can be expressed, in a more comfortable and secure way, through the symbolic representation that toys provide.

Using toys allows children to transfer their anxieties, fears, fantasies and wines to objects faster than to other people. In this process, children are safe from their own feelings and reactions, as the game allows children to distance themselves from the traumatic events and experiences they have experienced. Thus, children are not overwhelmed by their own actions because they take place in their imagination.

Symbolically manifesting through play a frightening or traumatic experience or situation and, probably, changing or alternating in the play the result, the children transform the external events into inner decisions thus being more apt in solving or adapting to problems.

In a relationship characterized by understanding and acceptance, the play process also allows children to consider new possibilities impossible in reality, thus exceptionally expanding their self-expression. In the safety of play therapy, children explore what is unfamiliar to them and develop a knowledge that is both sensitive and cognitive. It can be said, therefore, that through the process of play therapy the unfamiliar becomes familiar, and the children express outwardly by playing what has taken place within. An important function of play in game therapy is the transformation of what cannot be controlled in reality into controllable situations, using symbolic representations, which gives children the opportunity to learn how to solve their problems.

The process of therapy through play

By giving them the opportunity, children will externalize their feelings and needs in an adult-like manner. Although the dynamics of expression and the way of communication are different for children, the expressions (fear, satisfaction, anger, happiness, frustration, contentment) are similar to those of adults. Children may encounter considerable difficulties in expressing what they feel or how their experiences have affected them. If, however, they are left in the presence of an adult who cares for them, a sensitive and empathetic person, the children will reveal their inner feelings, through the toys and the materials they choose, through what they do with them or how they also play with them through the stories they interpret. The process of play therapy can be seen as a relationship between the therapist and the child, relationships in which the child uses the game to explore his or her personal world and to make contact with the therapist in a way that ensures the child's safety. Play therapy provides the child with the opportunity to externalize, during play, experiences and feelings associated. This process will allow the therapist to experience, in a personal and interactive way, the dimensions of the inner universe of the child. This therapeutic relationship ensures a dynamic development and healing of the child.

Because the child's world is a world of action and activity, play therapy provides the therapist with the opportunity to enter the child's world. The child is not prevented from discussing what happened; rather, the child, during the game, lets the experiences and associated feelings come to the surface. If the reason the child was taken to the therapist is his or her aggressive behavior, the play environment gives the therapist the opportunity to experience aggression, on the one hand, while the child hits a doll or tries to impose on the therapist with a weapon and the other part is to help the child learn self-control using appropriate therapeutic procedures to set boundaries.

Without the presence of play materials (various toys, games, etc.), the therapist can only talk to the child about the aggressive behaviour that he showed a day or a week ago. Regardless of the reasons why the child was taken to the therapist, through play therapy the therapist has the opportunity to experiment and try to actively solve the problem, when it is experienced by the child. We interpreted this process as one in which the child externalizes his feelings, bringing them to the surface, confronting them and even learning to control or give up.

Toys and play materials

Although desirable, a fully equipped playroom is not essential for a child to express himself. What is important is the easy access of the child to those play materials whose purpose is to encourage expression. Not all toys and games automatically encourage the child to express or explore their needs, feelings, and experiences. So the toys must be selected and not collected. Play therapy is not used as a way to spend time or prepare for another activity. The purpose is not to "occupy" the child's hands while trying to get some words out of his mouth. As a result, important attention should be paid to the selection of games / toys that could help in the following situations:

- Exploring real life experiences
- Exploring a wide range of feelings
- Testing the limits
- Expressive and exploratory play
- Exploration and examination without verbalization
- Success without a predetermined structure

Mechanical or very complex toys do not fit these goals, so they are to be avoided. Games and toys that require the assistance of the counsellor to be used are not suitable. Many of the children who need play therapy have a low morale and are highly dependent. Toys and games should not increase these problems. Landreth provided a list of toys and games / specific materials.

Setting limits in game therapy

Setting boundaries is a necessary and vital part of the game therapy process. Although procedures for setting boundaries may vary, setting therapeutic limits is a basic part of all theoretical concepts of game therapy. The structure of the therapeutic limits is what helps to relate the experiences with the real life. Limits in play therapy have both practical and therapeutic benefits because the therapeutic relationship is preserved, among other dimensions, it gives the child the opportunity to learn what is self-responsibility and self-control and also gives the child and the therapist a feeling of emotional and mental security. This feeling of emotional security gives the child the opportunity to explore and express the inner emotional dimensions, which may have remained hidden in other interrelationships. Play therapy is not a relationship in which the child is allowed everything, because the child does not feel safe, important or accepted in a limitless relationship. Limits ensure predictability. So, children are not allowed to do whatever they want to do. A predetermined structure provides boundaries for the relationship that the therapist has already determined to be necessary. The relationships that are established during play therapy have minimal limits. Disorder is accepted, desire to explore is encouraged, order and discipline are not mandatory requirements, and persistent patience is the guiding principle. The child's desire not to respect boundaries is always of greater importance than actually exceeding a limit.

Because play therapy is a learning experience for children, the limits are only set when needed. The child cannot learn self-control until an opportunity to experience it arises. Thus, setting a limit for a child not to spill watercolours on the carpet is not necessary until the child is actually trying to do so. Limits are formulated in a way that allows the child to control himself. The purpose is to respond in such a way that the child is allowed to say "No" yes. The phrase: "You would like to pour the watercolours on the floor, but the floor is not made for the watercolours to be poured on it; the tray on the table is to put the watercolours in it" acknowledges the child's feelings, communicates to them why the floor is not made and it provides an acceptable alternative. The child is allowed to stop alone in time.

Research and results

Play therapy is not a concept based on assumption, trial and error, or the therapist's whims at the moment. Play therapy is a well-planned, philosophically designed way based on the child's developmental stages and supported by the latest research in the field to help children deal with and solve the problems they experience throughout their lives. It has been shown that play therapy is an effective therapeutic approach for a variety of problems of children which include, but are not limited to, the following situations: abuse and neglect, aggression and outpatient, attachment difficulties, autism, victims of fires, chronic diseases, deafness and other disabilities, dissociation and schizophrenia, emotionally disturbed children, enuresis and encompassing, fear and anxiety,

mourning, hospitalization, learning difficulties , children with mental problems, reading difficulties, selective maintenance, problems regarding self-respect and self-knowledge, problems of social adaptation, difficulties of speech, traumas suffered, withdrawn children.

The popular myth that game therapy requires long-term engagement over many months, is not founded as shown in case studies and research reports by Landreth, Homeyer, Glover, and Sweeney (1996) in their book called " Therapy interventions through play with children".

Professional training

Prospective therapists must have adequate training. The majority of game therapists have degree in counselling, psychology, social work and other disciplines in the field representative. A basic requirement is a master's degree in such a field with emphasis on the clinical or counselling aspects of the therapeutic relationship. In or completion of such a program, training should include areas relating it to the child's development and also counselling skills, including a theoretical training on behavioural changes of corresponding type of play therapy used. The study program should include training in play therapy and practice assisted with children.

Trends in game therapy

The field of game therapy is developing and is now represented by the Association for Game Therapy, an international professional organization. A National Center for Game Therapy was established at the University of North Texas. An increasing number of elementary school counselors and private practice therapists include in their work with children and play therapy. In family therapy there is a tendency to respond both to the values of social and affective development, as well as to aspects of family-type group sessions. In child therapy, parents are taught to use play therapy procedures. This method is well studied and has been shown to be effective in alleviating the problems that children have by improving the parent-child relationship.

Conclusion

Play therapy is based on the principles of development and thus, through play, the right ways of expression and communication for children are ensured. Thus, qualification in play therapy is an essential element for professionals who deal with mental health and work with children. Therapeutic play offers children the opportunity to express themselves freely and at their own pace, without fear, with the assurance that they will be understood and accepted.

Landreth provided a **list of toys and games / specific materials.**

1. Correction of the internal rotation at the hip, as well as the plantar flexion and inversion

J1. Let's dream!

2. Increased joint mobility on back and flexion movement

J2. Let's catch the monkey!

J3. Let's ride the bike!

3. Increased muscular strength in the back and flexors

J4. Who's first?

J5. Let's go like the dwarf!

J6. Let's go like Charlie Chaplin!

4. Recovery of own body diagram

J7. Guess what?

5 Re-education of the partner's body scheme and laterality

J8. Let's guess!

J9. What is the child's right / left hand?

6. Increased stability and balance in quadrupeds and pegs

J10. Let's catch the puppy!

J11. Let's jump like the rabbit!

J12. Let's throw it in the basket!

J13. Wave boat!

J14. Let's walk the frog!

7. Re-educate a correct and balanced walking schedule

J15. Overcoming obstacles!

J16. Let's restore the necklace!

J17. Let's gather the little circles!

J18. Let's balance on the bank!

J19. Let's walk the circle!

J20. Let's jump like the ball!

J21. Let's walk the teddy bear!

8. Improvement of oculi-manual skills

J22. Let's arrange the glasses!

J23. Let's make a necklace!

J24. Let's wash and dress the bear!

9. Improvement of right / left spatial orientation disorders

J25. Dad!

10. Improvement of restrictive ventilatory dysfunction

J26. Let's breathe in candles!

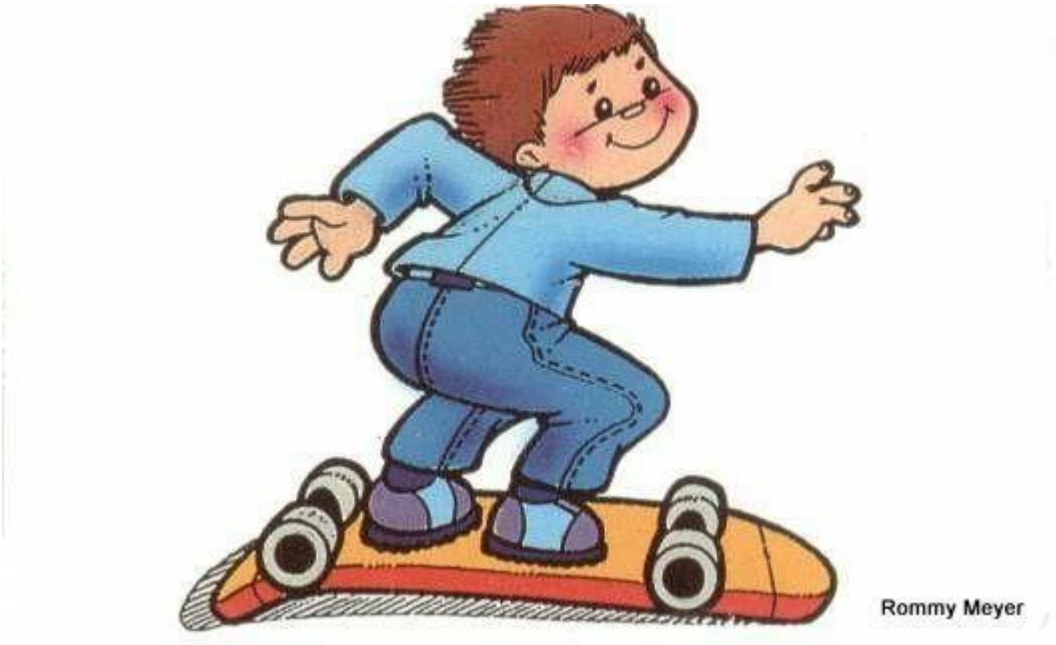
J27. Let's sing la nai (whistle)!

J28. Let's steam the mirror!

J29. Let's make balloons!

11. Increased functionality in ADL

J30. Let's get dressed!



The following results were obtained by using the mentioned categories of games :

• Correction of flexum attitude and internal rotation at the hip, as well as plantar flexion and inversion;

• Increased joint mobility and muscular force on back flexion and eversion;

• Improving one's own body scheme, partner and laterality;

• Increased stability and balance in quadruped and on the knee;

• Obtaining a correct and balanced walking schedule;

• Improvement of the oculo-manual skills;

• Improvement of right / left spatial orientation disorders;

• Improvement of restrictive ventilatory dysfunction;

• Increased functionality in ADL

Our objectives include a wide range of activities the element of connection being the individual and social development through an alternative method of education that has as its main instrument the game.

• Carrying out socio-educational animation activities for children of all ages, in collaboration with public and private sector institutions;

• Implementation of socio-educational programs and counselling for both children and staff involved in the educational process;

• Promoting socio-educational animation as a way of adapting, developing, empowering and social integration of different categories of children;

• Conducting training courses for animators, training and information in the field of socio-educational animation (seminars, work shops, conferences, etc.);

• Promoting volunteering among young people and adults as a form of active participation in community life;

• Organizing socio-cultural and artistic events in public or private spaces;

• Editing publications, brochures and other works closely related to the activity object of the Association.

c. THE DEVELOPMENT OF PERSONAL AUTONOMY

People with special needs have always existed, regardless of the historical period, culture, area, and the attitude towards this category of people has changed from marginalization and social exclusion to community acceptance and integration. If we look at this problem in comparison with the countries with a higher level of democratization, in Romania , as in the former Soviet republics, things are different. Public opinion in Romania began to change in favor of marginalized far from denial to awareness of the fact that these people live with us and then accepting them as members of society. To accelerate the process of community integration of persons with disabilities, seoffers some points of view that need to be addressed in the life skills training activities. Proposed content can be ajuto r all persons who work with children and youth, especially those that target group children and youth with disabilities.

We can talk about various interpretations of education for life skills training, the purpose, objectives and answers to some key questions related to education for life skills training. The methodological principles of life skills training contain interactive methods and techniques of working with children and young people, aimed at developing life skills and designing activities that help those involved in working with children and young people with or without disabilities. We must discuss the multidisciplinary team that works with children and young people with disabilities, depending on the specific development and growth characteristics of people with childhood cerebral palsy and aspects of working with parents who educate and raise a child or young person with disabilities, for development purposes. country children and young people with disabilities the

knowledge, attitudes and skills necessary to prevent or overcome easily the social and health risks and to adopt a life independently. All activities are classified in three blocks according to the field of intervention of education for the formation of life skills: the development of physical skills in children and young people with disabilities, personal and interpersonal development and development for health.

The content of the activities can be supplemented, adapted to the particularities of age, development, interests and needs of the members of the group to be worked with, containing sequences of the program of social recovery and integration of children and young people with special requirements (individual program, for specialists and specialists). internship evaluation); inform them about the situation of the family caring for a child or young person with disabilities and about the social protection of the child and the family.

Education is one of the fundamental dimensions of society which gives the person the chance to reach his maximum potential by offering equal opportunities for development by ensuring free access to basic education, equality is the major objective that is increasingly required to be achieved in especially when we refer to children with disabilities.

Education for the formation of life skills

It is a range of well-planned opportunities that consist of understanding, knowledge, attitudes, qualities and skills. Together they aim to promote personal, social and health development. This term is often used as a synonym for health education based on the formation of life skills. Health education based on the formation of life skills focuses on health. Education for the formation of life skills can focus on the education of other notions such as peace, human rights, civic sentiment education, as well as other social issues, including health. Both approaches demand the application in real life of the essential knowledge and skills and involve interactive methods of teaching and studying.

Education for the formation of life skills.

From the perspective of implementing the Education for Life Skills Program , the school is the institution that has the advantage of covering a very large and complex educational space,

capable of providing the knowledge, attitudes and life skills needed for children and young people. In this context, the problem of access to the basic education of the disabled child becomes more and more current and pressing. Inclusive education is based on the idea that any child can learn and needs support in the study process, thus encouraging his active and responsible participation in the mass education system. It represents an educational approach to understanding the difficulty, putting the concept that the difficulties faced by children with disabilities (eg: inaccessibility of school buildings, reduced ability of the child to learn by written or verbal means, communication barriers, etc.) are grounded. "They cannot be simply explained by the disabilities of the children, but by the characteristics of the education system as such, the badly elaborated curricula, the poor preparation of the teacher, the inadequate educational environment, the inaccessible buildings or other aspects that create learning obstacles for these children. ". In this sense, inclusive education comes with the solution of reducing obstacles, learning difficulties by creating mass schools capable of satisfying the needs of any child, regardless of their individual characteristics.

For what purpose is education for life skills training offered?

