

Problems of Inclusive Education of Disabled Children in the Context of Integration into Modern Society

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ABSTRACT

In recent years, the scientific attention to problems of children's disability has considerably increased due to several circumstances. The development of inclusive education in Russia is the imperative of the time and the obligation of a social state, which, being a member of the UN, has undertaken a number of obligations in relation to disabled children. The successful implementation of these obligations depends on not only the state, but also on a position of society in relation to people with special needs in general and to education of disabled children, in particular. The idea of co-education of disabled children and healthy children meets objections based on the lack of conditions for its implementation: material, organisational, financial, mentality of the population and pedagogical workers. In this work,

we have focused on physically challenged children with safe intelligence. Among all disabled children, a special group is made up by children with safe intelligence whose socialisation possibilities are also limited. In addition, this category has a defect that is 'visible' to people around them, and this forces society to separate itself from the problems and from communication with disabled people.

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INTRODUCTION

Up to now, education of disabled people in specialised educational institutions has been the dominating tendency in Russian educational policy. Developed Western countries are orientated towards inclusive education of disabled children in ordinary schools together with healthy peers, yielding the best results in training children for subsequent life and social inclusion.

It is known that the development of a child's identity requires some conditions. The family should be able to provide them, but preservation and normal functioning of the family itself can be a separate problem. The financial support provided by the state to families having a disabled child remains at a very low level. Therefore, parents having to solve a life support problem are not capable of creating the proper conditions for development of their child's creative and intellectual potential.

For the disabled child the family is of special importance. While a normal child can obtain the necessary skills of life in other social institutions, for the disabled child the family institution often becomes the only source of knowledge of the world and of other people. It is the family that shares the most responsibility for development of identity of the child who has health problems.

The relevance of the problem of the social integration of disabled people is determined by an increase in the number of

children with deviant development. Now in Russia, there are more than 2 million children with deviations in development (8% of the total number of children) and about 600,000 of them are children with the formally recognised status of "disabled person". The state social policy of Russia today is focused mainly on isolation of children with problems in development. Their isolation in boarding-type institutions is considered the optimal method for their socialisation.

The problem of social integration of persons with deviations in development is complex and multidisciplinary. It is a common subject field within various sciences: sociology, defectology, medicine, general, special and social psychology, social and correctional pedagogics and social work. Due to the strengthening of general attention to the development of individual personality, the idea of joint (inclusive) education as most corresponding to the principles of a social state is coming into shape. For children with various levels of mental and physical development inclusive education is considered to be the most important institution for their social inclusion.

Disabled children are those having functional limitations as a result of a disease, deviations or problems in development, state of health or appearance owing to inadaptability of the external environment to their special needs or because of negative stereotypes and prejudices of society concerning disabled people in general. The category of children with disability is

presented by children having difficulties of various degree and type i.e. deviations in mental or physical development (disorders and delays in development of hearing, vision, speech, intelligence, emotional and willed sphere and communication processes) (Chueva et al., 2016). These deviations cause ontogenetic disorders of general character, limiting the possibility of the children inclusion in life activities to the full. In this regard, the process of social inclusion of disabled children and children with deviations is slow and not as successful as for other children. Nevertheless, the existence of this or that disorder does not predetermine a marginality of the person's life in general. For example, partial loss of hearing or sight does not necessarily cause a deviation in development as in these cases there is an opportunity to perceive signals by the safe analysers that are traditionally accepted in society and there is no need for development of compensatory mechanisms of perception of the world.

Limitation of psychophysical opportunities is not a purely quantitative factor. This is a system change of the personality in general as disabled children often have peculiarities in processes of perception, though a lot of things depend on the character and extent of deviation. Ideally, disorders of development have to be perceived as "not as an exclusive, fateful phenomenon, immune to influence, but as a deviation from the healthy course of development" (Vygotsky, 1983, p. 17). At the same time, from the point of view of Durkheim, an illness does not turn a person

into a special being; it only forces him to adapt to society in different ways.

