

Early Intervention in Russia: Stages of Formation

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Abstract: The urgency of this issue is due to the uniqueness of infancy that is recognized as one of the most significant in the development of a number of child's psychological functions. System of early intervention provides the widest coverage of children with developmental delays at early stages of ontogenesis that contributes to the prevention of secondary delays and to the most effective use of sensitive periods in the development of higher physical functions for children's recovery and growth. The history of formation and evolution of early intervention system in the Russian Federation and abroad will be reviewed in the framework of this research.

Key words: Early aid, early intervention, developmental disabilities, child with special educational needs, framework

INTRODUCTION

For the first time, the issue of providing early support for children with developmental disabilities was raised in Foreign special education. The urgency of this issue is due to the uniqueness of infancy. According to N.M. Aksarina, L.I. Bozovic, J. Bowlby, L.A. Venger, L.S. Vygotsky, A.V. Zaporozhets and V.S. Mukhina infancy is recognized as one of the most significant in the development of a number of child's psychological functions, at this age in particular motor functions, cognitive orientation, speech and child's identity are in the process of formation. On to genetic immaturity of morpho functional systems is a distinctive state of a newborn baby brain. At this moment, brain plasticity defines great potential for the correction of impaired for developmentally delayed functions.

Early adequate care provided for a child allows to more effectively compensate psychophysical developmental disabilities, thereby mitigating and possibly avoiding secondary deviation. System of early intervention provides the widest coverage of children with developmental delays at early stages of ontogenesis that contributes to the prevention of secondary delays and to the most effective use of sensitive periods in the development of higher physical functions for children's recovery and growth. The earliest possible initiation of comprehensive psychological medical pedagogical support for the family who takes care of a child with special educational needs is the factor for optimizing child's educational opportunities and socio-economic perspectives. It is a step towards improvement of practice

related to the protection of children rights and rights of children with disabilities, qualitative improvement of their position in society.

In many countries, this triggered formation of a new system of early childhood services targeted at children shortly after birth and their families. This system acquired the term early intervention or in generally accepted translation into Russian language.

In different countries, the scope of a comprehensive care provided for children with developmental delays, including children with disabilities and their families has several major sources: healthcare system, educational system, social protection system and non-governmental organizations.

The above-mentioned activity has several terms: early childhood intervention, early aid and early support. Early intervention and early aid terms are also used in the Russian Federation. The term early childhood intervention gained wide spread currency.

In most countries due to the initial agency affiliation or legal status of organization within whose structure those services are established there are several approaches to the provision of early intervention for children and families.

MATERIALS AND METHODS

Medical approach: Services mainly aimed at early detection, treatment, rehabilitation, primary and secondary prevention of developmental delays are usually established within the healthcare system.

Psycho-pedagogical approach: Services focused to a greater extent on special education of children with identified developmental delays and tertiary prevention perform a psycho-pedagogical approach.

Social pedagogical approach: Services focused on social adaptation of children with identified disabilities or children at high psychosocial risk for developmental delays represent a social pedagogical approach to the provision of early support.

Comprehensive approach: Services created within non-governmental organizations (Carpenter *et al.*, 2005) or new organizations of the municipal level functioning outside the healthcare, educational and social protection systems enjoy more freedom in establishing a comprehensive approach which includes balanced components of medical, educational and social purposes.

Partnership approach: The practice of early support in many countries indicates that there is a competition and serious difficulties in overcoming the barriers between services that have different legal framework of activity (Alisauskiene, 2009). In such cases, one of the most promising ways to create the unified system of early intervention is to develop a clear separation of different services and establish well-functioning and constructive interaction between them (Pretis, 2009).

One of the most quoted definitions of early support belongs to Guralnick (2001) who defines early childhood intervention as a system designed to support family patterns of interaction that the best promote child's development. Alisauskiene (2009) shares this point of view, adding that early intervention should result in social inclusion of family and child.