Because children and young people: they have a great desire to assert themselves, but they have no life experience; are poorly informed about social and health risks; have insufficiently developed life skills; I feel the lack of safe and friendly spaces and services; have limited opportunities for development and participation, etc. In Romania 1/3 of the population of 18 million inhabitants of the country are children and young people from 0 to 18 years. This age represents a period of rapid growth and development of the body, mind and social relations. If children and young people are supported in these years, they succeed in developing themselves, as members of the family and society. under the conditions of compulsory schooling of children aged 7-16, the school is the key institution in which the students could obtain the most information on the healthy way of life and learn the necessary skills in this area. It is important to keep in mind that a school friendly to young people must promote the achievement of good quality results in the study process, to provide children-in addition to the essential skills of writing, reading, speaking, listening, calculating-the necessary knowledge and skills. to live in a new society. A friendly school encourages children and young people to think critically, ask questions, express their opinion and make decisions. The programs related to the formation of life skills, which are part of the national curricula, have the advantage of a large coverage and are more durable than the isolated interventions carried out in extracurricular conditions. Also, conditions n on formal can provide bridges for access to youth who are not attending school, young people-with special requirements, but who need acute life skills, namely the independent-if we refer to the category of persons with special needs .

Education for the formation of life skills. Purpose and objectives

The purpose of education for the formation of life skills is to provide children and young people with a process of personal, social and health development by providing study opportunities for accumulating knowledge, skills and attitudes, which will enable them to lead a safe, healthy and responsible life. as individuals and members of society. The general objectives of education for the

formation of life skills: to provide children and young people with knowledge and information about the various personal, social, health and independent living problems; helping children and young people become aware of their own and other people's attitudes to personal, social and health problems; to help children and young people learn and practice personal, social and independent living skills; to provide children and young people with opportunities to make informed choices about their way of life; to help children and young people become aware of the influence of their peers and the media on their way of life; helping children and young people to respect themselves and others; to promote the personal and social responsibility of children and young people.

International perspectives: Globalization and its impact on the future of children and young people. A growing recognition of the need to educate the person as a whole. A growing scientific base that shows us how people learn. Life skills education is a priority throughout Europe and Central Asia.

Education for the formation of life skills

For all children and young people, regardless of sex, ethnicity, culture, sexuality, ability / disability and social circumstances. Children and young people have enormous personal and social potential. They, like adults, are facing this world, with complex difficulties, which are changing rapidly, and society needs citizens to be born, fulfilled, responsible and participatory.

How should we provide education for the formation of life skills? Through methods that involve the participation of young people in the learning process, which promotes responsibility for this process. Methods that enhance both the learning process and the learning process and product. They also focus on affective and cognitive learning.

When should we provide education for life skills training? It is a lifelong process. in the education system, it must be offered for all age groups, according to the needs of individuals and groups. Education must be coherent, continuous and stimulate development.

Where should the education for life skills training be offered? It is a shared responsibility of the family, the school, the community and the society as a whole, which creates it with young people and children, regardless of where they are. Life skills can be taught in youth centers and clubs, out-of-school institutions, centers for street children, centers for children with special needs, vocational training centers or medical centers. These learning environments represent a receptive and flexible basis for the formation of life skills. In such conditions, the education of life

skills can start from topics or problems that are of particular importance for the concrete situation in which the target group is. Emphasis can be placed, for example, on violence prevention, knowledge of rights, promoting an independent way of life or on job search consultations.

By whom is education carried out? Again the focus should be on partnership, which must involve children and young people themselves, families, schools, communities and society in a common effort. An important aspect: when approaching life skills, in sensitive topics, such as, for example, sexual health or substance abuse, young people feel more secure, discussing these topics in an extracurricular environment, with adults or their peers. trust. Interactive methods contribute effectively to the formation and development of their knowledge, skills, attitudes, values of life, as well as to increase the motivation of children and young people to acquire information. Each activity must focus on concrete situations in life, which will help them analyze, research, make informed decisions, solve problems in the most effective way possible. The instructions should help participants build on previous knowledge to develop attitudes, beliefs and cognitive skills.

Methodological principles for forming independent life skills

Accept the idea that the skills they do not have can be formed through exercise, will and with the help of the facilitator. Involve as volunteer facilitators students, high school students, students. They will be prepared to provide quality information. Consult with young people about the topics, the activities that you will carry out with them. try to find out if some participants have special desires. Attention to the motivation of the participants. They do not have to perceive the activities as something obligatory. take into account the significance of the psychological and biological age. Apply education for the formation of life skills in daily activity. Training for independent living should not be limited to the institutionalized environment, but in different living environments (school, community, street, local, children's center and network, etc.); Education for the formation of life skills recommends the application of participatory teaching and learning methods.

Interactive methods of working with children and young people with disabilities

Presentations and exercises to relax the atmosphere ("ice breaking") These are techniques used at the beginning of a seminar, training or meeting where people meet for the first time. They help participants relax, get to know each other and, as a result, create an atmosphere of mutual trust in the group. Thus, they are a kind of invitation to participation and mutual support.

1. **Brainstorming ("assault of ideas")** in direct translation means "storm of ideas". It is a way of generating ideas in a short period of time. It is used to find solutions to a problem or to define a term. This process facilitates the appearance of an unlimited number of ideas and concepts. Some Rules of Brainstorming: Define the topic or problem clearly and simply; Write down any

ideas that come to mind for the participants; encourages participants to think about more ideas; Don't judge ideas. There are no good or bad ideas; Don't judge ideas. Just write them down.

2. **Discussion** It is an exchange of views and occurs when each participant expresses their opinion on a topic based on their own knowledge and experiences. The discussion has a well-defined theme and can be led by the trainer or participants. It is an effective way, by which the participants can inform each other, learn to listen, to express themselves and to express their attitude towards the problem addressed. During the discussion the participants have the opportunity to think more deeply about the subject and to understand both their feelings, attitudes, values and behavior, as well as of others.

3. **Discussion in pairs** It is an effective method if brainstorming has not reached its purpose. Participants are asked to discuss in pairs for one to two minutes, so that they can then share their ideas in the group.

4. **Group** discussion **Group** discussions mobilize participants to clarify and verbalize their views and listen to the opinions of others. The effectiveness of large group discussion depends on how the trainer asks the questions. It is proposed that the trainer avoid the closed questions, ie the questions that generate the short answers "yes" or "no" and use those that start with the words "how", "why", "what kind".

5. **The discussion in small groups** within such a training mode is attended by 4-6 people, who must understand that they have gathered in an open atmosphere, to ask questions, to discuss the problems that concern them, to propose solutions for the issues addressed and examine some ideas. These ideas may be those that were presented during brainstorming or role playing. Usually small groups have a higher work efficiency than large ones. By applying this method, each person is given the freedom to choose their own rhythm. Small group discussions stimulate teamwork. The flow of ideas gives participants the opportunity to feel useful to each other. Exposure of ideas helps them to realize what their own potential is and to strengthen it.

Methodological aspects of education for the formation of life skills

Role Playing

The interpretation of some roles implies an imitation of reality, which gives participants the opportunity to act "as in real life". During the game each person must understand his role and the general purpose proposed. The purpose of the role play is to form the attitude towards some concrete situations in life, the participants accumulate a certain experience, playing certain roles. This method stimulates training based on one's feelings and experience. Also, role playing can be used to develop skills depending on the subject being addressed.

Stages of role play:

1. Announcement of the subject. The context and the characters are clearly described, but in a way that nevertheless allows for individual interpretation.

2. Distribution of roles. In general, it is best to allow participants to individually choose the roles they wish to play.

3. Preparation. Each actor is assigned a minute or two to think about the role. It is good to avoid long preparations. N nature is emphasized on formal role play.

4. Q during play role denotes any action which causes changes in the course of sketches, and the solution has been found or not. The participants appointed as observers would be good to follow all aspects.

5. Q the fully. The action is stopped in cases when the solution has been found, when the action seems to lengthen meaninglessly or when the actors begin to have difficulty interpreting the role. The actors are given the chance to relax or move.

The plenary The rapporteur of each small group describes his / her colleagues' results and answers their questions.

Exchange of experience Each small group (or pair) joins with another group to share the results of their activity. The combined group may try to reach a consensus that will take into account the views of both groups.

The case study Provides participants with a real or imaginary story that contains a problem situation and challenges them to find a solution, analyse the facts, make decisions, discover their own values and attitudes. A few questions for discussion: What problem do the heroes of the story face? What was your reaction? What would you do in such a situation? What would you recommend? What will you do for...? and so on Promote a positive climate in the group: Only one person speaks, and the others look and listen carefully. Refrain from comments, from the temptation to judge or ironize the speaker. He speaks from his own perspective and experience, rather than generalizing, targeting others. Note that there may be more than one "correct" answer. Agree to keep confidential when discussing sensitive issues. Everyone has the right to remain silent and if he does not wish to participate in the discussion of a particular issue. Pay attention to all those present, thanking each one for the questions asked and the opinions expressed

Methods and techniques for assessing the formation of life skills

1. "Traffic light"

Materials: one set of coloured cards (three colours of traffic light) for each participant. **Conduct:** 1. Distribute a set of coloured cards to all participants. A volunteer will begin to say what he or she has learned in this activity. Who agrees with this assessment, raises the green card, who is neutral, raises the yellow card, and who does not agree-the red card. 2. Other participants discuss, then continue to talk.

2. "Who are they like?"

Materials: nothing. Conduct: 1. At the end of the activity, ask the participants to identify themselves with an object or thing. For a few minutes, allow them to reflect, then explain why they chose this particular item or thing. 2. Children or young people are asked to think creatively and express themselves freely about how they have changed over the course of time, which are the activities they would like to repeat in the future.

3. "Impact drawing"

Materials: sheets for each participant, carioca, coloured pencils, glue. **To do this:** 1. Distribute a sheet and some coloured pencils or crayons to all participants. Ask the participants to divide the

sheet into two: on one side of the sheet they will draw as they were before participating in activities and on the other-how they are at the moment or how their participation has changed. 2. In turn, ask each participant to submit their drawing and comment on the drawings, answering the questions of their colleagues. After the presentation, everyone will put their drawing in visible place.

4. "I..."

Materials: sheets and pens for each participant. **Development:** 1. Write on the board five principles of sentences: I feel... I know... I believe... I propose... I ask.... 2. The participants, individually, will write on the sheets the continuation of these sentences, referring to the content of the activities and to their own involvement during the course.

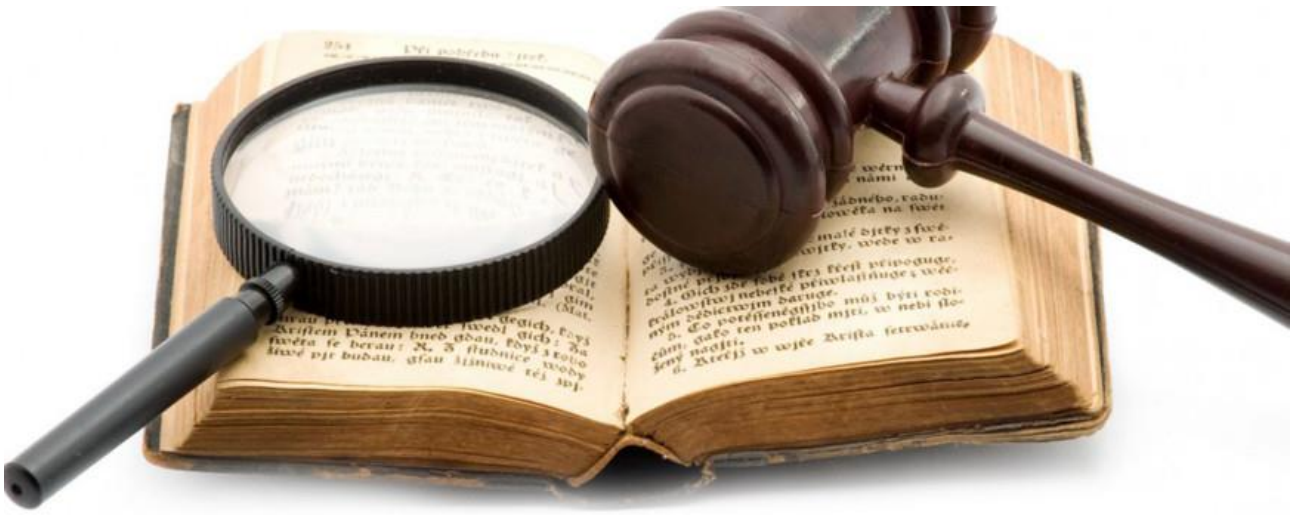
Design of life skills training activities

Activities for life skills training may be diverse educational classes, seminars, ate it files thematic meetings, visits, exhibitions, competitions, discos, celebrations, concerts, etc. You will decide, together with the participants, the type of activity and the appropriate period for carrying it out . depending on the type of activity, you can consider the following steps:

I. Planning. An assessment is made of the needs and interests of the participants; The purpose and objectives of the activity are set; Interactive working methods and techniques are selected; The necessary materials are prepared for the activity.

II. Conducting: Introduction greeting; presentation of the theme and objectives of the activity; "Breaking the ice" will be done by organizing a short exercise to initiate participants on the subject of the activity; establishing the expectations of the participants regarding the topic discussed in the activity; the elaboration of the regulation will be done with the participation of all the members of the group. **Achievement of objectives** Achievement of objectives will be done through the selected techniques. Regardless of the report if you take a mini-lesson, not a contest or a meeting on formal, you should follow the principle of balance the three components of training: participants will get information, will practice catching and will shape attitudes. **Reflections and evaluation The** evaluation of the activity will be carried out using interactive techniques. depending on the type of activity, you will also select the evaluation methods.

III. Final evaluation of the activity. Perform the final evaluation, selecting appropriate techniques and involving them in this process and those who helped you plan and carry out the activity.



d. Legislation in Romania regarding social inclusion of persons with disabilities

The national context-the legislative and institutional framework

Social protection is the set of policies and programs promoted at the state level, in order to avoid or reduce social vulnerabilities. Social assistance is that area of social protection for people with a high degree of social risk, that is to those people who cannot ensure the basic conditions for a decent and dignified life, through personal effort, of the family through other measures of the social insurance system, allowances., pensions, health insurance or public family support services.

The Ministry of Labour, Family, Social Protection and Older Persons (MMFPSPV) is the central public administration body that develops, coordinates and monitors special social protection measures for persons with disabilities, through the Directorate for the Protection of Persons with Disabilities (DPPD).

The DPPD oversees the application of national and international legal norms in the field, having special responsibilities regarding the implementation of the United Nations Convention on Persons with Disabilities.

The Directorate for Child Protection, within the MMFPSPV, monitors, coordinates and methodologically guides the activity of protection and promotion of the rights of the child-including the child with disabilities-established by national, European and international law. The specialized bodies of the central public administration and the authorities of the local public administration are obliged to initiate programs and to provide the necessary resources for the development of services to meet the needs of children with disabilities and their families under conditions that guarantee their dignity, promote their autonomy and facilitate them. active participation in community life.

The general directions of social assistance and child protection (DGASPC) are institutions of the local public administration, with legal personality, which implement at county level, respectively at the level of the sectors of the municipality of Bucharest, the measures of social assistance in the field of child protection, family, single persons, persons elderly people, people with disabilities, as well as any other categories of disadvantaged people. DGASPC operates under the subordination of the county councils, respectively of the local councils of the sectors of the municipality of Bucharest.

Within the DGASPC the Service of complex evaluation of adults with disabilities and the Service of complex evaluation of the child with disabilities are functioning.

The complex evaluation of persons with disabilities aims to identify the needs of the person and to elaborate an individualized support program that contains measures and social, educational, medical, recovery and adaptation/rehabilitation measures necessary to be granted to the person in order to facilitate their social integration/reintegration..

The Commission for the evaluation of adults with disabilities, within the Service of complex evaluation of adults with disabilities, has the following tasks: establishes the classification in the degree and type of disability, issues the certificate of classification, as the case carries out the professional orientation of the person, based on the evaluation report drawn.

The complex evaluation service:

- establishes measures to protect the disabled adult, according to the law;

- revokes or replaces the protection measure established, according to the law, if the circumstances that determined its establishment have changed;

- solves the requests regarding the issue of the certificate of professional personal assistant;

- inform the disabled adult or his/her legal representative about the protection measures established and their obligations;

- promotes the rights of people with disabilities in all the activities they undertake.

Commission for the protection of the child within the complex Child Assessment Service with Disabilities has the following responsibilities:

- establishes the classification of children with disabilities in a degree of disability and, where appropriate, their school orientation;

- establishes the special protection measures for children, according to the law;

- periodically reassess the decisions regarding the protection measures, the classification of the handicap and the school orientation of the children, based on the notification of the DGASPC;

- revokes or replaces the established measure, according to the law, if the circumstances that determined its establishment have changed;

- solves the requests regarding the issue of the certificate of professional maternal assistant;

- solve the complaints made by children, to the extent that their solution is not established by law in the competence of other institutions;

- promotes the rights of the child in all the activities it undertakes;

- inform the parents about the consequences of the placement, about the relationships they have with the children, including the rights and obligations they have towards the child during the placement measure;

- establishes, according to the law, the amount of the parents' monthly contribution to the maintenance of the child for whom the placement was decided.