METHODS

The problem of the research is the following contradiction. In Russia, equal rights in receiving full education (secondary socialisation) are declared for both healthy and disabled children, but actual discrimination of the latter interferes with their social integration and leads to further deprivation and social exclusion of a considerable part of disabled people in Russia. Contradictions, problems, difficulties of formation of inclusive education of disabled children in Russia remain outside developed sociological analysis.

The object of this research was education of disabled children as a process of their social integration. The subject of this research was inclusive education of children with health deviations as a factor of their social integration.

The process of social estimation of the individual assumes a set of imperious relations in the context of which the integration of the person into society takes place. At the same time, according to Foucault, any authority carrying out an individual control applies the binary model of division and "coding" (branding, stigmatisation) such as 'mad-sane', 'dangerous-harmless' and 'normal-abnormal' and operates on the basis of the compulsory instruction and differentiation of subjects in the status and role space. By means of stigmatisation the authorities claim and fix the system of values, set boundaries

of space available to the individual, “order the movements, force [them] to do exercises and use tactics (drilling/strict discipline)”. These models are implemented in the course of the individual’s activities when he passes through the so-called centres of authority (a family, educational institution, factory, and in some cases, penal institutions). The process of rationing and typification is defined by the need to express the social attitude towards the object, the desire to see either a norm or something deviating from the norm, to classify an unknown as something meeting or contradicting socially accepted standards (Kibby et al., 2004).

The theoretical and methodological basis of this research are the fundamental theoretical provisions considering the development of personality as a result of specific human relations that are formed in the space of social communications according to the ideas of Zimmel, Mead and Cooley; the concepts devoted to the deviated development of personality based on work by Vygotsky, Lubovsky, Yarskaya-Smirnova and Malofeyev); and the basic provisions of human rights stipulated in international documents and the Constitution of the Russian Federation.

The empirical basis of the research is the data obtained from:

1. analysis of the international and domestic normative legal acts concerning human rights, education of disabled children and materials of the state statistics;
2. the author’s research “Enriched” public opinion about inclusive

education, collected from among the parents of healthy pupils of the 1-8th forms and teachers of comprehensive schools in Tyumen in the period 2009-2016. The surveys took place in six schools during meetings with parents. The survey of teachers was conducted at the same schools. The total number of respondents was 344, including 134 teachers and 210 parents (grandparents of pupils);

3. the authors’ observations made during seminars on distribution of the practice of inclusive education of disabled children in public organisations of disabled people in Tyumen and Moscow such as The Interregional Public Organisation of Disabled People, SAMI, The Union of Active, Young and Initiative People, The Nizhny Novgorod Regional Public Organization of Disabled People, Invatur and the Assistance of Equal Opportunities Realisation Fund, Open Doors. The authors organised 20 seminars for teachers of comprehensive schools on the topic “Inclusive Education – A Way to Daily Practice” (2010) and about 400 hours of lessons on the topic of tolerance for pupils of primary schools of comprehensive schools of Nizhny Novgorod, Kokshetau, Moscow and Tyumen (2006-2016). For statistical processing of the poll materials the SPSS package, version 13 was used.

Modern schoolchildren with a delay in mental development (DMD) make the most numerous group among all categories of children with deviating development. In this regard, there is a necessity to pay more attention to the education and training of children with a delay in mental development. According to the Ministry of Education of the Russian Federation, children with a delay in mental development (DMD) make about 50% of unsuccessful school students. Speaking about DMD, we do not mean a resistant, irreversible mental underdevelopment, but a delay in development rate that is often detected upon enrolment of the child in school and is expressed in insufficiency of general stock of knowledge, low intellectual focus, prevalence of game interests and fast satiation with intellectual activity. According to numerous research studies, in the case of DMD a diffuse lesion of brain structures provides a favourable forecast in general. The tendencies of the last decades are that children with DMD successfully integrate in conditions of ordinary (comprehensive) schools. In the 1990s of the last century in Russia, the CRO system (correctional classes) was organised. As a rule skilled teachers without special training worked in these classes as it was considered that such teachers could not work with children with an 'organic lesion', but they could work with neglected children who were alleged to have only functional problems. Modern scientific knowledge allows confident assertions that early social neglect causes not only functional, but also functional