Early intervention programs in the Russian Federation have two goals. The first goal general for the whole world is to identify deviations in the development of an infant or young child as early as possible and support parents in providing optimal conditions for a child's development and education in the context of family and local community. Early intervention programs include the entire process starting with detection of child's developmental problems, multidisciplinary assessment, therapy treatment and support up to child's transition to the preschool or other institution. With increasing frequency prenatal diagnosis is said to be an obligatory element of early intervention programs as its psychological consequences are very important for parents and therefore, require inclusion of this process into the sphere of early intervention.

The second goal which is specific for the Russian Federation where there is still a large number of children

living in residential care institutions (children's homes, orphanages, residential care homes) is to prevent child's separation from his/her family and avoid placement in an orphanage. Experience learnt from the early intervention programs provided in Russia shows that these programs aimed at supporting families of young children with functional impairments gained a good reputation of social orphanhood prevention programs for children with disabilities (Akhmetzyanova, 2014a, b).

Development and implementation of early intervention programs helps to keep a child in the family and prevent parents from surrendering their children with the subsequent transfer to the state institutions for orphans and children left without parental care.

One of the main goals of early intervention, is to create conditions for fulfilling special needs of children in infancy and early childhood, so that at the following stage of their development they might be included in community of peers and attend preschool institutions. Early intervention is technology of preventing child's disability by using professional support of child's strong points and satisfaction of his/her needs, integration and adaptation to the family, peers and society in general. In this case, it should be mentioned that, we are talking about the social model of disability which is based on the concept of equal rights and equal opportunities for all people in society and the concept of life normalization. Normalization does not mean that a child with disabilities becomes "normal", i.e., having no deviations. This term means that child's life becomes normal, the same as other children of his/her age have due to the removal of barriers that precluded a child from living a normal life and being involved into the same activities as his/her peers. Early childhood intervention programs provide:

- Early detection of developmental delays and disabilities
- Informational and psychological support for families

Aid and support delivered to families for mobilizing their resources and ensuring interaction with other resources in society and immediate environment:

- Systematic assessment of child's development level
- Development and implementation of individual intervention program in cooperation with family
- Coordination and cooperation with other agencies providing services for a child and his/her family
- Organization of support groups for parents

RESULTS AND DISCUSSION

Historical perspective: In our country, early intervention system is in the course of its formation. Significant

contribution to the formation of national experience of early intervention system is made by the Institute of Correctional Pedagogy of the Russian Academy of Education. The most important area of the scientific research conducted by the institute is the search for optimal ways of reforming the special educational system and reorganizing it through completing the currently missing structural element, namely early detection and early comprehensive care.

The researches carried out in the 80's of the 20th century have already allowed to model and verify in practice the unified system of early detection and care for one category of infants and young children, specifically children with severe hearing impairments. Early support for children with hearing impairment during the first year of their life is provided in audiology rooms organized on the basis of special preschool educational institutions, children's hospital units and psycho medical social treatment centers. At the initial stage of early support multiple medical correction, early surgical and pharmaceutical treatment, hearing aids are provided. For the children from 1-2 year special sessions with audiology teachers are organized 2 or 3 times a week. For those children that live in remote areas from an audiology center, classes are organized daily over the course of 1 or 2 weeks 2 or 3 times a year. This model of early detection and comprehensive care for children with hearing impairments was the basis for the development of the unified state system of early care for children with other groups of developmental disorders as well as for children of risk groups. The institute of Correctional Pedagogy of the Russian Academy of Education is currently developing a program to create the unified state system of early identification and early intervention for children with developmental disabilities. Since, the mid 90's the Ministry of Education of the Russian Federation put forward a priority task of creating the system of early intervention for children with developmental delays (Razenkova, 2003).

Approbation of different models of early intervention in Moscow was carried out through a system of medical psychological pedagogical patronage in existing psychological medical social centers, psychological medical pedagogical consultation centers in some institutions of preschool education, preschool educational institutions of the healthcare system, non-governmental organizations and services. Several testing sites were functioning in the framework of the Moscow family the competent parents, capital education city programs for the development and approbation of early intervention models for children with disabilities and activity limitations as well as for children that belong to at risk groups (Shishova, 2014).

In St. Petersburg Early Intervention Institute in 1991, it was developed the program "Abilitation of infants"

(detection, correction and compensation of hearing, vision, movement, speech and intelligence in young children). Especially, for the development and implementation of the program, the non-governmental organization "St. Petersburg Institute of Early Intervention" was created.