The Superior Commission for the Evaluation of Adults with Disabilities (CSEPAH), under the subordination of the Ministry of Labor, Family, Social Protection and Older Persons, solves the appeals made to the certificates of classification in degree and type of disability, issued by the evaluation commissions within the assistance directions. social and child protection, exercising also the activity of methodological coordination and monitoring of the evaluation committees.

The National Agency for Payments and Social Inspection (ANPIS), a specialized body of the central public administration subordinated to the MMFPSPV, through its social inspection component, controls the observance of the legal provisions regarding the establishment and granting of social rights of citizens (including persons with disabilities) by the institutions. public or private bodies, compliance with quality standards in the provision of social services, compliance with the requirements of accessibility of the physical and communication environment according to the needs of persons with disabilities,

The national strategy for the protection, integration and social inclusion of persons with disabilities in the period 2006-2013 "equal opportunities for persons with disabilities-towards a society without discrimination " is the document that bases and guides the planning and implementation of social protection measures in the field of disability. fundamental of the National Strategy for the protection, integration and social inclusion of persons with disabilities in the period 2006-2013 "equal opportunities for persons with disabilities-towards a society without discrimination" is the choice-the recognition of persons with disabilities as active citizens who have the opportunity to choose and to have control over one's own life. The strategy highlights the importance of caring for the person with disabilities in the family, by creating and developing alternative social services, in order to prevent the institutionalization and support of the social integration or reintegration of the person with disabilities. The document emphasizes the need to move from passive protection to active protection measures, in order to stimulate employment. Particular attention is paid to measures to equalize opportunities, by making all social systems accessible.

Law no.448/2006 on the protection and promotion of the rights of persons with disabilities, is the special law for persons with disabilities “who, due to physical, mental or sensory conditions, lack the ability to carry out daily activities normally, requiring protection measures. in support of social recovery, integration and inclusion ". The law promotes for the first time the requirements of the" social model "of approaching social protection for people with disabilities, affirming the status of citizens with their full rights and emphasizing the role of society in providing protection measures. that would allow the exercise of this status.

The provisions of the Law no. 448/2006 benefit "children and adults with disabilities, Romanian citizens, citizens of other states or stateless persons, during their period of residence or residence in Romania". Based on the law, rights are granted regarding:

a) health protection-prevention, treatment and recovery;

b) education and training;

c) employment and adaptation of the job, orientation and professional conversion;

d) social assistance, respectively social services and social benefits;

e) housing, environmental living environment, transportation, access to the physical, informational and communication environment;

f) leisure, access to culture, sports, tourism;

g) legal assistance;

h) fiscal facilities.

Law 448/2006 also establishes and principles underlying special social protection policies:

a) respect for human rights and fundamental freedoms;

b) preventing and combating discrimination;

c) equalization of opportunities;

d) equal treatment in terms of employment and employment;

e) community empowerment;

f) the interest of the disabled person;

g) freedom of choice and control or decision over one's own life, services and forms of support;

h) person-centered approach in the provision of services;

i) protection against neglect and abuse;

j) choosing the least restrictive alternative in determining the necessary support and assistance;

k) social integration and inclusion of persons with disabilities, with equal rights and obligations as all other members of the society.

These requirements fall within the broader framework of the principles provided by the Social Assistance Law 292/2011:

a) social solidarity-the whole community participates in supporting vulnerable persons who need support and social protection measures to overcome or limit some situations of difficulty, in order to ensure the social inclusion of this category of population;

b) subsidiarity-in case the person or family cannot fully satisfy their social needs, the local community and its associative structures intervene, and complement the state;

c) universality-each person has the right to social assistance, under the conditions provided by law;

d) respect for human dignity-each person is guaranteed the free and full development of their personality, their individual and social status and the right to privacy and protection against any physical, mental, intellectual, political or economic abuse are respected;

e) individual approach-social assistance measures must be adapted to the particular life situation of each individual; this principle takes into account the character and the cause of emergency situations that can affect the individual's abilities, physical and mental condition, as well as the level of social integration of the person; the support addressed to the situation of individual difficulty consists of support measures addressed to the members of the beneficiary's family;

f) the partnership-central and local public authorities, public and private institutions, non-governmental organizations, worship institutions recognized by law, as well as community members set common goals, cooperate and mobilize all the resources necessary to ensure decent and dignified living conditions for people vulnerable

g) beneficiary participation-beneficiaries participate in the formulation and implementation of policies with direct impact on them, in carrying out individualized social support programs and are actively involved in the life of the community, through the forms of association or directly, through voluntary activities carried out for the benefit of vulnerable persons;

h) transparency-it ensures the increase of the degree of responsibility of the central and local public administration towards the citizen, as well as the stimulation of the active participation of the beneficiaries in the decision-making process;

i) non-discrimination-vulnerable persons benefit from measures and actions of social protection without restriction or preference regarding race, nationality, ethnic origin, language, religion, social category, opinion, sex or sexual orientation, age, political affiliation, disability, chronic illness;

j) effectiveness-the use of public resources aims to meet the objectives programmed for each of the activities and to obtain the best result in relation to the projected effect;

k) efficiency-use of public resources, respecting the best cost/benefit ratio;

l) respecting the right to self-determination-each person has the right to make his own choices, regardless of his social values, making sure that this does not threaten the rights or legitimate interests of the others;

m) activation-according to which the social assistance measures have as their final objective the encouragement of employment, in order to integrate/reintegrate socially and increase the quality of life of the person, and strengthen the family nucleus;

n) the unique character of the right to social assistance benefits-for the same need or social risk situation, only one benefit of the same type can be granted;

o) proximity-according to which the services are organized as close as possible to the beneficiary, in order to facilitate access and maintain the person as much as possible in their own living environment;

p) complementarity and integrated approach-to ensure the full potential of the social functioning of the person as a full member of the family, community and society, social services must be correlated with all the needs of the beneficiary and provided integrated with a wide range of measures and services in the economic, educational field., health, cultural, etc.;

q) competition and competitiveness-public and private social service providers must permanently worry about increasing the quality of the services provided and benefit from treatment equal to the market of social services;

r) equal opportunities-the beneficiaries, without any discrimination, have equal access to opportunities for personal fulfilment and development, but also to social protection measures and actions;

s) confidentiality-in order to respect the privacy, the beneficiaries have the right to keep confidential the personal data and information regarding the privacy and the situation of difficulty in which they are located;

t) equity-all persons who have similar socio-economic resources, for the same types of needs, benefit from equal social rights;

u) focus-the benefits of social assistance and social services are addressed to the most vulnerable categories of persons and are granted according to their incomes and assets;

v) the right to freely choose the service provider-the beneficiary or his legal representative has the right to freely choose from the accredited providers.

Law no. 272/2004 regarding the protection and promotion of children's rights explicitly provides for the right of the child with disabilities to "special care, adapted to his needs as well as to education, recovery, compensation, rehabilitation and integration, adapted to his own possibilities, in order to develop his personality". Special care “must ensure the physical, mental, spiritual, moral or social development of the children. Social care consists of "adequate assistance to the situation of the child and his parents or, as the case may be, to the situation of those entrusted to the child and granted free of charge, whenever possible, to facilitate the effective and non-discriminatory access of children to education, vocational training, medical services, recovery, training, for employment, recreational activities, as well as any other activities capable of allowing them full social integration and development of their personality ”. The education of the child with disabilities "is done in non-discriminatory conditions, in the framework of mass education".

GO no. 68/2003 on social services, approved by Law no. 515/2003 establishes special social protection measures for children, respectively adults with disabilities:

a) social facilities-(allowances, tax and tax exemptions, transport facilities, etc.) for health and recovery, education, housing, culture, sports and tourism, transport, employment, payment of personal assistant;

b) social services-activities organized "to meet social, individual, family or group needs, in order to prevent and overcome situations of difficulty, vulnerability or dependency, to preserve the autonomy and protection of the person, to prevent marginalization and social exclusion, to promoting social inclusion and in order to increase the quality of life".

The following may be social service providers: natural or legal persons, public or private:

a) the public social assistance service at county and local level;

b) other specialized public services at county or local level;

c) medical-social assistance units;

d) public institutions that develop specialized social assistance compartments;

e) associations and foundations, religious cults and any other organized forms of civil society;

f) natural persons authorized under the conditions of the law;

g) subsidiaries and branches of internationally recognized associations and foundations

with the legislation in force;

h) international profile organizations.

The social assistance services for persons with disabilities, children or adults, are granted in residential or outsourced regime. Residential centers are locations where the beneficiary is hosted for at least 24 hours. The authorization, operation and monitoring of the system of social protection services for persons with disabilities is carried out on the basis of the national standards stipulated in the Order of the Ministry of Foreign Affairs no. 559/2008, these being specific quality standards.

National quality standards provide conditions for achieving minimum levels of performance, levels below which no service provider can operate on the profile market. The "Standards" provide for sets of rules, transposed into measurable indicators, regarding the resources and activities involved in the process of providing the services, as well as their management mode. Although they are designed according to the mission of each service/service package, a number of common areas can be identified for the social protection service providers for persons with disabilities:

a) the admission of the person as beneficiary of services (eligibility, procedures);

b) assessment of the beneficiary's individual living and care and care requirements;

c) service planning based on the assessment of individual requirements;

d) conclusion of the contract/agreement regarding the provision of services;

e) guarantee of rights (complaints, protection against abuses and neglect);

f) the range of assistance and care activities;

g) resources (human, material, financial);

h) management of resources and activities.

By applying the quality standards by the service providers, the protection of the users' rights and the continuity and compatibility of the services on the Romanian territory are guaranteed.

The adult with disabilities benefits according to the GO no. 86/2004 by the following services:

a) recovery and rehabilitation;

b) support and assistance for the disabled person and family;

c) support and assistance for professional integration, rehabilitation and re-education;

d) social-medical care;

e) social mediation;

f) counsellor;

g) personal assistant for the person with severe disability

h) any other measures and actions aimed at maintaining, restoring or developing individual capacities, in order to overcome a social need situation.

The child with disabilities and his parents, as well as the persons to whom the child was placed in placement or guardianship, based on the Social Assistance Law no.292/2011, “benefit from social services designed to facilitate effective and non-discriminatory access to education, vocational training, medical assistance, recovery, preparation for employment, access to recreational activities, as well as to any other activities able to allow them full social integration and personal development, also, it has the right to personal care services, established based on the socio-psycho-medical evaluation and the individual needs of assistance for carrying out the usual activities of daily life”.

The law of national education no.1/2011 provides and guarantees "equal rights of access for all citizens of Romania to all levels and forms of pre-university and higher education, as well as to lifelong learning, without any form of discrimination." The state provides people with " special educational requirements" " special education and integrated special education for all levels of education, differentiated, depending on the type and degree of deficiency"...". The special education is organized, as the case may be, in special education units and mass education units. Special and specially integrated education is free of charge and is usually organized as a frequency education.

Depending on the local needs, it can be organized in other forms, in accordance with the legislation in force. Special integrated education can be organized into special and individual classes or into groups integrated into mass classes. The special education has curricula, school programs, psycho-pedagogical assistance programs, textbooks and alternative teaching methodologies, adapted to the type and degree of disability and approved by the Ministry of National Education. The contents of the special and special integrated education, the didactic steps, as well as the training and training of the personnel who carry out their activity in the field of the education of the children with special educational requirements are established by methodologies developed by the Ministry of Education, Research, Youth and Sport. Rating assistance, educational and vocational guidance of children, students and young people with special educational needs is carried out by the County Centers for Resources and Educational Assistance (CJRAE), respectively Center Bucharest Resource and Educational Assistance (CMBRAE), through the evaluation and school and professional guidance services, based on a methodology developed by the Ministry of National Education, giving priority to mainstreaming in mass education. The CJRAE also includes the inter-school speech and speech centers. The establishment of the degree of deficiency of the students with special educational requirements is carried out by the committees within the CJRAE/CMBRAE in collaboration with the commissions for the protection of the child within the general directions of social assistance and the protection of the child of the county/of the municipality of Bucharest. Children, students and young people with special educational needs, integrated in mass education, benefit from educational support through supporting and itinerant teachers, as appropriate. The organization of the educational support services is done by the CJRAE/CMBRAE and is regulated by specific methodologies elaborated by the Ministry of National Education.

Adapting the physical and communication environment to the requirements of persons with disabilities is a distinct sector of the legislative regulations. Law no. 448/2006 on the protection and promotion of the rights of persons with disabilities provides for measures to adapt the physical environment to the needs of persons with disabilities (adaptations of public utility buildings, access roads, housing constructed from public funds, public transport means and stations, taxis, rail passenger transport, parking spaces, streets and public roads,), as well as accessibility measures of the information and communication environment-information in languages or formats accessible to people with sensory or learning disabilities.

The normative no.189/2013 for adapting the civil buildings and the urban space to the individual needs of the disabled person (n. 051/2012 revision n. 051/2000 establishes the standards regarding the accessibility of the built physical environment. By Order no. 671/1.640/61/2007 of The methodology of authorizing interpreters in mimic-gestural language and interpreters in the language of the deaf-blind was adopted by the Minister of Labour, Family and Equal Opportunities,

the President of the National Authority for Persons with Disabilities and the Minister of Education, Research and Youth.

e. Examples of methods and techniques used in Romania for the recovery of children with disabilities

Educational therapy activities

In recent years, application programs educational and therapeutic took into account the complexity and integrative them, organizing them towards inclusive school and the principles of integrated education and enhancement of learning resources related offered to students with special needs by school, family and social environment (constituted from the current context and after learning). This approach offers a wide openness to normality, which, in the contemporary vision, means to offer to people with special educational needs the models and conditions of daily life as close to the usual conditions and ways of life. Normalization should be perceived as a mutual process of acceptance of the person with disabilities by the community and its participation in the life of the community.

For improvement in area rehabilitation programs and therapy for students with special needs, s proposed a model curriculum for students with intellectual disabilities, divided into four areas of development:

a) the area of physical development, whose central objective is the movement of the body, the coarse motility, the body image, the manuality, the physiotherapy;

b) the area of perceptual development, having as main objective the motor perception and the awareness of the sensory afferents (visual, auditory, gustatory, olfactory, proprioceptive);

c) the area of intellectual development, having as central objective the formation of cognitive skills (logical-mathematical skills, concept formation, understanding of situations, formation of cognitive processes) and communication (receptive and expressive);

d) the area of personal and social development, with the central objective of the child's independence in an environment as restrictive as possible, with the components: personal autonomy (self-service, self-care), social autonomy (adaptation to daily life) and social competences.

These four areas of development can be considered the major coordinates of the special education that form the primary structure of a curriculum for students with different types of deficiency, regardless of the nature or severity of the deficiency and the level of education, following as the objectives and constituent components of the development areas. be supplemented or adapted according to the particularities of the students with special requirements and their level of education. This organization can be considered a measure of curriculum flexibility, while ensuring the principle of normalization by the fact that complicated is child-centered.

Starting from this model-model, several forms of therapy included in the category of educational therapies have been developed over time: occupational therapy, cognitive therapy, expression psychotherapy, melotherapy, play therapy, the development of personal and social autonomy, etc.

1. Occupational therapy

This therapy constitutes an activity that capitalizes on information from the fields of anatomy, physiology, pedagogy, psychology, sociology, anthropology and, in general, the knowledge derived from most sciences that study human behaviour, thus achieving an information synthesis between the knowledge coming from different particular sciences.

The common and general element of all definitions given to occupational therapy by various authors is based on the concept of activity or occupation. Every human activity is based on a motivational component, an organized (self) structure and a well-established purpose, in relation to which it regulates itself. The activity involves a chain or a hierarchical system of actions which, in turn, include operations through which the transformation of material objects and / or information or information assemblies takes place in order to improve or develop the individual's ability to adapt and integrate in the context of social relations or community of the person.

The domains of action of occupational therapy are concentrated in the following directions:

- stimulating responsibility in various life situations;
- formation of the skills of autonomy and personal hygiene;
- cultivation of work skills;
- forming the self-image and stimulating self-confidence;
- cultivating self-control and personal expressiveness;
- education of cognitive abilities;
- educating the ability to react to various life situations;
- training of neuromuscular function;
- training of sensory integration;
- supporting interpersonal relationships;
- educating the capacity of action according to the constraints and the environmental resources

The occupational therapy works in three main **general areas**, including other areas:

1.-formation of daily life skills;

2.-cultivation of skills and aptitudes for work;

3.-educating skills for various games and spending free time.

In order to reach an optimal functional level in the respective fields, it is necessary to educate the subjects in order to obtain specific performance results in a series of personality structures, namely sensory-motor, cognitive and psychosocial.

Specialists applying different forms of occupational therapy are mainly concerned with the following **fundamental issues:** to make the subject acquire a lost or low functioning skill; to contribute to the learning of new skills and abilities meant to compensate those who have disappeared for various reasons. The institutional framework in which occupational therapy activities are carried out is very diverse, including hospitals, clinics, day centers, schools, workshops, as well as other community centers.