and organic problems, and the course of mental development of such children can be considerably changed (Knudsen, Heckman, Cameron, & Shonkoff, 2006). Therefore, the following scientific developments are relevant: creation of an optimum educational environment, development of specific models, methods of training and education, and techniques and tools of educational process for this category of children.

RESULTS

We understand that for different categories of disabled children i.e. depending on type and severity of disturbance it is possible to receive opposite opinions of this problem. In addition, there are specific features of certain diseases that might allow different individual responses; for instance, it may be possible to train one child at ordinary school, but not another. However, the statistics being high, it is possible to detect disabled children who, according to a considerable number of teachers and parents, can be allowed to get education at ordinary comprehensive schools. Particularly, they can be classified under the following categories: problems in movement (63%), visually impaired (53%), hearing-impaired (42%), children moving only by means of a wheelchair (26%), children with a children's cerebral palsy (18%), children with nervous diseases who periodically have attacks (epilepsy) (13%), blind children (4%) and deaf (2%).

The results showed that in referring to disabled children, most of the parents and teachers who were interviewed had in mind children with health problems of low

and moderate severity and children who do not demand much special attention and additional conditions at co-education. If we consider the whole group of disabled children, nearly two thirds of respondents allowed for the possibility of co-education, while one third rejected it. However, if we consider the group of children with heavy health problems such as blindness, deafness and being confined to a wheelchair, we see that only a third of the respondents supported the idea of co-education. Finally, if we consider blind and deaf children separately as children whose education and training in ordinary schools demand maximum effort, the number of supporters of the idea was very small indeed (6%).

The same question can be asked directly: "Can disabled children be educated at ordinary comprehensive schools in your opinion?" The common opinion of parents and teachers was as follows: 63.4% replied positively; 19.6% replied negatively and 17.0% found it difficult to reply. These data were close to those obtained in the previous survey, in which the respondents had meant children with health problems of low and moderate severity. In further research, therefore, it is necessary to take into account that answering questions without specifications of character and severity of disability respondents, first of all, refers to insignificant disabilities.

Distribution of opinions among men and women was almost identical; teachers expressed their consent for co-education slightly more often than parents (66% and 62%, respectively). Significant differences

could be seen in the opinions of people of different ages and education levels. For example, among persons with general secondary education (these were mainly the grandmothers of pupils) the idea of inclusive education of disabled children was supported by only 53%, whereas among parents with secondary vocational and higher education the idea was supported by 67%. Among parents of the most senior age group (over 50 years old), only 40% believed that disabled children could be trained at ordinary school, and the highest percentage of persons welcoming the opportunity to educate disabled children together with their healthy peers was from the age group of parents from 35 to 50 years old who were obviously more aware of progressive ideas in the education of disabled children.

Religious views of the respondents significantly affected their opinion – two thirds of believers thought that disabled children could be trained at ordinary schools, whereas among non-believers, only 48% believed this was possible.

Consenting to the idea that disabled children be trained at ordinary, comprehensive schools does not mean that these children will be educated at these schools. Correctional schools and boarding schools for disabled children certainly do have their advantages, which can be taken into account by teachers and parents of healthy children.

In a referendum on the best place for the education of disabled children, 34% of voters, who were parents of school students

of Tyumen, were of the same opinion then as now, that they would choose correctional schools and boarding schools for children with different types of disability. Forty-nine percent would choose local comprehensive schools. About 17% of teachers and parents did not have an opinion regarding this.