The idea of creating early intervention programs in Saint Petersburg generated an interest and was supported by many famous Russian medical scientists, namely Chief Pediatrician of Saint Petersburg, Professor, I. Vorontsov, Otorhinolaryngologist, Professor, M. Kozlov, Ophthalmologist, Professor, V. Volkov, Neonatologist, Professor, Tsybulkin, Child Neurologist, Professor, Garmashov, Chief Pediatric Neurologist of Saint Petersburg, Associate Professor, Candidate of Medical Science, T. Lazebnik, Professor, M. Nikitina, Chair of the Department of Children's Speech, Professor, S. Zeitlin, Professor, N. Traugott, Doctor of Psychological Science, A. Cornev participated in the development and adaptation of methods, assessment scales for early intervention. L. Chistovich and Y. Shapiro initiated adaptation and standardization of KID and CDI assessment scales that for a long time were the only normalized scales of a child's development.

It was the first and a very important step in the development of early intervention programs in Russia and establishment of the Saint Petersburg Institute of early intervention. Physiologists of speech, hearing, vision systems, linguists and cognitive psychologists previously involved only in fundamental researches, since, then were engaged in practical work with young children.

Russian-Swedish Lekoteka was opened in 1992. Over time, the program of work of Lekoteka developed into an interdisciplinary family-centered early intervention program. Through, the involvement of the institute a new specialty of physical therapy was being developed in Russia, the specialty that is currently being successfully developed at the Saint Petersburg State Medical University.

In the late 90's early 2000's, a network of early intervention services was established in Samara, Novgorod regions and Saint Petersburg. Kaliningrad, Rostov, Pskov, Moscow and Leningrad regions, Krasnoyarsk and Khabarovsk territories, Moscow and some other regions were involved in organizing early intervention services.

Formation of early intervention services for children with developmental disabilities in the Russian regions proceeds in two ways: generally, their formation is related to the priorities of the federal subject authorities and the current social policy that depends on the level of socio-economic development of the region. Such services can be classified as "created from above", their formation and development is based on the program-target method

of managing the education. In the second case, the starting point for the creation of early intervention services is recognition of the motivation and necessity of the earliest possible detection of existing developmental disorders or risk factors of their emergence by professionals working directly with children of preschool age (Malofeev, 2007).

In 2008, experts of the resource centers in Saint Petersburg, Novgorod, Kharkov, Minsk created the association of early intervention. They expressed concern that views and interests of multi disciplinary teams working in the early intervention services as well as views and interests of families with children in need that know the situation from within are not taken into consideration while adopting the legislation. Therefore, it was decided to create the association of early intervention advocating for the development of early childhood services in the Eastern European countries on the basis of the entire use of all main principles such as scientificity, conclusiveness, systematic evaluation by using valid methods, interdisciplinary, active family involvement and other important principles. The aim of the association is to create in those countries conditions for effective research and practical activities in the field of early childhood and thereby promote further formation of professional community based on the scientific knowledge and advanced technology in providing early intervention for families and people with functional disorders.

Summary: Thus, European countries and the USA occupy the leading position in the world for the quality of early care provided for children with disabilities and children with different kinds of impairments. The history of its formation and development in these countries began in the 60's of the 20th century. European countries and the USA accumulated vast experience in providing early support for this category of children. Early childhood support system in the Russian Federation is in the course of its formation. Only in the 90's of the 20th century fulfilment of the missing element, specifically the system of early detection and early correction of multiple disorders in a child's development as the basis for the subsequent process of education, training and necessary condition for the social and educational integration became one of the priorities of the special education development. However, absence of the public policy in the field of early intervention for children with developmental disabilities and lack of its legal framework hinders active direction of the Russian regions towards formation of the above-mentioned system.

CONCLUSION

A favorable combination of compensatory abilities of the organism at an early age with drug

exposure, optimal conditions for education and integrated correctional and pedagogical work can improve the level of development to approximate, it to normal and it allows for the most complete rehabilitation of the child.

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