Most specialists consider that the main **forms of occupations** of the human being are work, play and activities of daily living.

Work activities include all forms of productive activities, regardless of whether they are rewarded or not, they contribute to structuring the status and role of the person in social life, determining the installation of a mental balance, increasing self-confidence and raising awareness of social value as a result of the usefulness of work in the community. of which it belongs. The positive effects of work activities are also visible in people with different types of disabilities, where the process of recovering from their deficiencies must also include work and professionalization activities, and later, in case of the impossibility of their professional integration, it must be maintained in some occupational therapy activities.

The use of **play** as an activity organized by occupational therapy has been emphasized by numerous researches, having remarkable effects in the sensory, motor, cognitive and social development of the child. Game, Activity, consists of a diverse range of actions and behaviors specific playful, running from childhood to take old, playing a vital role in the socialization of the person in order to reintegrate them into society best.

The activities of daily life include a wide range of actions necessary to adapt the person to his/her environment. These include the formation of behaviours involved in the care of one's own body, the maintenance of the living space, as well as the use of the services in the community, thus ensuring the fulfillment of the current tasks of existence for the survival of the individual.

The development of the occupational therapy process has the following **objectives:**

- development, maintenance and recovery of the functioning level of the body of each person;

- compensating for the functional deficiencies by taking over the functions affected by the valid components of the person's body;

- preventing the destruction of certain functions of the body;

- induction of a state of health and confidence in one's own strengths.

An **intervention plan in the field of occupational therapy** for students with special needs should include in detail activities from the three fundamental fields of action:

a) activities of daily life should include actions such as combing, brushing, dressing, feeding, which lead to personal autonomy; Also, actions aimed at using public transport, telephone, shopping, rules of politeness in society, etc are targeted.

b) work activities may include clothes care, meal preparation, house or living space maintenance, financial management, cultivation of work skills in productive activities, etc.;

c) playing and leisure activities may relate primarily exploring different types of games available person, achieving performance in certain games or activities and recreational going to awaken interest subject to certain hobbies including artistic; aims and participating in certain types of specific performances like sporting circles fields, cultural activities carried out in the community.

The intervention organized in these directions **determines the formation of skills and capacities** in accordance with the aim of the intervention program, also causing a series of changes in the sensory-motor, cognitive and psychosocial components of the person. The exercise of the cognitive components aims to develop the activities of knowledge as a whole, orientation in space and time, activation of attention and memory, formation of notions, individual use of concepts, problem solving, etc. The education of the psychosocial components of the person refers to the assumption of roles and values existing in the social environment, the cultivation of interests, the improvement of social relations, the training of the skills involved in sustaining a communication process, the formation of self-management skills and self-control skills in the activity.

Occupational therapy process is complex and requires hen through the following phases:

1. The **evaluation** is focused on the following aspects:

a) the level of coarse and fine motility-it refers to the characteristics of the movements of the body as a whole, as well as to the characteristics of specific movements; b) the level of development of movement perception-mainly refers to the reception and decoding of stimuli through all categories of analyzers and to the coordination of movements; c) the level of development of social and communication skills-the interactions and the subject with the other people in different situations, in the way of understanding the message; d) the characteristics of daily life activities-refers to the study of the skills involved in personal hygiene and autonomy.

2. The planning of the intervention consists in establishing a therapeutic program from various fields of action of the occupational therapy that must take into account the educational level of the subject, the characteristics of the deficiency, the current status, the cultural environment in which he lives and his motivation for change. This phase can be divided, in turn, into several distinct stages: a) choosing objectives-they can be short-term goals or long-term goals; have an

operational character; b) elaboration of the therapeutic plan-refers to the description of the methods and procedures that are used to reach the set objectives and includes the synthesis of the activities designated in order to achieve a level of performance of the skills and abilities of a person;

3. To apply the therapeutic plan-consists of carrying out the following distinct phases:

- the orientation-the therapist explains to the subject the activity that they are going to carry out together, the type of desired performances and demonstrates the modalities of practical realization;

- development-the therapist leads the subject in the effective exploration and practice of the activity;

- the final phase- the therapist evaluates the obtained performances and sets the future objectives.

In order to choose the conditions for carrying out the intervention process, the specialists must take into account the specificity of the diagnosis of the subjects the characteristics of the space in which the therapeutic activities are carried out, the type of methods and means used, the composition of the intervention team, the structure of the evaluation procedures, the nature of the set objectives and the coherence of the objectives set. intervention

2. Melotherapy

It is part of the vast area of psychotherapy through art. The therapeutic value of music results from the multiple influences it has on the human psyche due to the complexity of the musical phenomenon. Music gives the possibility to express feelings and ideas with the help of combined sounds in a specific way, triggering affective processes of the most varied and unexpected, from the musical emotion, with a wide range of manifestation (joy, inner experience, feeling of harmony, exaltation). spiritual), until explosive downloads of choleric exaltation. Being the most complex art and, at the same time, being accessible to all people, the music has the finest and most penetrating artistic language-the musical sound-as a fundamental sound element with which it operates.

The music therapy (or muzicoterapiei), teacher / therapist should be concerned about the effect that music has used in various forms as a means for shaping the character and normalizing mental health, both for normal people, and for people who have different disorders or deficiencies, in the case of people with special needs or in conditions of illness, the curative effects of the music differ depending on the type and specific of the deficiencies or disorders: for children with mental deficiency or for those with autism, melotherapy is commonly used, in especially for establishing another type of communication; In this case, music is not used in therapy because of its aesthetic qualities, but to establish contact with the disabled child and facilitate communication between him and the educator and therapist.

In normal people, the music carries a number of benefits, including: inducing a series of emotional states tonic and a sense of security; determines the appearance of a state of calm, of relaxation, by reducing the states of tension and anxiety; facilitates communication between people; contribute to the development of mental functions and processes, from the primary sensations, perceptions, representations, and ending with the most complex pre such affection, imagination and creativity; supports the tone of the subject and its resistance to effort, contributing at the same time to overcoming inherent obstacles such as illness or disability; improves behaviour and socialize.

For children with mental and hyperactive deficiencies, melotherapy can be used to improve the voluntary inhibition of motor acts and to achieve psychomotor performance; for the relief of anxious and hyperkinetic subjects, an instrument is used which emits a kind of prolonged sound of

the particularly harmonious bells; in the subjects with emotional instability, the use of melotherapy determines the decrease of the psychic tensions, the reduction of the aggressiveness, it favours the cooperation within the group and the activities in the team. The activities of melotherapy can be performed in groups or individually and can be divided into two forms: the active form, named after some authors and direct, consists of various musical activities performed, individually or in groups, by the subjects themselves (instrumental or vocal music).

In the case of music therapy activities performed in school by teachers, speech therapists, school psychologists, etc., it is useful to consider the following **objectives:**

-development of interest in musical activities;

-formation and development of the musical hearing with its component elements: melodic, rhythmic, harmonic-polyphonic sense;

-educating the voice as the main means of playing music;

-formation of practical musical skills (listening, performing, etc.)

-cultivating imagination and creativity;

-balancing and harmonizing the child's personality by cultivating positive character traits;

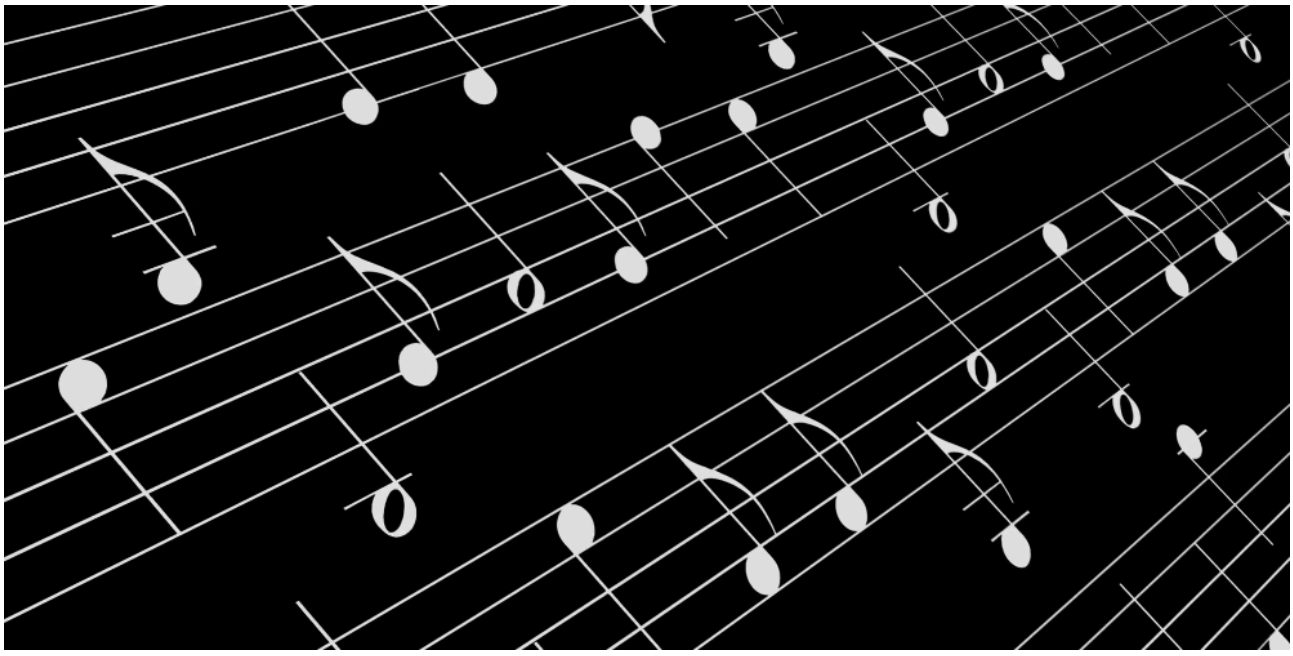
-developing the sociability of the child by participating in the activities organized by groups;

-educating mimic-gesticular expressivity;

-nuance of verbal expression;

-development of sensitivity and aesthetic taste towards the musical phenomenon;

-determination of states of disconnection, relaxation, mental comfort and good mood.



O**rganizing forms of educational and therapeutic activities for** music therapy:

a) the song-has the strongest impact on the development of the child's mental processes; through song the voice develops, the musical hearing, the habit of singing singly or in a group, the rhythmic sense and the interest for the activity developed;

b) musical games-are used mainly in young children, for the development of the rhythmic sense; these games are based on the rhythm of some lyrics through palm beats, marking the rhythm with the help of percussion instruments or by combining rhythmic hand-foot movements; music games can also be games played after a familiar song, games for recognizing songs or melodic rhythms and games based on some tasks or commands given by the educator,

c) music games, exercise-are intended to form the basic skills of perception, recognition and playback sound quality music: exercises adjustment balance inspiration-exhalation flexible by emission of musical sounds lasting and different heights, correct pronunciation text syllables, etc.;

d) text and song games-combine in a unitary structure both the melody with the text and the movement corresponding to the literary content; it further ensures the coordination of the movements with the character of the melodic line, favouring the understanding of the connection between the text and the melody.

The musical auditions -contribute to the artistic taste, interest in music, capacity of concentration auditory onset of relaxation and peace of mind; conditions: the songs should be accessible, related to the particularities of the age, be interpreted as expressively as vocal to excite and be performed artistically to impress pleasantly and positively.

Through music the perceptions and representations develop qualitatively. Starting from these, all other psychic processes of knowledge follow a favourable evolution, all the more as they will be involved in various intellectual activities.

Adequate and systematic educational therapy promotes the understanding, recognition and easy reproduction of music games and songs. It is known that children's logical thinking is closely related to sensitivity, perception, representation and memory. Through music therapy, they form their ability to analyse and differentiate more and more precisely the musical sounds, rhythmic-melodic structures, participating actively and consciously in their interpretation. Music awakens and sustains the attention of children, through rhythm or melodic line, through harmony or text, causing profound emotions, strong inner experiences or spontaneously created. The memory develops by reflecting the previous experience, by fixing, preserving, recognizing and reproducing the sound material, text, ideas, affective states or assimilated movements. By adjusting the balance between inspiration and expiration, by developing phonemic hearing and coordinating between breathing, pronunciation, movement, music therapy activities also play a very important role in the development of language, the correct pronunciation of sounds and words. Beyond the fact that music causes children to participate in activities, it corresponds to the spontaneous need for play, movement and relaxation.

3. Graphic and plastic expression therapy

This type of therapy includes modelling, drawing, painting, sculpture. Through them the assimilation of the main elements of plastic language is realized, which helps the child to express himself, sometimes faster and easier than through verbal communication (through graphic and plastic representations, the child projects a part of his experiences, experiences and attitudes, often unconscious, however they are forming information u tile understanding some aspects of his conduct, causing a relaxing effect of calming the child, consecutive performance of a design or product modelling). This type of therapy has a formative value, leading to the emergence of valuable learning situations that will highlight, in addition to the aesthetic and social and ethical load of the contents of the plastic themes. By selecting and concreting them, by applying topics appropriate to the plastic subjects, as well as by activating the students, the value and efficiency of

the therapy and its compensatory character increase. Also, through this therapy the child's personality is integrated, the aesthetic sense is developed and the need for beauty in the student's life and activity is realized.

4. Cognitive therapy

It is a complex process of mental balancing through the specific organization of knowledge in children with special educational needs whose cognitive behaviour is characterized by a general phenomenon of disturbing the organization of knowledge (dysfunctions in the cognitive processes, lack of motivation for knowledge, cognitive immaturity, etc.). Cognitive therapy consists of **compensatory actions and programs** that facilitate the understanding of things, phenomena, people and life situations in their instrumental-integrative dimension. In children with special educational needs who have a mental disability, it involves a structuring of the complex of external stimuli according to levels adapted to a wide typology of mental organization. The phenomenon of disturbance of cognitive behaviour in the mentally deficient is expressed either at the level of theoretical knowledge (concept learning) or at the level of psychosocial knowledge, causing fundamental changes in his personality.

Sensory awareness is a dimension for each child create their own rithm, and after an initial assessment in sensorial may determine the modalities of intervention purchases and to recover its knowledge and sensorial. The general form of sensory exercises differ depending on the d 's child development reached in a specific area of sensory knowledge. Thus, the intervention modalities can be grouped:

-level I-is addressed to children in a stage of syncretic, global, undifferentiated perception; at this level, the education of the senses is carried out in a form that is as close to that as the spontaneous exercises and games of very young children take, and their way of organization must facilitate the manifestation of multiple experiences, in various fields, but as familiar, allowing acquisition d is information about the shape, volume, colour, material structure, balance and instability of things or phenomena; the sensory dominance is, under these conditions, visual and tactile, and the exercises will mainly focus on these areas;

-Level II-at this level, education sensory becomes a source of centring the transfers, comparisons, transpositions, anticipations, dynamic analysis, using various objects, toys materials as natural as possible and making certain experiences in order methodically;

-level III-at this level, trains the child to perceive certain relationships between sizes, weights, volumes, distances, positions and directions; allow the child to observe, analyse and synthesize

information at the level of all analysers, thus contributing to the development of the ability to detect nuances and fine details in contact with various sensory objects and experiences around him.

The sensory exercises should be performed daily, the duration should be 10, 20 or 30 minutes, depending on the interest of the child, the rhythm of the exercises should not be too fast to promote learning. The exercises are most often performed individually or in small groups, considering that the sensory experience is always personal, following a program that may include individual files or files for a small group of children. We use objects and materials it is envisaged the presentation so that they are distinct from the background for better discrimination, the exposure surface is not too high, and materials are as diverse and presented in different ways.

We can design a variety of strategies and activities for sense knowledge structures, for:

-knowledge and development of tactile sensitivity;

-knowledge and development of visual sensitivity;

-knowledge and development of taste sensitivity;

-knowledge and development of olfactory sensitivity;

-knowledge and development of hearing sensitivity;

-correlations between visual sensitivity and tactile sensitivity;

-correlations between taste sensitivity and olfactory sensitivity.