We consider this result as an indication of the state of mind of healthy children's parents at the time of the poll i.e. they were showing solidarity with disabled children and a readiness to have them integrated into mainstream education. We did not see the result as a call for action to have the children integrated, nor did we see it as the will of citizens and an order from the public to the authorities (education system) to transfer disabled children to ordinary schools. It would be naïve and wrong to interpret this result in such a way. However, the result does reflect the mood of the most part of our population i.e. that they are for the progressive educational practices used in developed countries of the world to be replicated in Russia so that disabled children are not isolated in "reservations of correctional schools and boarding schools", but are integrated into society by means of inclusive education with healthy peers.

When interview subjects were asked to name three or four countries that practised state care for disabled people better than Russia, the list of countries named was not long. It was limited to several European Union member states and other Western countries like the USA, Canada, Australia and New Zealand. (Table 1)

There are social democratic states with

Table 1

Countries that care for disabled people better than Russia

Country	Number of mention
Germany	88
USA	72
Sweden	25
Great Britain	24
France	21
Norway	10
Switzerland	9
Finland	9
Austria	7
Israel	7
Canada	5

an advanced economy that not only in words but truly in deed promote and carry out various worthy social programmes. However, in any country as well as in Russia the system of education of disabled children is vulnerable to criticism, which stimulates the search for educational systems that are optimum for each country and its development.

The obtained data were an indicator that public opinion would rather support the existing system of special education of disabled children in Russia for inclusive education rather than confront it (Nazarova, 1995; Romanov & Yarskaya-Smirnova, 2016; Shmatko, 2003).

The supporters of the current special schools and boarding schools for disabled children are mostly those respondents who were over 50 years old (38%), but even in this group, as we see, they were not the majority. It commensurated that the majority of supporters of the existing system were poorly educated citizens (52%) who, firstly,

were more conservative and less informed on the issue of inclusive education, and secondly, less susceptible to the new idea of co-education of healthy and disabled children.

The reaction of public opinion to the modernisation of education can be investigated in various ways and it is accepted that the public would have a wide range of opinions. For the purpose of establishing possible cause and effect relationships between the character of mistakes in writing and the nature of neuropsychological disorders, we studied the mechanism of dysgraphia in younger school students with DMD.

To research the condition of a written language we used the method of written language research accepted in domestic logopedics and neuropsychology (Vygotsky, 1983). For diagnostics of functional deviations the technique of adaptive neuropsychological research developed for children of preschool and younger school age was applied. The technique represents the reduced version of the scheme of neuropsychological research and is described in seven experiments in which 47 parameters have been used.

In the course of work 27 types of disorders of the highest cortical functions as well as 12 types of mistakes in writing were revealed. From analysing the character and expressiveness of difficulties that are experienced by children with DMD at school, the efficiency of the additional classes given by teachers, the results of oral speech examination and the features of

writing and reading, it was possible to draw a conclusion of the nature of these various difficulties and to distinguish a special group of pupils requiring special logopedic and neuropsychological correction.

The following types of dysgraphia in children with DMD were found: dysgraphia because of difficulties in language analysis and synthesis, agrammatical dysgraphia, acoustic dysgraphia, optical dysgraphia as well as dysgraphia because of weakness in differential inhibition. The most typical mistakes were omissions of letters, syllables and words, anagrammatism of sentences, mixtures on the basis of acoustic-articulation similarity, perseveration and mixture on the basis of kinetic similarity. It is established that the functional disorders of the highest cortical functions for this group of children with dysgraphia that were most often found were disorders of the visual and spatial organisation of movement, disorder of spatial perception, disorder of reciprocal coordination, disorder of acoustical perception, disorder of the kinetic basis of movements and inertness of movement. It was determined that between specific mistakes in writing and functional disorders of the highest cortical functions, there were both negative and positive bonds. This demonstrated the influence of the state of the highest cortical functions on written language, namely, the leading influence of such functional disorders of the highest cortical functions, as visual and spatial organisation of movements, spatial perception, reciprocal coordination, acoustical perception,