The formation of visual-perceptual skills includes several elements:

a) visual-motor coordination represents the ability to coordinate the visual with the movements of the body or with a part of the body; it is also involved in the perception of spaces, which without visual-motor coordination would not be possible;

b) **coordination exercises generated motive-**aimed at developing capacity d is coordinating movements increasingly complex body and addresses all segments anatomical, including a wide variety of activities with playful associated with elements of sensory with the representations of objects, shapes, spaces and elements from the environment, previously known, which stimulate the active participation of children in their making;

c) **exercises for coordination of fine motor** skills-aim to develop the capacity to coordinate the muscles of the hand in order to perform fine and precise movements ^

d) **exercises to train the body image and knowledge of the body scheme** aimed perception and correct identification of body parts in the position is static or dynamic with a diverse spatial arrangement of body parts and body segments reporting elements surrounding space;

The learning of fundamental concepts involves making several **types of activities:**

- groups of images or objects according to the given criteria;

- associations of images or objects according to the given criteria;

- one-to-one correspondence of objects or images;

- a numerical order of objects;

- establishing relationships between different objects or images;

- ordering images from a story with the story telling;

- associations between sounds and letters naming objects and using different images;

- activities for sorting objects or images according to the given criteria;

- exercises to detect the phenomenon of conservation of certain quantities;

- exercises for composing lengths, etc.

5. Play therapy (Game therapy)

The game as a way of relating between the individual and the world of objects and relationships is the primary formula of human action, a form of organizing cognition and a way of organizing knowledge. Q in a particular period of life, most object relations are established within the game. J. Piaget suggested that play is the purest form of assimilation: the child incorporates it into the existing ways of thinking events, objects or situations.

Piaget described **three stages in the development of the game:**

a) the stage of the practical game-it appears in the first year of life and consists of sensory actions-motors (such as the clapping of hands); Piaget believed that, through this "functional exercise", children acquire the basic motor skills inherent in daily activities;

b) the stage of the symbolic game-it appears from the second year of life and involves representations of the absent objects (the child pretends that he would bake a cake in a box of sand); opposite to the stage of the practical game, where the actions are practiced and elaborated for their functional value, the symbolic game allows the exercise of the actions for their representative value;

c) the stage of the game with rules-it is the last structural category that develops, necessarily incorporating social coordination and a basic understanding of social relations; the rules and regulations are imposed by the group, and the governing structure results from the collective organization.

Children (ages 3 to 5) who frequently engage in sociodramatic or constructive games tend to perform better on intelligence tests than other children of the same age who are inclined to play in a sensory-motor manner. Children who play frequently in a constructive manner (for example, build, solve puzzles) are efficient in solving convergent problems (problems with a single solution). Children who play frequently in a sociodramatic way seem to be efficient in solving divergent problems (problems with multiple solutions). On the other hand, it has been found that some children play more than others; in addition, playing styles and preferences differ from one individual to another.

Factors that can influence the development of individual differences in playing styles:

1. Individual differences in the quality and quantity of children's play are assumed to develop, in part, due to the child's internal characteristics and the family in which the child develops.

2. Beginning at age three years, symbolic play becomes more of a social activity.

3. Another environmental factor that influences the quantity and quality of the game is the social class. The children of the middle class engage more in sociodramatic games than the children of the lower class.

4. The specialists investigated how the age, sex and familiarity factors of the play partners influence the children's play behaviours. Generally, children play more and higher cognitive levels of knowledge in company than alone or in the company of an unknown child; children prefer friends, in contrast with a familiar partner stockings engage in fantasy games; the game between friends lasts longer and is richer in content.

More studies show that those kids who watch TV are less playful and less imaginative in their game. The content of children's television shows has important implications for their behaviour during the game.

A more familiar influence on children's play is the school curriculum. The programs highly structured preschool tend to reduce diversity and performance level of play of small children. J shock Imagination is more common in the programs less structured, while highly structured programs encourage constructive use of materials and goal-oriented activity. When evaluating efforts curriculum must take into account the degree of structuring the curriculum and how this structure is integrated and applied in everyday life.

Research has revealed several **forms of play** (as forms of learning):

a) the exploratory-manipulative game-it is based on the exploration by manipulation of the objects of the surrounding world that constitutes the main source of stimulation characterized by a high degree of heterogeneity; the mental organization of the person is the result of the training in the process of organizing the stimuli;

b) the representative game-also known as the "game of ...", appears when the objects already known can replace other missing objects; this switching mechanism is based on the semiotic function of communication and expresses the degree of organization mental of the individual;

c) the game with rules-it starts with the forms of playful activity in which the laws of resemblance, distinction, assembly, succession, spatial settlement, etc.; later, another category of rules appears that refers to the way of using and restructuring the reality by integrating the value conferred in the social context to human roles and behaviours.

In the activities of educational therapy, a special place is the concept of **game teaching**. The didactic game constitutes a form of activity through which one or more didactic tasks are solved by combining the techniques of performing these tasks with the game element. We use the teaching game in various forms to stimulate the students to solve a didactic task in a most attractive form, knowing that the learning that involves the game becomes more enjoyable and comforting. Games become training methods if they are organized and follow one another according to the logic of knowledge and we learn. Each educational game must have an educational purpose, include an instructional component, harmoniously combine the educational elements with the fun elements, capitalize on the knowledge and skills already acquired, spontaneity, inventiveness, initiative, patience, include elements of expectation, surprise, competition, communication between game partners, so as to determine the emergence of complex emotional states that intensify the processes of direct and direct reflection of reality. The essential feature of the didactic game is to create favourable conditions for capitalizing on their acquisition and for practising skills and skills in the form of pleasant and attractive activities .

Each educational game includes the following **constituent elements:**

-the content-includes knowledge previously learned in joint activities with the whole class; refers to mathematical knowledge, plants, animals, seasons, human activities, etc.;

-the teaching task-it can appear in the form of a problem of thinking, recognition, naming, reconstitution, comparison, identification, etc.; although the educational games can have the same content, they can always acquire another character due to the diversity of the forms that the educational task can take; so the game comes in the form 's new unexpected, interesting and appealing to children;

-the rules of the game-play an important regulatory function on the relationships between children, showing them how to play, how to solve the respective problem, how to distribute responsibilities in the group, etc.;

-the action of the game-includes the moments of waiting, surprise, guess, competition etc. which make solving the teaching task enjoyable and attractive to students.

As an activity in completing the lesson, **the didactic game can be grouped as** follows:

-after educational objects-games used for reading, writing, mathematics, speech development, environmental knowledge, physical education, drawing, etc.;

-according to the type of lesson-games used as a means of teaching, assimilation, means of consolidation, systematization and recapitulation of knowledge.

The contribution of the didactic game to the stimulation and development of the cognitive abilities of the child, the education of personality traits and the achievement of the knowledge objectives of the teaching-learning process is obvious: the student engages his entire psychic potential, sharpens his observation, cultivates his initiative, inventiveness, flexibility, flexibility develops the spirit of cooperation, of team.

Conditions for organizing the didactic game:

- the game should be set against the background of the dominant activity, following the purpose and content of the lesson;

- be varied, attractive, combine the form of entertainment with that of learning;

- be well prepared by the educator in the direction of the efficient use of the used material;

- train all children in play activity;

- to create moments of relaxation, rest and use especially when children are tired;

- be proportionate to the activity provided by the program and structured in relation to the type and purpose of the lesson carried out;

- to pursue the formation of self-employment; ~ to ask for creative thinking and to make the most of the students' intellectual possibilities;

- the activities to be completed by the game should be introduced at any time during the lesson and be distributed, as the case may be, in different sequences, the didactic tasks of the game being progressive;

- the indications regarding the activity, as well as the rules of the game, be clear, correct, precise, be aware of the pupils and create a motivation for the activity;

- the game activities are carried out in an active, stimulating and dynamic environment, carefully observing the rules by the students participating in the game;

- the games should not be too easy or too heavy and determine emotional states that maintain the interest and participation of the children.

The use of didactic games in all their variety constitutes the first step in the realization of the formative education, which aims to develop first of all the intellectual activism, the skills of intellectual work, of moral conduct, of physical activity, aiming that all these active skills develop through the use of psychic resources. and physical own.

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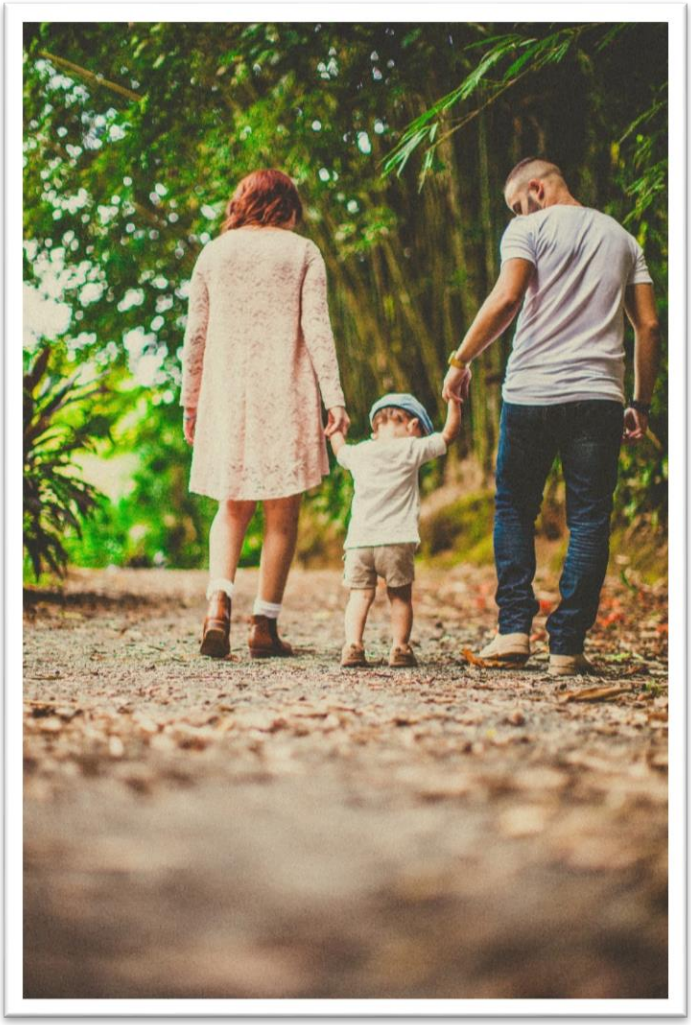
5. Socialization activities – SPAIN



Children with disabilities are among the most stigmatized and excluded in our societies. The lack of knowledge about disability and related negative attitudes, in many cases results in the marginalization of children with disabilities within the family, school and, above all, the community. In those cultures where the birth of a child with a disability is associated with guilt, shame and fear, that child is usually hidden, abused and excluded from activities that are crucial to its development. Even in those who are more fortunate, born in countries with greater institutional and social sensitivity to disability, suffer cases of exclusion in different aspects of their social life.

As the World Health Organization notes, as a result of discrimination, children with disabilities may have poor health and education outcomes, low self-esteem, limited interaction with others and a higher risk of violence, abuse, abandonment and exploitation.

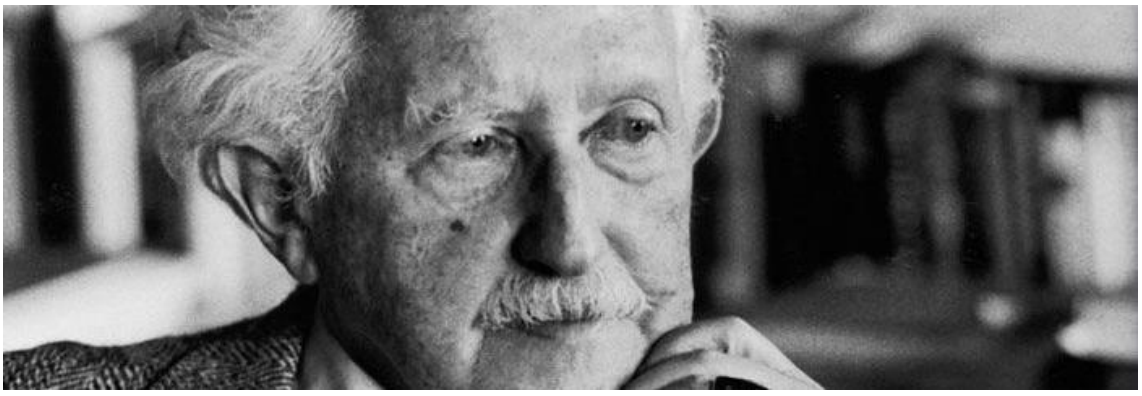
This section shows the main theories of children's social development. The following points explain the importance of getting the right playmates for children with disabilities, as well as the benefits of outdoor play. Finally, the essential characteristics of Spanish legislation regarding the inclusion of children with disabilities and the main techniques used by experts to guarantee such inclusion are reflected.

a) The stages of social development;

In this section, we have decided to select the two most widespread theories of psychosocial development. The first one, Erik Erikson's Theory of Psychosocial Development, is based on 8 psychosocial stages. The second author is known for his Learning Theory. He is considered the father of modern pedagogy. According to Piaget's Theory of Learning, learning is a process that only makes sense in situations of change. Therefore, learning is partly knowing how to adapt to these developments.

The contributions of both theories regarding social development and its different stages are briefly detailed but as complete as possible.

Erik Erikson Psychosocial Development Theory



Erikson proposes a theory of competences. Each of the vital stages gives rise to the development of a series of competencies. If in each of the new stages of life the person has achieved the competence corresponding to that vital moment, that person will experience a sense of dominance that Erikson conceptualizes as the strength of the ego. Having acquired the competition helps to solve the goals that will be presented during the next vital stage.

Another of the fundamental features of Erikson's theory is that each of the stages is determined by a conflict that allows individual development. When the person manages to resolve each conflict, it grows psychologically. In the resolution of these conflicts, the person finds great potential for growth, but on the other hand we can also find great potential for failure if the conflict of that vital stage cannot be overcome.

This theory divides the psychosocial development of people into 8 differentiated stages:

1. **Trust vs. Distrust**

This stage runs from birth to eighteen months of life, and depends on the relationship or bond that has been created with the mother. The relationship with the mother will determine the

future links that will be established with people throughout their lives. It is the feeling of trust, vulnerability, frustration, satisfaction, security ... that can determine the quality of relationships.

2. **Autonomy vs. Shame and doubt**

This stage starts from 18 months to 3 years of the child's life. During this stage the child undertakes his cognitive and muscular development, when he begins to control and exercise the muscles that are related to body excretions. This learning process can lead to moments of doubt and shame. Likewise, the achievements at this stage trigger a sense of autonomy and of feeling like an independent body.

3. **Initiative vs. Blame**

This stadium travels from 3 to 5 years old. The child begins to develop very quickly, both physically and intellectually. He or she grows interested in interacting with other children, testing his skills and abilities. Children are curious and it is positive to motivate them to develop creatively. In the event that parents react negatively to their children's questions or their initiative, it is likely to generate guilt.

4. **Laboriousness vs. Inferiority**

This stage occurs between 6-7 years to 12 years. Children show a genuine interest in the functioning of things and try to carry out many activities on their own, with their own effort and putting their knowledge and skills to use. That is why the positive stimulation that the school can offer you, at home or by the peer group, is so important. The latter begins to acquire a transcendental relevance for them.In the event that this is not well received or its failures motivate comparisons with others, the child may develop a sense of inferiority that will make him feel insecure in front of others.

5. **Identity Exploration vs. Identity Diffusion**

This stadium takes place during adolescence. At this stage, a question is asked insistently: who am I? Teenagers begin to show more independence and take away from parents. They prefer to spend more time with their friends and begin to think about the future and decide what they want to study, what to work for, where to live, etc.The exploration of your own possibilities occurs at this stage. They begin to prop up their own identity based on the lived experiences. This search will cause you to feel confused about your own identity on multiple occasions.

6. **Privacy vs. Isolation**

This stage includes from the age of 20 to approximately 40. The way of relating to other people is modified, the individual begins to prioritize more intimate relationships that offer and require a reciprocal commitment, an intimacy that generates a sense of security, of company, of

trust. If this type of intimacy is avoided, one may be touching loneliness or isolation, a situation that can end in depression.

7. **Generativity against Stagnation**

This stage runs between 40 and 60 years. It is a period of life in which the person dedicates his time to his family. The search for balance between productivity and stagnation is prioritized; A productivity that is linked to the future, to the future of theirs and of the next generations, is the search to feel needed by others, to be and to feel useful. The stagnation is that question the individual asks himself: what do I do here if it is useless?; He feels stuck and fails to channel his effort so he can offer something to his people or the world.

8. **Integrity of self in the face of despair**

This stage occurs from the age of 60 until death. It is a time when the individual ceases to be productive, or at least does not produce as much as he was previously capable. A stage in which life and the way of life are totally altered, friends and family die, one has to face the duels caused by old age, both in one's own body and in that of others.