the kinetic organisation of movements and inertness of movement. Since the different types of functional disorders of the highest cortical functions indicate a functional state of certain local primary and associative representations in a big brain hemispheres cortex, it was possible to assume that accordingly, our research showed a close bond between the state of the written language and the highest cortical functions. The mentioned disorders of written language demonstrated the existence of local disorders of the functional state of the sites of a big brain hemisphere cortex. The greatest number of specific mistakes in writing indicated a possibility that functional disorders in parietal and frontal areas of the cerebral cortex can be the leading reason for different types of dysgraphia.

The results of the research showed that the most typical dependence was between disorders in writing and disorders of the analyser and executive mechanisms of written language. Perseveration in writing can be caused by a set of disorders: inertness of movement, acoustic perception disorder, thinking disorder, spatial perception disorder without disorders of a body scheme and arbitrary organisation of movement. Anticipation in writing can be caused by a set of disorders, namely, disorder of visual and spatial organisation of movement and acoustic perception disorder without thinking disorder. Such mistakes in writing as inserts arise without disorder of visual and spatial organisation of movements. Mixtures in writing on the basis of acoustic-articulation similarity can be caused by a

set of disorders like disorder of arbitrary organisation of movement, thinking disorder and spatial perception disorder but without disorders of visual and spatial organisation of movement. Mixtures in writing on the basis of kinetic similarity can be caused by a set of deviations like disorder of spatial organisation of movements and spatial representation. Omissions in writing can be caused by reciprocal coordination disorder. Agrammatism of sentences in writing can be caused by a set of deviations: disautomation and slowness of memorisation but without inertness of movement. For such mistakes as contamination, the cause and effect relations with disorders of the highest cortical functions have not been established. Merger of words can be caused by a set of disorders like disautomation, spatial perception disorder and inhibition of visual memory traces. Division of parts of the word in writing can be caused by spatial representation disorder. Non-compliance with a line in the vertical and horizontal plane can be caused by slowness of memorisation.

The fact of influence of local functional insufficiency of a cerebral cortex on emergence of specific mistakes in writing was established. The leading reason for specific mistakes is local functional insufficiency in parietal and frontal areas of the cerebral cortex. The affection of temporal and medial areas of the cerebral cortex as well as affection of the parietal and occipital areas of the left-brain hemisphere and affection of parietal, temporal, occipital and parietal areas of the right brain hemisphere are less significant. It is established that mixtures on

the kinetic similarity and division of parts of the word can be specific mistakes in case of functional insufficiency of parietal areas of the cerebral cortex i.e. the emergence of this type of mistake in writing can be a symptom of disorder in the functioning of the parietal area of the cerebral cortex. It is revealed that functional insufficiency of the frontal areas of the cerebral cortex can be followed by such mistakes in writing as perseveration, agrammatism of sentences, merger of words and mixture on the basis of acoustic-articulation similarity; however, it cannot cause mistakes such as anticipation. Any specific mistakes for this localisation of disorder were not revealed. It is established that at diffusion lesion of the frontal, temporal, occipital and parietal areas of the cerebral cortex of the right brain hemisphere the typical mistakes are non-compliance with the vertical and horizontal plane of a line as well as agrammatism of sentences. It is revealed that diffusion lesion of the parietal and occipital areas of the cerebral cortex of the left-brain hemisphere are followed by such mistakes as merger of words in writing. It is established that functional insufficiency of the temporal areas of a cerebral cortex can be followed by such mistakes in writing as perseveration and anticipation. It is revealed that functional insufficiency of medial areas of the cerebral cortex and interhemispheric commissures can be followed by such specific mistakes in writing as omission of letters, syllables and words in writing i.e. the emergence of this type of mistakes in writing can be a symptom of disorders in the functioning of

medial areas of the cerebral cortex.