Erikson's Stages of Psychosocial Development

Stage	Psychosocial Crisis/Task	What Happens at This Stage?
1	Trust vs Mistrust	If needs are dependably met, infants develop a sense of basic trust.
2	Autonomy vs Shame/Doubt	Toddlers learn to exercise will and do things for themselves, or they doubt their abilities.
3	Initiative vs Guilt	Preschoolers learn to initiate tasks and carry out plans, or they feel guilty about efforts to be independent.
4	Industry vs Inferiority	Children learn the pleasure of applying themselves to tasks, or they feel inferior.
5	Identity vs Confusion	Teenagers work at refining a sense of self by testing roles and then integrating them to form a single identity, or they become confused about who they are.
6	Intimacy vs Isolation	Young adults struggle to form close relationships and to gain the capacity for intimate love, or they feel socially isolated.
7	Generativity vs Stagnation	The middle-aged discover a sense of contributing to the world, usually through family and work, or they may feel a lack of purpose.
8	Integrity vs Despair	When reflecting on his or her life, the older adult may feel a sense of satisfaction or failure.

Jean Piaget's Learning Theory

This author understands learning as a reorganization of the cognitive structures existing in each moment. That is to say: for him, the changes in our knowledge, those qualitative leaps that lead us to internalize new knowledge from our experience, are explained by a recombination that acts on the mental schemes that we have at hand as the Theory of theory shows us Piaget learning.

Learning, understood as a process of change that is being built, makes us go through different stages not because our mind changes in nature spontaneously with the passage of time, but because certain mental schemes vary in their relationships, they are organized different way as we grow and interact with the environment.

The 4 stages of the cognitive development of Jean Piaget

1. **Sensory stage-motor or sensiomotor.**

   This is the first phase in cognitive development, and for Piaget it takes place between the moment of birth and the appearance of articulated language in simple sentences (towards two years of age). What defines this stage is the acquisition of knowledge from the physical interaction with the immediate environment. Children who are in this stage of cognitive development show an egocentric behavior in which the main conceptual division that exists is the one that separates the ideas of "I" and "environment."

2. **Preoperational stage.**

   The second stage of cognitive development according to Piaget appears more or less between two and seven years.

   People who are in the preoperational phase begin to gain the ability to put themselves in the place of others, act and play following fictitious roles and use symbolic objects. However, self-centeredness is still very present in this phase, which translates into serious difficulties in accessing thoughts and reflections of a relatively abstract type.

3. **Stage of the concrete operations.**

   Approximately between seven and twelve years of age, the stage of concrete operations is accessed, a stage of cognitive development in which logic begins to be used to reach valid

conclusions, as long as the premises from which it starts have to See with concrete and non-abstract situations. In addition, category systems to classify aspects of reality become noticeably more complex at this stage, and the thinking style ceases to be so markedly self-centered.

4. **Formal operations stage.**

The formal operations phase is the last of the cognitive development stages proposed by Piaget, and appears from twelve years of age onwards, including adult life.

[39]It is in this period that the ability to use logic to reach abstract conclusions that are not linked to specific cases that have been experienced first hand is gained. Therefore, from this moment it is possible to "think about thinking", until its final consequences, and

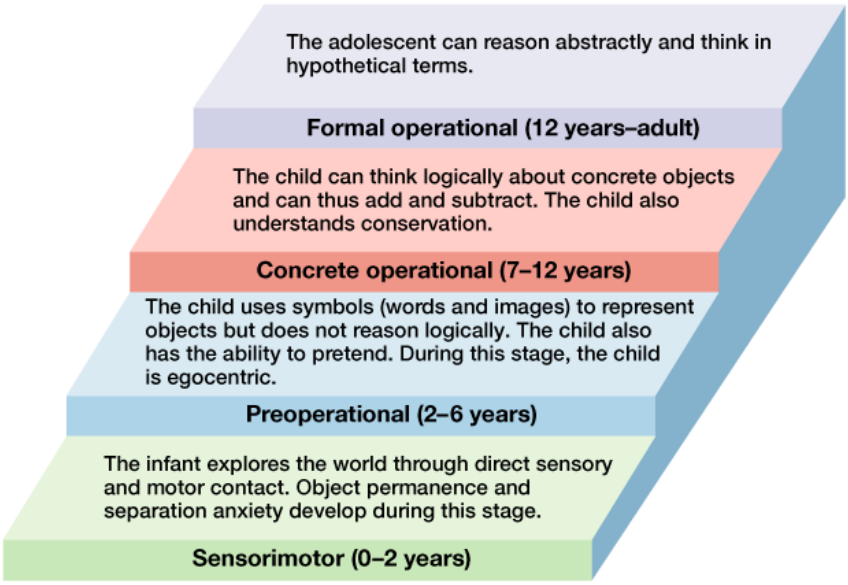


Image 1 Stages of the cognitive development of Jean Piaget

deliberately analyze and manipulate thinking schemes, and deductive hypothetical reasoning can also be used.

b). Importance of social inclusion at school of children with disabilities;

In this section, we will discuss the issue of social inclusion of children with disabilities through education. The school is the main socializing institution-after the family-of children. It is at the time of

39 ss-psychology/chapter/theories-of-human-

entering school when the relational circle of people expands towards people who are no longer members of the family nucleus. The child begins to maintain social relationships with teachers and other students. This is when new friendships begin to be forged.

It is because of its great socializing capacity that we dedicate a point in this guide to talk about the importance of this institution for children with intellectual disabilities. Its satisfactory social integration will depend largely on the quality and attention to integration that is dedicated by the schools and the professionals that constitute it.

This section describes the two main ways to address the social integration of children with intellectual disabilities through school. The first and most widespread option is special education, focused on addressing the educational needs of children with intellectual disabilities. The second option, which is increasingly being accepted by experts and institutions, is the inclusive school. Next, the characteristics of these two methodologies and their advantages and disadvantages by experts and institutions are explained.

What is Inclusive Education

Inclusive education is the model that seeks to meet the learning needs of all children, youth and adults with special emphasis on those who are vulnerable to marginalization and social exclusion.

Inclusive education is a process that the whole society must live, since it is the starting point to normalize the education of all students and also provide various opportunities for the development of people who have or live with disabilities or marginalization.

Likewise, one of the basic principles of inclusive education is one that mentions that each child has different characteristics, interests and learning abilities, therefore certain changes and modifications in contents and strategies are involved which achieve inclusion and comply with The purpose of educating everyone responding to this range of educational needs.

The notion of inclusive education is related to the right to all children and young people with special educational needs to learn, whenever possible, in an ordinary school.

Positive aspects of Inclusive Education

The Understood Team (2016) has defined which they consider are the 4 most relevant positive aspects of Inclusive Education. These items are considered as societal benefits:

1. Teaching tailored to all.

   All students learn differently. This is a foundation of inclusive education. In an inclusive classroom, teachers employ strategies and teaching specially designed for all students to progress. A key teaching strategy is to separate students into small groups, since in this way

the teaching is tailored to their needs. Teachers meet the needs of each student by presenting the lessons in different ways and using the Universal Design for Learning.

2. Make the differences less "different".

   The students in the inclusive classrooms are diverse, each with their own strengths and challenges. Inclusion allows them to talk about how we all learn in a certain way, and to discover that they have more in common with other kids than they thought. This can help them realize that differences are part of life, and encourage them to establish friendly relationships.

3. Provide support to all.

   In traditional special education settings, many students are “pulled out” of class to receive related services, such as speech therapy or other specialized instruction. In an inclusive salon, speech therapists, reading specialists and other service providers often come to the classroom. These professionals can provide information and suggestions that benefit all students. That way, students who are not eligible for special education can receive support informally.

4. Have high expectations for everyone.

   In an Individualized Education Program (IEP), the student's goals must be based on the academic standards of his or her state. These standards establish what all students are expected to have learned at the end of the year in math, reading, science and other subjects. Differentiated instruction and co-teaching in the general education classroom makes it easier for standards-based IEP students to be taught the same material as their classmates.

Hunt et. Al. (1996) also elaborated a list of main benefits of the implementation of inclusive education. They listed a total of 6 main positive aspects. These 6 items are considered at personal benefit:

1. It favors according to studies, early social interaction between individuals who perceive different. And this is tremendously useful for a more supportive and empathetic adult society.
2. Encourage learning in values. This is also capital for the entire development of the person. Well, learning to decide based on our values enables us to be more independent and sensible adults.
3. All children contribute something to each other. Everyone's perspectives are enriched and integrated naturally. They learn to relativize and put themselves in the place of the other more easily. This also increases the feeling of union in the group.

4. Increase levels of self-esteem. Both of those who can help the less trained, and of these for the feeling of belonging. High self-esteem is a cornerstone in the construction of healthy adult life. Generally, people with diminished abilities have centuries living with low self-esteem.
5. The social commitment between one and the other is assimilated since childhood. Therefore, emotional involvement among students allows tolerance relationships. It is also highly mobilizing companionship and collaboration.
6. The exchange of emotions in class is greater. This helps the better understanding of oneself and others. Here you can read about emotional learning in school.

Negative aspects of Inclusive Education

1. If there is a differentiating educational system, where the center does not adapt to the student but instead. This is a mistake since we must put students first and foremost, so that they reach the basic skills for their personal development. For this it is necessary to adapt the center to the students.
2. Poor planning where the characteristics and peculiarities of the students have not been taken into account in the educational plan of the center, therefore it does not have the necessary resources to give an adequate educational response. So when preparing the center plan, we must take into account the inclusion of measures for students with specific needs.
3. Organizational rigidity: existence of a closed structure, not open to any type of change or modification.
4. The lack of training and information by teachers, this constitutes a fundamental obstacle to integration and inclusion. Therefore, it is important to review the recycling of teachers and their training for good adaptation to different educational situations.
5. Lack of organization related to the elements necessary for the proper functioning of an educational center, such as excessive number of students per classroom, poor center planning, educational rigidity.
6. Lack of resources such as support services, economic resources, teaching resources, architectural barriers.
7. Difficulties from a family point of view, such as lack of communication between family and center, lack of adaptation.
8. Difficulties from a didactic point of view, such as memorial teaching, lack of teamwork among students, closed assessments, lack of teamwork by teachers, lack of training.

What is Special Education

It is the place or educational site belonging to the Ordinary Educational System that offers an educational response to those students who, due to their serious and permanent disability, cannot be treated in the classrooms of the ordinary center for various reasons, which in due course must be valued

Positive aspects of Special Education

1. The education they receive should not be based on the categorization of the deficiencies, as in the past, but on the particular special educational needs, which implies the elaboration of ICA to achieve optimum personal development.
2. Wide range of resources as well as a very specialized staff.
3. Curriculum understood as a set of experiences (and their planning) that the Center puts at the service of schoolchildren in order to enhance their integral development.
4. Currently, it is a resource for students whose special needs cannot be met in the ordinary centers of the Educational System.
5. Greater possibilities of receiving a "tailored" teaching and according to your learning possibilities.
6. The student regains self-confidence by influencing two fundamental therapies on him: the personal one, which tries to overcome his history of frustrations, and the school one, who tries to ascend the levels of achievement in his learning.
7. Individualized activities that respond to the specific difficulties of each student's disorder are scheduled.

Negative aspects of Special Education

1. They are limited by the right they have by law to receive an education on equal terms as their peers.
2. They continue, although to a lesser extent than in their origins, being Segregating Centers.
3. They relate only to partners who suffer from the same disability (although not necessarily at the same level).
4. It does not promote the development of an inclusive society in the best way:
    a. The society labels students who attend this type of Centers, which they will carry for life.
    b. It does not contribute to the personal and social integration of students.
    c. It does not enhance the values of tolerance, attitudes of cooperation and knowledge of the differences of people because they are isolated from everything and everyone.

d. Therefore, it does not favor the social development of its students and neither encourages the competences

As we have seen, both educational systems have advantages and disadvantages for children with intellectual disabilities. On the one hand, the so-called “inclusive school” greatly favors the visibility and normalization of intellectual disability in society. It also allows the child to socialize with other students of the ordinary school and, consequently, facilitates their normalized integration into society. For this to be possible, it will be necessary for teachers to make an extra effort in raising awareness and normalizing disability, as well as having the appropriate teaching knowledge and methodologies to ensure the educational and social success of their students with disabilities. If not complied with these efforts and knowledge will be a great possibility of failure in learning the child with disabilities and their social integration; being able to suffer exclusion and teasing by other students without disabilities.

Moreover, special education allows specialized education by highly qualified teachers who know their specific needs and in a space characterized by the adaptability of its facilities. In addition, special education classrooms usually have a much lower student ratio; facilitating personalized teaching, tailored for each of the students. Finally, children feel more confident about themselves, by sharing their educational stage with other students in the same conditions. As a counterpart, special education may be a violation of the right to receive an education on equal terms with their peers; besides being able to suppose a segregation with respect to the rest of students.

What is clear is that schools play an important role latent human development of any child: the first socializing with people outside the immediate family people. In this regard, and leaving aside the suitability to achieve the educational success of each of the two alternatives, the option of the inclusive school facilitates, a priori, a greater social integration of children with disabilities than the special education centers; since the inclusive school normalizes disability; it allows the child to make friends of his age, both with and without disability; and awareness to students without disabilities about the reality of their classmate with special needs. Of course, for this to be possible, the good work of the educational staff and continued support in their integration is necessary.

c). Outdoor activities impact on children with disabilities;

Do children play outdoor nowadays?

Outdoor play is considered by experts as one of the most important, as it favors the right balance between physical and intellectual development and has a very important integrative character. For

this reason, a minimum outdoor play time of one hour per day is recommended. Time that should be even longer than two hours in the case of the little ones. The results of the study conducted by AIJU show that 82% of children aged 0 to 12 in Spain play outdoors less than the time recommended by experts. Children who are 0 to 3 years old are the ones who play the most outdoors both if we rely on the percentage of children above the minimum recommended value (35%), as if we analyze the average time, (1 hour 25 minutes) but still, without reaching the 2 hours minimum recommended time. On the contrary, children between 10 and 12 years old are those who play the least outdoors (94% play outdoors below the recommended time, with an average of 35 minutes).

How children with special needs can benefit from outdoor activities

Here are five ways children with special needs can benefit from outdoor games.

Be inspired by Nature to play: Children can use elements of nature to play. This type of game allows children to try new actions, including exploration and manipulation of objects. Children learn cause and effect, as well as to develop problem-solving skills through nature-inspired play.

Play in a natural environment: Children can use their traditional toys and take them outside. For example, stacking blocks in the grass will provide an attractive and pleasant touch to the child's senses during the game.

Active outdoor play: Children can be physically more active when we are away from home or a walk or bike ride. Active outdoor play supports gross motor skills and compromises muscles.

The creative game in Nature: Children can be inspired by the outdoors and nature to create craft and craft projects. Projects can be inspired by the elements of nature and nature can increase

self-confidence when conceiving, building and creating. This type of game allows children to explore emotions and express them in a healthy and productive way.

The imaginative game in Nature: Children can use their imaginative skills pretending that an object in nature is something other than what it is. Simulation game is an excellent way to improve negotiation skills, group dynamics and the possibility of fighting for a team objective.

d). Legislation in Spain regarding the social inclusion of disabled people

People with disabilities constitute a heterogeneous population sector, but they all have in common that, to a greater or lesser extent, they need unique protection in the exercise of human rights and basic freedoms, due to the specific needs derived from their situation of Disability and survival of barriers that prevent their full and effective participation in society on equal terms with other people.

The *General Law on the rights of persons with disabilities and their social inclusion*[40] recognizes persons with disabilities as holders of a series of rights and public authorities as guarantors of the real and effective exercise of those rights, in accordance with the provisions of the International Convention on the Rights of Persons with Disabilities. And it establishes the regime of infractions and sanctions that guarantee the basic conditions in terms of equal opportunities, non-discrimination and universal accessibility of people with disabilities.

This law reinforces, clarifies and harmonizes in a single text, the main disability laws: Law 13/1982, of April 7, on the social integration of people with disabilities (LISMI), Law 51/2003, of December 2, on equal opportunities, non-discrimination and universal accessibility of persons with disabilities (LIONDAU), and Law 49/2007, of December 26, on infractions and sanctions in terms of equal opportunities, non-discrimination and accessibility Universal of people with disabilities. This recasting task has had the aforementioned International Convention as its main reference.

The standard includes a series of definitions, including direct, indirect, association and harassment discrimination, and reinforces the special consideration of multiple discrimination, and is governed by the principles of respect for dignity, independent living, equal opportunities , non-discrimination, universal accessibility, design for all people, civil dialogue and policy mainstreaming. It is expressly recognized that the exercise of the rights of persons with disabilities is carried out in accordance with the principle of freedom in decision-making, and girls, boys and women with some type of disability are uniquely protected.

40 Can be obtained at: https://www.boe.es/boe/dias/2013/12/03/pdfs/BOE-A-2013-12632.pdf

The areas in which this Law applies are those of telecommunications and information society, urbanized public spaces, infrastructure and building, transport, goods and services available to the public and relations with public administrations, administration of justice, cultural heritage and employment. Each of these areas is dealt with in the norms of development of the Law, which indicates the obligation that all environments, products and services must be open, accessible and practicable for all people gradually and progressively. To do this, it determines certain deadlines and schedules in making the necessary adaptations.