Thus, the data obtained during the pilot study confirmed the necessity of creation of special neuropsychological diagnostic and correctional programmes aimed at the development of necessary prerequisites for the formation of ability in pupils with DMD to perform school operations.

In conditions where the problem has not been explained to most of the population, discussed in mass media or become a subject of talk at work and at leisure-time, it is expedient to set an extremely concrete situation connected with this or that problem and to measure the reaction of the respondents.

DISCUSSION

Despite the interest of teachers, psychologists and sociologists like Malofeyev, Skok, EYarskaya-Smirnova, Dobrovolskaya, Shabalin, Gudonis and Shmatko in the problems of social integration of persons with various developmental disorders, this problem remains insufficiently developed in the theoretical and practical aspects, as proved by the small number of fundamental works, discrepancy of views on the quality standard of the integration process and the fragmentation of its practical implementation in modern Russia (Gudonis, 2001; Knudsen et al., 2006; Malofeyev, 2000; Skok, 2005; Taylor, Minich, Klein, & Hack, 2004).

The term “school neuropsychology” was introduced in 1981 by the famous American scientist, George Hind (Hynd & Reynolds, 2006, pp. 919-926; Kibby et

al., 2004), a specialist in problems of development and training. However, we should not forget that Russian scientists, Vygotsky, Luriya, Akhutina, Tsvetkova and Semenovich, among others, also deserve world recognition for their contribution to the development of psychological and neuropsychological diagnostics and correction of HMF (high mental functions) disorders (Vygotsky, 1983). The simplified interpretation of the basis of difficulties in learning was defined as a syndrome of “minimum brain dysfunction” (MBD) and gained popularity in scientific use. Representatives of both foreign and domestic neuropsychological schools have developed new, more specific methodological grounds for understanding the mechanisms of deviations in development. Attention deficit/hyperactivity disorder (ADHD) has been distinguished out of the diffusion picture of MBD, which shows the features of brain organisation of affected children, leading to certain directions of psychological and pedagogical help being developed. The numerous works devoted to studying the different mechanisms of difficulties in learning have revealed a relationship between the expressed difficulties in mastering reading and the disorder of neuron migration during fetus development (Galaburda, Sherman, Rosen, Aboitz, & Geschwind, 1985), which can lead to atypical development of the brain’s speech areas (Hynd & Reynolds, 2006), and later to diminution of aural and speech memory and speech problems (Kibby et al., 2004; Polivara, 2014). The psychogenetic research

conducted in the last 15 years have shown that difficulties in reading can be connected with inherited chromosomal changes. The link between the phonologic processes and analytical reading and chromosome 6 as well as between recognition of words (mainly holistic) and chromosome 15 have been determined. There are data on the link between difficulties in reading and chromosome 18 (Pennington, 2006). The existence of genetic or structural changes does not mean inevitable emergence of deviations in mental development. Influence of the environment and opportunities of self-organisation of functional systems explain numerous facts that influence the same pathogenic factor, leading to unequal effects in different children. Taylor (Taylor et al., 2004) showed that low birth-weight babies (750-1500 g) most often had problems of formation of spatial representations and functions of programming and control as residual-organic consequence at pre-school age. However, the longitudinal analysis of tests with Koos’ bricks (“Designing” of Wexler’s technique), sensitive to these functions, showed that the same children in their teens demonstrated a range of opportunities from low to highly standard. It is possible to note that the link between brain organisation and functional expression has no rigidly determined character. It is in compliance with the modern ideas of understanding of neuropsychological grounds of development of a child’s mentality, recognition of a complex and close interaction of environmental and hereditary factors, construction self-

organisation of structurally functional systems and importance of early stages of child development.

The effectiveness of the system of vocational education in Europe and America was investigated by such scientists and practitioners as Thomas, Walker and Webb (1998). Florian and Pullin (2000) described the practice of the realisation of inclusive education of children with physical deviations in Great Britain and the USA; Wright (Wright, 1999) developed the system of principles of the realisation of ideas of inclusive education and also described methods of development of inclusive education of disabled children worldwide.

In this study we relied on the works of Durkheim (1995) and Zimmel (1996), on their concepts of social norms and deviation; the fundamental ideas of Parsons (1998) relating to the organisation of processes of integration into social systems; the ideas of Sorokin (2016) on social integration of society and social mobility; the concepts of Mead and Cooley (2016) regarding social role, the essence of the processes of perception by an individual of other people; the theoretical and methodological research of social pedagogics and the social work of domestic sociologists and teachers: the work of Belicheva (2005), who developed the system of social psychological assistance to risk families; and the ideas of Mudrik (1999), who made significant contributions to the development of the basic concepts of social pedagogics and determined pedagogical aspects in social work (Mudrik, 1999).

The main conditions and ways of social integration of disabled people were described in the works of Dobrovolskaya and Shabalina (1991). Skok significantly expanded the conceptual idea of possibilities available to disabled people (Skok, 2005). Yarskaya-Smirnova led research into the concept of “atypicality” in Russian sociology and paid attention to the concept “inclusive education” (Romanov & Yarskaya-Smirnova, 2016; Yarskaya-Smirnova, 1997).

The analysis of content, forms, types, conditions and problems of integration of disabled children into society was carried out on the basis of research by Zaytsev, who formulated the main approaches to the social integration of disabled children (Zaytsev, 2003); Lubovsky, who created the system of integration of hearing-impaired and deaf-blind children; Malofeyev, who worked on problems of education of children with different types of deviation (Malofeyev, 2000); and Shmatko, who developed the system of integration of pre-school children with disorders of development (Shmatko, 2003). In the last quarter of the century foreign scientists discovered many truths about the huge importance of early experience for the formation of structurally functional systems of the brain and their efficiency (Knudsen et al., 2006).

In local pedagogics, there was a mistaken explanation of the nature of “school difficulties” as being the inability to listen to the teacher’s explanation, carelessness in writing and a negligent attitude to work etc. However, it later came to be seen

that these difficulties had their cause in concrete, serious reasons. According to the research, these difficulties can result from local functional insufficiency of some areas of the brain that cause disorders of the highest cortical functions involved in writing, reading and counting (Hynd & Reynolds, 2006; Polivara, 2014). Successful approaches to the implementation of inclusive education of disabled children with heavy physical disorders (HPD) abroad include the drafting of legal documents regulating the daily practice of education of children with HPD; the active involvement of parents of disabled children in creation of inclusive space for their child; the use of the experience of correctional schools and the creation of centres of inclusive education support on the basis of correctional schools; and the practice of 'cluster' work with the inclusive class with the ordinary teacher and the special teacher.

CONCLUSION

The comparative analysis of the Russian and international standards of law showed the insufficient level of Russian legislation concerning the social integration of disabled children: it is mainly focused on social protection rather than on positive social integration of children with HPD and DMD. In Russia, parents of children with HPD may gain approval for education at comprehensive schools only through the court.

In our view, as stated in this work, physically challenged children (blind, hearing-impaired and moving by means of

a wheelchair) must have the right to choose their place of education. This right has to be affirmed in the system of the federal legislation and be regulated at the practical level. Education of these children in ordinary schools will significantly facilitate their further social integration and also increase their level of motivation and comfort when receiving post-secondary education as well as positively affect healthy pupils by raising their tolerance to 'otherness' (Zaytsev, 2003).

We can note that in Russia today legislation concerning the social integration of disabled children has not been sufficiently developed. Therefore, the state institutions are not ready for the widespread realisation of the practice of inclusion. However, we can see that inclusive education is beginning to be considered in some Russian schools by concerned enthusiasts. This testifies to the readiness of society to some extent to accepting this practice.

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