It includes a title dedicated to the rights of persons with disabilities, which will take their protection to all areas, from health protection, to comprehensive care, including education and employment, social protection, to independent living and Participation in public affairs.

Regarding the right to education, an inclusive education system is ensured, paying attention to the diversity of educational needs of students with disabilities, by regulating the corresponding support and adjustments.

Following, are exposed the main principles of the Spanish national law regarding disabled people (García, 2015):

(i) **Dignity and autonomy**. People with disabilities have value in themselves and have the right to make their own decisions and fend for themselves.

(j) **The independent life**. People with disabilities have the right to decide about their life, to develop their personality and to participate in society.

(k) **Non-discrimination**. It is forbidden to treat people worse by having a disability. Discrimination suffered by persons with disabilities can be:

   a. Direct: when a person, a company or an institution treats a person worse for having a disability.
   b. Indirect: when a law or a contract includes ideas that put people with disabilities at a disadvantage compared to others.
   c. By association: when a person or group of people receives worse treatment for having friendship or meeting with people with disabilities.

(l) **Respect for differences between people**. Everyone must accept people with disabilities as part of the variety of society.

(m) **Equal opportunitie**s. With equal opportunities there is no discrimination and all persons with disabilities have the same rights and receive the same treatment as others.

   a. Equal opportunities include positive action measures. These are decisions that support people with disabilities to have the same opportunities as others. In addition, they favour equality and their participation in society.

(n) **Equality between men and women**. Men and women with disabilities have the same rights.

(o) **Normalization.** People with disabilities have the right to go, enter and participate in any place and enjoy all things the same as others, for example, go to the amusement park or use a kitchen.

(p) **Universal accessibility and design for all**. The places are accessible when all people can enter and participate in a comfortable and safe way with the least number of possible aids.

a. Things are accessible when all people can use them safely, easily and comfortably.
b. In some cases, it can be difficult to make things accessible. Then reasonable adjustments must be made.
c. These adjustments are improvements so that people with disabilities can enter a site or use something without costing the people who must make the changes.
d. Universal accessibility is possible by design for everyone. There are people who design buildings, products or instruments designed so that anyone can use them.

(q) **Participation and social inclusion**. People with disabilities have the right to participate in the activities of society, such as politics, education, work and culture, in the same way as others.

(r) **The civil dialogue.** Thanks to civil dialogue, associations of people with disabilities propose ideas, participate to make rules and monitor their compliance. Children with disabilities have the right to comment on the topics that interest them for their lives.

(s) **Respect for the life and personality of people with disabilities**, especially boys and girls.

(t) **The mainstreaming of disability policies**. All public institutions must take into account the needs and requests of people with disabilities in all their work.

a. Institutions have their own plans for people with disabilities and plans for all people that must include the needs of people with disabilities.

e). Examples of methods and techniques used in Spain for the recovery of children with disabilities;

In this section, 4 examples of cases of good practices in the education of people with disabilities in Spain are presented.

ICT makes me more autonomous

Professor at the Dr. Quintero Lúmbreras Institute of Psychopediatrics (Madrid), Ana Isabel Loné Areces works with students who have special educational needs and need support. In this regard, one of the most used supports is ICT because they become a means to promote improvements in

the development of significant skills of these students. "The proposed objective is to use ICT as a resource to improve their autonomy habits," he explains. As a tool, this teacher uses an Android tablet and applications such as PicAlarms: it is free and allows you to include images, pictograms and recordings to facilitate a visual understanding of what the student has to do. There is also Assist-Task, which is based on QR codes for the identification of tasks; PictogramAgenda, with which to generate an agenda that allows you to know the activities to be carried out during the day; To improve the understanding of time is Kids Timer and for the generation of activities author applications such as Notebook and Picaa ...

ABC program for deaf students

The Don Juan Manuel Institute (Murcia) provides deaf students with the ABC Program. This is a project in which nine professors from different specialties who use sign language as a vehicular language participate in the teaching and learning process of these students. This program, on the other hand, has allowed 100% of them to pass the University Access tests. Francisco Martínez and Rubén Nogueira, teachers in this center, insist that students who participate in the ABC Program achieve the same goals as the rest of their fellow listeners. In addition, they highlight the role that sign language plays in learning other languages: “It is essential that they have a fluid communication system, a suitable linguistic instrument to address the learning of a second or third language. In our case, the ABC Program is committed to using the Spanish sign language as a functional language that provides verbal reasoning (grammatical, pragmatic competence, etc.) to students and helps them to manage other languages beyond the mere translation word by word, or to know and pronounce a series of terms ”, they conclude.

Sign language as a curricular subject

Since 2020, deaf and hearing students of the Gaudem School of Madrid and who attend Primary will participate in a bilingual study methodology in which the oral language and sign language will coexist. The objective of this initiative corresponds to the idea of "ensuring access and equal participation of all students," says its director Natividad Roldán. And he adds: “Our educational experience has allowed us to verify that sign language not only favors its integral development, but also helps these students access the curriculum with the same linguistic opportunities as the rest of their classmates, and facilitates their process of integration into situations and activities of daily and school life. ” Remember also that the percentage of deaf students who enter the Secondary school stage, training cycles, Baccalaureate or university grows thanks to the inclusion of bilingual education systems ”in which the learning of sign language and oral language go hand in hand ”, ends.

Robotics and learning in the deaf child (advantages in language and hearing development)

For years-within the verbotonal methodology-at the La Purísima School for Deaf Children (Zaragoza) work all aspects of language through different teaching tools such as audiovisuals (for vocabulary and structures) or routes (a child had to think how to get from one place to another giving orders to another partner who had to reach the right destination). They use robotics (we also resort to programming) and work in Infant and Primary through Blue Blot. Students show great motivation.

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6. ART THERAPY-TURKEY

1.The impact of art-therapy on the recovery of children with disabilities

Art therapy is the treatment by means of the visual arts of emotional problems and pathological mental states whether psychogenic or resulting from physical abnormalities. The art therapist encourages the patient to express his ideas and feelings in his drawings or paintings, working out problems and bringing about personality growth.) There are many special advantages in art therapy which make it valuable in itself or as a supplement to other types of therapy. Some of these advantages are as follows: 1. The relaxed nature of art therapy helps to bring about rapport and a good therapeutic relationship between tha patient and therapist.

2. Art activities sometimes help in developing tha ability to concentrate.

3. Through art, anger may ba sublimated, and instead of destroying objects, tha patient creates objects.

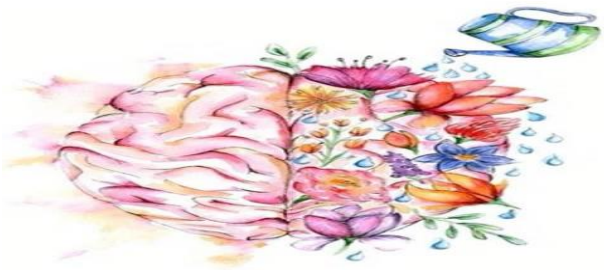
4. Creativity in art spreads to problem solving in other areas and through the insights to which it leads, creativity becomes an important force in therapy.

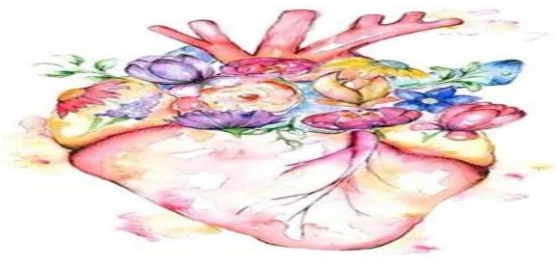
5. Because in the minds of children, art is not associated with school, discipline, or therapy, children usually respond favorably to it. Delinquents seam not to have the resistance toward art they have toward other subjects, and generally function normally in art.

6. Group art therapy may ba a positive force for children's socialization. It may assist in tha process of thair learning raspact for tha rights of others. Children who become involved in art do not usually find time for mischief.

7. Art therapy helps in developing initiative, and also enhances tha motor impulse toward activity.

8. Through giving pleasure and enjoyment of life, art lessens tha possibilities of difficulties.

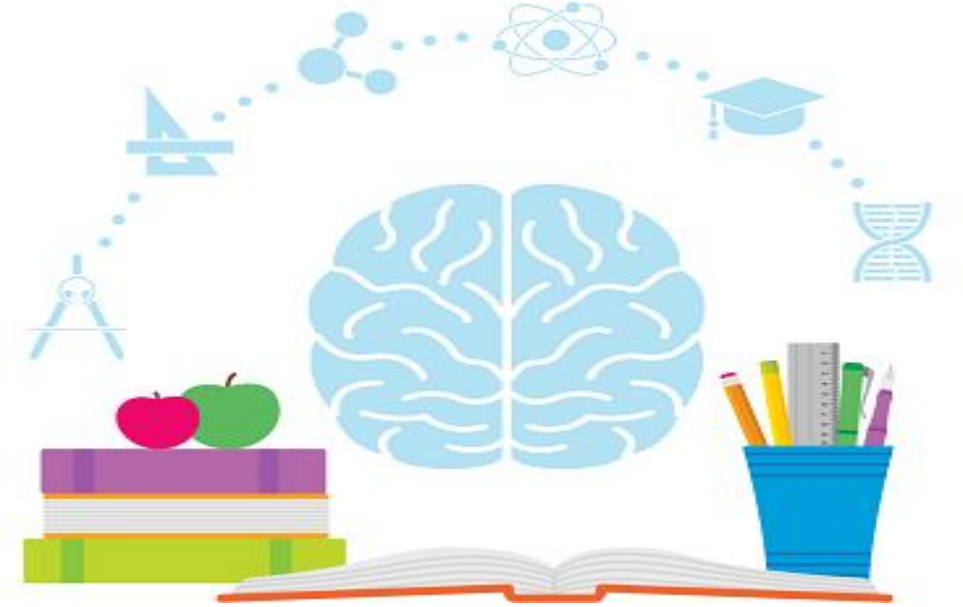




2. Methods and techniques used in art-therapy;

Adaptive Methodology for Teaching the Handicapped Child

With certain adaptations and special methods, all children can be included in art activities. The following list of suggestions describes scissor manipulation, pasting, painting, clay, and general methods for use by handicapped children.



Scissor Manipulation

1. Very young children can tear paper.
2. Use double-ring (4-holed) scissors (teacher or aide can assist.)
3. Hold and turn paper for student.
4. Thick, dark black, or bright red lines are easier for students to identify and cut.
5. Hold paper vertically, start cutting from bottom to top.
6. For students who do not understand the process of cutting, push hand open/pull closed.
7. For hands with little or no muscle control, give hand exercises and squeez ing soft rubber ball for push/squeeze and close tight movements to help develop muscle control.

Pasting Suggestions

1. Use "sock method" (Schectman, p. 3.9) to teach that only one finger goes in paste, not the entire hand.

2. To learn how to apply paste, draw a line around the outside perimeter of the shape and a large mark in the mid dle. This will identify specific pasting areas.

3. For the visually impaired, apply white glue around the perimeter and middle. When it hardens, students can feel the paste.

Glue

1. For students incapable of squeezing a standard plastic glue bottle, pour glue into a soft plastic bottle with a spout; cut off top to enlarge hole if necessary.

2. Apply glue with brushes, Q-tips, or sponges attached to clothes pins.

Wheat Paste

1.Sometimes the color, odor, and coldness of this paste upsets stomachs.

If this occurs, use warm water, add a drop of vanilla extract, and a drop of food coloring to change the feel, color, and odor.

Painting Suggestions

1. Initially, when introducing painting experience, limit palette to one to three colors.

2. When learning to paint, some children do not always understand the progression of painting routines or brush manipulation. Dip brush into paint, apply brush to paper, manipulate brush back and forth to cover paper.

3. To keep tempera paint from drip ping, thicken paint to creamy consistency with soap powder, extender, or liquid starch. For blind students, thickened tempera leaves a raised textured surface that can be felt when dry.

Paint Applicators

1. Use palette knife.

2. Long handled brushes are easier to handle.

3. For students with grip-control problems, cover brush handles, drawing media, and tools with cotton batting wrapped with masking tape.

4. Paint brushes, palette knives, and sponges attached to clip clothes pins, tongue depressors, and Q-tips can be us ed as paint applicators.

5. For students with gross motor problems, orthopedic students who need space to paint with elbows, wrists, or forearms, and visually impaired students, large 18" x 24" painting sur faces are more suitable.

6. For orthopedic students who do not have normal reach, a smaller painted surface is suggested.

Fingerpaint

1. For students who will not finger paint because they dislike the cold, slippery, sticky feeling, introduce a substitute such as food coloring added to shaving cream or liquid starch mixed with powdered paint or food coloring.

Clay

1. Some students do not like the feel of clay; add warm water.

2. Clay is excellent for releasing emotions for emotionally disturbed students and for tactile expression for visually impaired students.

General Adaptations

1. For students who need to develop strong hand and single finger movements, working with clay, plasticine, tearing paper, rug punching, embroidery, and arranging small units are beneficial.
2. For multiply handicapped, visually impaired orthopedic, and severely brain damaged students, place physical boundaries around the project and use strong contrasts such as light paper with dark background.
3. For some students, the glare of white paper is disturbing; switch to manila or some other neutral tone.
4. For teaching a skill, concentrate on the skill, and do not worry about a finished product. More extensive adaptive methodology is listed in Insights (Schectman, 1981) and Arts, Arts, Arts (Rahamia, 1981).

Films and Suggested Readings

In addition to learning about specific characteristics of various handicaps, appropriate art activities for children with these handicaps, and certain adaptive methodology for working with art media, various films and additional readings might be beneficial for art and non-art education students. Listed below are selected films, with brief descriptions, as well as suggested readings that may be suitable:

Films A Touch of Hands *(16 mm., color, sound, 25 min.)*

A description of the experiences of puppeteer Ed Lilly with handicapped and non handicapped children in a rural school in Pennsylvania. Creativity, self-awareness, self-confidence, and joy emerge from the 4-day encounter between the sensitive pup pet maker/expressive therapist and the children.

Source: University of Pittsburgh Center for Instructional Resources, Pittsburgh, PA.

Arts and Crafts for the Slow Learner *(16 mm., black/white, sound, 26 min.)*

Emphasizes the values and contributions of arts and crafts to the total development (physical, social, emotional, and mental) of the slow learner and the mentally retarded. Students in public schools participate in numerous types of arts and crafts. Many of the projects shown are done with free or in expensive materials and are correlated with different academic areas.

Source: SWS Educational Films, 3031 Kallin Avenue, Long Beach, CA 90808.

As We Are *(16 mm., color, sound, 29 min*.)

Documentation of an art program for retard ed children at the Tempus Art Center, demonstrating a wide range of creative ex periences for children.

Source: Phoenix Films, Inc., 470 Park Avenue South, New York, NY 10016.

At Your Fingertips (16 mm., color, sound, 10 min.)

Series of six films that deal with arts and crafts. Each film suggests ways to explore materials and techniques in addition to in troducing concepts and principles.

Source: ACI, 35 West 45th Street, New York, NY 10036.

Children Who Draw Pictures (16 mm., black/white, sound, 38 min.)

Nine month observation of first graders in Tokyo schools translating their developmental needs and emotions into drawing.

Source: Audio Visual Services, The Pennsylvania State University, University Park, PA 16802.

Clay in a Special Way *(16 mm., 14 min.)

Focuses on pottery workshop treating blind deaf, and other physically handicapped and non-handicapped children.

Source: The Stanfield House, 12381 Wilshire Blvd., Suite 202, Los Angeles, CA 90

Creative Growth (16 mm., 25 min.)

A description of the Creative Growth Pro gram in Oakland, CA, that serves handicap ped adults. The use of creative self expression in the visual arts is emphasized.

Source: James Stansfiled Film Associates, Santa Monica, CA.

A Demonstration of Art as Therapy (3/4 inch cassette and 1/2 inch reel-to-reel sound, black/white, 20 min.)

Documentary demonstrating techniques of teaching and using art as a motivational tool to teach developmental objectives to children with varying degrees of handicapping con ditions and levels of ability.

Source: Kitchen Sync Video, 99 Wintrop Avenue, Albany, NY 1220

Early Expressions (16 mm., color, sound, 15 min.)

A recording of spontaneous and rhythmic movements with two- and four-year-old children using varying art media.

Source: Modern Talking Picture Service, Inc., 1212 Avenue of the Americas, New York, NY 10022.

First Steps in Clay Modeling (16 mm., color, sound, 18 min.)

Demonstrating the use of clay as a medium through which a child may express his reac tions to perceptions and the teacher may become more in tune with the child's reality.

Source: American Foundation for the Blind, Inc., 15 West 16th Street, New York, NY 10010.

Free Expression Painting in Child Psychiatry (16 mm., color, sound, 30 min.)

Describes painting experiences with emotionally disturbed children.

Source: Association Films, Inc., 600 Grand Avenue, Ridgefield, NJ 07657. (Geigy Pharmaceuticals)

Gravity is My Enemy (16 mm., 26 min.)

A sensitive account of the life of artist Mark Hicks, who, because of an accident, has on ly the use of the muscles in his face and neck. An Academy Award winning film for best short documentary.

Source: Churchill Films, Los Angeles, CA.

Hello Up There (16 mm., color, sound, 7 min.)

Illustrates children's feelings about the adult world as revealed through their drawings, paintings, and comments.

Source: Learning Corporation of America, 711 5th Avenue, New York, NY 10022.

How Do You Feel? (16 mm., color sound, 10 min.)

Children comment on their view of the World through their drawings depicting life-influencing events. This film invokes varied responses from boys and girls about being loved, afraid, happy, and sad.

Source: Visual Aids Service, University of Illinois, Champaign, IL 61820.

Leonard: The Childhood in Vinci (16 mm., color, sound, 28 min.)

Leonardo da Vinci, between 6 and 16, his dual family constellation as shown in his earliest drawings and actions along with his efforts to overcome recorded handicaps through his art and science.

Source: S. Paul Klein, PO Box 42, Garrett Park, ME 20766

Methods of Teaching Art to the Mentally Retarded (16 mm., color, sound, 33 min.)

This six-step planning and teaching method for art lessons is based on the premise that art contributes to the personal development of the child as well as having therapeutic value for the mentally retarded. This teacher training film reaffirms that art with the men tally retarded child is aimed at personal development rather than artistic merit.

Source: Indiana University, Audio Visual Center, Bloomington, IN 47

Mimi (16 mm., color, sound, 18 min.)

Mimi, a young paraplegic, comments on her struggle not to see herself as others might, her efforts to become a professional artist, and her personal philosophy of life. Source: Billy Budd Films, 235 East 57th Street, New York, NY 10022.

One Day in the Life of Bonnie Consolo (16 mm., 16 1/2 min.)

A portrayal of a woman born without arms, who learns to lead a normal life by maintain ing a positive attitude and a strong personal drive to succeed, and by developing her basic skills in the visual arts. Source: Barr Productions, Pasadena, CA.

The Shape of a Leaf (16 mm., sound, 29 min.)

A discussion by a group of retarded children about how their academic work relates to their art experiences in painting, stitchery, weaving, batik, ceramics, maskmaking, and puppetry.

Source: Campbell Films, Saxton River, VT 05154.

3. Principles of application and art therapy in the recovery of children with disabilities;

Developmentally Handicapped or Mentally Retard

Mentally retarded children generally tend to have

(1) difficulty with concept formation and abstractions,

(2) shorter attention spans,

(3) poorer memories that increase the need for repetition and overlearning of material,

(4) need for perseveration or the need to repeat something over and over (rigid) problem solving), and

(5) difficulty in applying generalization skills.

For teaching art to the developmen tally handicapped or mentally retarded, the curriculum should include;

(1) struc tured, repetitive art activities with minimal art concepts,

(2) both tactile and sensory approaches,

(3) task organization including use and care of materials as well as task follow-through

(4) emphasis on art fundamentals and art elements necessary for creative ex pression,

(5) gross and fine motor mus cle development and eye-hand coor dination tasks, and

(6) gradual addition of steps in sequential order.

In planning an art curriculum for young educable mentally retarded children (about age 6), emphasis should be placed on;

(1) art fundamentals,

(2) sensory experiences,

(3) manipulation of tools and materials,

(4) basic shapes and colors,

(5) motor skills,

(6) self expression, and

(7) self-concepts and how they relate to their environment.

This teaching approach will parallel a pre-school or nursery school stimulus and sensitivity program. When the child reaches age 8, the art curriculum might focus on;

(1) more con crete experiences,

(2) one skill and one concept at a time, and

(3) staying longer on concepts and tasks than for other students.

This teaching approach will parallel a kindergarten or first grade level program. By mid-teens, the EMR child should be included in all art activities, but be permitted to progress at a slower than normal pace if necessary. If tasks or concepts seem too complex or abstract, they can be divided into smaller sequence sections.

Neurologically Impaired

Neurologically impaired children are;

(1) generally characterized by visual-motor, audio-motor, and/or tactual-motor disturbances, (2) may appear to be clum sy or have poor hand-eye coordination,

(3) have normal or potentially normal mental ability,

(4) may have behavioral disorders, such as high distractability, hyperactivity or hypoactivity, persevera tion, poor fine and/or gross motor coor dination, poor visual coordination, short attention span, speech/hear ing/language disorders, compulsive tendencies, dissociation, disinhibition, or wide swings in emotional liability, and

(5) are capable of functioning in routine situations.

The art curriculum for these children should include art activities that;

(1) utilize all of the senses in the approach to learning,

(2) divide lessons into discrete parts,

(3) meet specific needs of different disorders, such as awareness of body image and schema, integration of facts and gestalt, motor skills, hand-eye coordination, and form constancy,

(4) include more demonstration and less teacher-talk,

(5) repeat and reinforce concepts continuously,

(6) stress art elements and principles, and

(7) provide opportunities for tactile and three dimensional experiences.

Emotionally Disturbed

Emotionally disturbed children have

(1) an inability to learn that cannot be explained by intellectual, sensory, or health factors,

(2) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers,

(3) inappropriate types of behavior or feel ings under normal circumstances,

(4) a general pervasive mood of unhappiness or depression, and

(5) a tendency to develop physical symptoms or fears associated with personal or school pro blems.

Since varying degrees of behavior are observed in most students, it is important to remember that "only when the behaviors are exhibited frequently in the wrong place, at the wrong time, in the presence of the wrong people, and to an inappropriate degree, would they indicate a behavioral disorder or emo tional disturbance" (Preparing Regular Educators, p. 115).

An art curriculum for these children should

(1) provide art activities designed to help correct or compensate for the behavioral problems, (2) provide means of emotional expression in a concrete form,

(3) provide a constructive outlet for release of tensions and expression of emotions,

(4) promote a feeling of self worth, merit, and confidence,

(5) pro vide group involvement activities to help develop social adjustments and accep table social habits,

(6) provide oppor tunities to develop fine motor skills, abilities, work habits, and basic art pro cesses and procedures, and

(7) increase perceptual and expressive skills.

Orthopedically Impaired

Orthopedically impaired children have physical impairments that result in varying degrees of difficulty in physical movements. Walking, eye-hand coor dination, and fine or gross motor control developments are generally affected. Some children are dependent on a brace or restraining device and others may be confined to a wheelchair. Spastic move ment of the limbs may inhibit motor and sensory development in some children, while others simply have weakened muscles in their hands and fingers that can be strengthened through directed activities. Another impairment maybe tactile insensitivity. Some children may receive only faint sensations from a stimulus touching their fingertips.

The art curriculum for orthopedical ly handicapped children should include

(1) self-help and physical independence,

(2) development of manipulative skills through activities requiring eye-hand coordination,

(3) self awareness through visual, tactual, and kinesthetic experiences,

(4) expression and com munication of feelings, thoughts, and experiences in visual terms,

(5) an understanding and appreciation of art and an ability to make aesthetic judgments,

(6) knowledge of various art processes and materials and develop ment of skills in various art processes, and

(7) stimulation of perceptual awareness.

Visually Impaired (blind or partially sighted)

Visually impaired children may have visual perceptual difficulties, limited or no field of vision, difficulty in perceiv ing a total image, and lack of en vironmental awareness. Such children have a visual acuity with correction 20/70 or poorer. A child whose visual acuity with correction is 20/200 or poorer in the better eye and requires a knowledge or skill in the use of Braille, is legally blind.

The art curriculum for visually im paired children should

(1) have intense involvement and response to personal, tactile, olfactory, and auditory ex periences,

(2) perceive and understand textural, structural, and spatial qualities of environment,

(3) think, feel, and act creatively with many art media and techniques,

(4) acquire a knowledge of art heritage through tactual exploration,

(5) acquire a knowledge of certain art elements and design principles, and

(6) develop sense of rhythm, patterns, mo tion, sequencing, body awareness, and sense of space.

Perceptually Handicapped (extreme reading disability)

Perceptually handicapped children ex hibit a learning disability in one or more of the basic processes involved in listen ing, thinking, speaking, reading, writing, spelling, and arithmetic. These children lack form discrimination, spacial discrimination, have poor eye hand coordination, impaired visual reception, and poor kinesthetic performance.

The art curriculum for these children should

(1) keep visual distraction to a minimum,

(2) include repetition, and

(3) develop a sense of rhythm, pattern, and motion.

Auditorially Handicapped (deaf or partially deaf)

Those children whose residual hearing is not sufficient to understand speech and develop language sufficiently, even with a hearing aid, are considered deaf. Those children whose sense of hearing, although defective, is functional, with or without a hearing aid, are considered partially deaf. Auditorially handicapped children, depending on degree of hearing loss, are characterized by limited language, difficulty in communication, lack of conceptual language, limited en vironmental awareness, and sensitivity to the visual world. The art curriculum for these children is not different from teaching art to the hearing because these children have the same skills, motor control, imagination, creative experiences, and eye sight as hearing persons.

However, the art teacher should

(1) develop nonverbal communication,

(2) instruct through demonstration and illustration of work, and

(3) emphasize visual and tactile experiences.

Multiply Handicapped

Children that exhibit handicaps in two or more categories are considered multiply handicapped. These children are often extremely emotionally dependent, restless with short attention spans, retarded mentally and/or physically, blind and/or deaf, or ambulatory with some orthopedic handicap.

The art curriculum for multiply handicapped should be adjusted to meet in dividual needs; however, the curriculum should generally

(1) allow behaviorally for their needs,

(2) be attentive to verbal and nonverbal behaviors,

(3) provide experiences for individual, personal development,

(4) encourage and stress individual differences and appreciate unique artistic activity, and

(5) provide opportunities to learn and grow by ac tivities that will help them relate to themselves, others, and things and events.

Specific learning outcomes and related art activities should be adapted to meet special needs of the individual child. In a single class, students may be mainstreamed with various handicaps or combinations of handicaps. Through in teraction with special education teachers, classroom or art teachers should be able to effectively adapt art lessons to meet special needs and problems of the handicapped child.

4. Legislation in Turkey regarding the social inclusion of persons with disabilities;

The importance of legislative regulations along with knowledge of such relevant legislation by school professionals, including school counselors, who come into contact with students with disabilities has been highlighted by many researchers (e.g., Bowen and Glenn 1998; Deck et al., 1999; Milsom 2002, Milsom et al. 2007). In Turkey, The Primary Instruction and Education Law (No. 222), which passed in 1962, was the first piece of legislation specific to children with special needs (Melekoglu et al. 2009). Despite highlighting the need for schools to provide accommodations for children with special needs, The Primary Instruction and Education Law did not distinctly mandate the inclusion of students with disabilities into regular schools. This was later incorporated in law that passed in 1983. The importance of inclusive education was reemphasized with the passage of the Decree-Law related to Special Education (No. 573) in 1997, reiterating the need to include students with special needs in regular education classrooms (Melekoglu et al. 2009). Emphasized in this law were the inseparableness of special education as a part of general public education, the entitlement of all children to special education services regardless of the severity of their disability, the importance of early intervention, the significance of individualized educational

programs to meet the unique needs of children with special needs, the importance of non-restrictive environments for children with special needs and their peers without disabilities, the vitality of providing children with special needs with vocational education and rehabilitation services without interruption, and the expectation from relevant institutions of planning for education services for children with special needs. With the enactment of this decree-law, the number of student with disabilities has increased in mainstream education settings over time (Ministry of National Education 2012). When it comes to the most current information about inclusive education, the latest amendments to the Special Education Services Legislation, which were issued in 2012, can be used as a guide (Special Education Services Legislation 2012). According to Article 7 of this legislation, educational diagnosis and assessment of a child with special needs is made by the RAM (Rehberlik Arastirma Merkezi [Provincial Public Guidance and Research Centers]) staff. Schools, provincial directorates of national education, medical centers, universities, and child protection services are responsible for referring children who need special education to the RAMs to provide these children with appropriate educational diagnosis and assessment. Committees responsible for this job within the RAMs prioritize placing students in the least restrictive environments. Therefore, these committees first consider placing students in inclusive schools and then, if necessary, move on to considering less inclusive environments. A BEP (Bireyselleştirilmiş Eğitim Planı [Individualized Education Plan]) is developed for every child who receives educational diagnosis and assessment services in this domain and this plan is renewed every year by the BEP committee in the school where the student is enrolled (Special Education Services Legislation 2012).

5. Examples of methods and techniques used in Turkey for the recovery of children with disabilities;

Current developments in special education in Turkey

Up until now, most of the educational services provided to students with disabilities have been provided in special education schools designated by various disability classifications. Beyond these special schools, educating students with disabilities in regular public schools with their peers has gained strong attention and support from the Ministry of National Education. In the last decade, the Turkish government has emphasized the importance of inclusion of students with special needs into regular education classrooms, and encouraged schools and families throughout the country to embrace inclusive education and the principles behind it.

Today, regional Guidance and Research Centers, supervised by the General Directorate of Special Education, Guidance, and Counseling Services, are charged with the diagnosis and placement of students with disabilities. There are 93 centres with 440 teachers providing diagnostic and assessment services all over Turkey. These centres administer assessments to referred students and evaluate the students' strengths and weaknesses.

As a result of these assessments, students and their families receive orientation and guidance regarding the students' educational needs. Furthermore, students are placed in the appropriate school environment where they receive the necessary special education services under the supervision of the Guidance and Research Centers.

Although the population of students with disabilities within the general school population has been continuously increasing, the percentage of students with disabilities is still just at 2.5% of the overall school population. According to the yearly report of the Department of Special Education, Guidance and Counseling Services, there were 480 special schools for students with special needs in the 2004–05 school year. These schools consisted of kindergartens, elementary schools, and vocational schools. There was a total of 22 082 students receiving special education in these segregated schools (33% of all students receiving special education), and 4524 special education teachers working in these schools. Additionally, 45 532 students with disabilities (67% of all students receiving special education) were educated in inclusive classrooms (MEB, 2006c, d). The number of special education schools, students, and teachers are shown in Table 2. In the last two decades, people with disabilities have become increasingly active members of Turkish society. In

order to acknowledge the rights of people with disabilities, the Turkish government promotes awareness and consciousness for the needs and demands of individuals with disabilities among the citizens. In Turkey, the total number of people with disabilities is 8 431 937, which is 12.29% of the total population (Başbakanlık Özürlüler İdaresi Başkanlığı. Of those individuals with disabilities, the number of students between the ages of zero and eighteen is 3 494 400. These children are labelled under eight disability categories: visual impairments, hearing impairments, physical disabilities, mental disabilities, speech and language impairments, health impairments, emotional and behavioural disorders, and gifted and talented (MEB, 2006b). The number of students with disabilities in each category is shown in Table 3.

Many researchers have indicated that the quality of teachers is critical to the academic achievement of students. Since the beginning of the last century much has been done to improve the quality of teacher education in Turkey. Even though special education teacher training started after the 1950s, and the resources of the university have been very limited, the special education departments in the Turkish universities have been growing rapidly. According to recent numbers, there are 4524 special education teachers in Turkey. This represents a sizeable increase from the 1995–96 school year, when there were only 1854 special education teachers. As shown in Figure 1, the number of special education teachers tripled in the last ten years (MEB, 2006d).

In the last 20 years, inclusion has become an important part of reform efforts to improve the delivery of special education services to students with disabilities in many places throughout the world. The importance of this trend has been emphasized and underscored by a variety of sources. However, students with special needs have not been commonly recognized in Turkish society, and students with severe cognitive impairments have been considered in the past as individuals who cannot benefit from any education. However, in 1983 the Ministry of National Education outlined inclusive education practices as preferred practice and an important means for providing high-quality special education services. The Ministry made efforts to disseminate information about inclusive education to schools all over the country. Moreover, to nourish awareness among society and promote general consciousness of the needs of people with disabilities, 1993 was nominated as the Year of Special Education by the state.

In Turkey, the Turkish Special Education Needs Legislation (No. 2916) mandates that all children have the right to be educated and, since 1983, the Ministry of National Education has promoted inclusive practices in all levels of school in Turkey. Currently, there are 45 532 students with disabilities educated in inclusive classrooms. Among these students, children with mental

disabilities have the highest rates of being included. Even though there are some efforts to improve inclusive education services for all students with disabilities, many are still not fully included into general education classrooms with their non-disabled peers. In addition, lack of resources and appropriate curricula create additional barriers to the increase of quality inclusive practices throughout the country.