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**THE PARAINCLUSIVE EDUCATION AND PROBLEMS OF ITS  
DEVELOPMENT**

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*Abstract*

The term «parainclusive» education is proposed for designation of the integration of children with borderline condition into the common educational process. The categories of children in relation to which we apply the term «parainclusive» education are described: children with borderline abnormalities in their neuropsychiatric status; children who had a rather serious developmental disorders at an early age, but successfully corrected; children without neurological diagnosis, but with mild perinatal pathology of the nervous system in their anamnesis; children with not-disabling chronic somatic diseases; children from migrant families, who have recently arrived and have not yet learned the language, have not assimilated new social norms. The main factors that cause difficulties of parainclusive education are discussed: 1) the difficulties directly related to the manifestations of the child's disease or disorder; 2) the difficulties associated with impaired communication with children and adults, with the establishment of adequate social relations in the team, i.e. social adaptation disorders; 3) the difficulties relating to the inappropriate behavior of teaching staff; 4) the difficulties associated with the lack of attention to the individual characteristics of the child in the preparatory period before the start of training in educational institutions. In general, for the success of parainclusive education the declared health-saving humanistic individual approach in education really should be a priority strategic direction of the development of education.

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**Keywords:** Education, children, parainclusive education, borderline disorders, individual approach.



## 1. Introduction

At present, studies on the implementation of the right to education of all children have a high relevance. In our opinion, social justice in education is not only a quality education for all people, regardless of income level, place of residence, etc., but also access to education for all children, regardless of their health status. There are two aspects of this question: the inclusive education of disability children, and general education of children with so-called borderline states, which we named as «parainclusive» education (from the Greek «πάρά» – «over-, beside, by, near»). With regards to inclusive education, in our country the educational integration of children with disabilities achieved only in some cases, usually with many parents' efforts, and usually in private educational institutions. Quite likely, that this problem will not be solved in the near future despite the adopted laws on inclusive education. This is due to factors such as: lack of trained teaching staff, low tolerance for children with disabilities in society, lack of technical equipment of educational institutions.

We would like to focus on the second aspect of this problem. It is necessary to pay attention to the process of integration, which has long been happening in the educational institutions. We mean the «hidden», spontaneous integration of children with borderline pathology. From our point of view, this phenomenon is underestimated by professionals working in the field of education despite that it occurs in large quantities, and there is a need to introduce a new term to denote this process. To describe this phenomenon we propose the term «parainclusive» education.

## 2. Problem Statement

We refer to the parainclusive education the general education of these categories of children:

- Children with borderline abnormalities in their neuropsychiatric status. This category refers not sharply expressed disorders, which are on the border of health, as opposed to grave mental diseases associated with significant deviations from the norm. Attention deficit/hyperactivity disorder, minimal brain dysfunction, cardiopsychoneurosis, mild hypertension-hydrocephalic syndrome, asthenoneurotic syndrome, neuroses, etc. are the most common borderline neuropsychiatric disorders in children. Data from epidemiological studies suggest increasing the number of children with these abnormalities (Churkin & Tvorogova, 2011; Shevchenko, 2011; Zakharov, 2000).
- Children who had a rather serious developmental disorders at an early age, but successfully corrected and achieved a highly functional level (usually after a long work with psychologists, neuropsychologists, defectologists, speech therapists and other specialists). For example, children with impaired development, autism spectrum disorders, with a speech impairment, etc.
- Children without neurological diagnosis, but with mild perinatal pathology of the nervous system in their anamnesis. Studies show that long-term effects of perinatal lesions of the nervous system, even in the case of a favorable outcome, are registered at preschool and school age. In preschool age these children have neurodynamic dysfunctions (fatigue, inertia etc.) and mild disturbances of voluntary attention, verbal memory, visual and tactile gnosis, phonemic hearing. At the beginning school education (age 7-9 y.) the deficit of executive functions and mild developmental disorders of mental processes are the main features of these children. The children more often have learning difficulties in

reading, writing, getting used to the school rules. These deviations lead to the secondary disorders such as: reduced cognitive motivation, low self-esteem, and disruption of relationships with peers (Sultanova & Ivanova, 2013; Sultanova, 2015).

- Children with not-disabling chronic somatic diseases, such as: bronchial asthma, obesity, diabetes, scoliosis and other. Research data of various authors show that the psychological state and mental development of children with somatic pathology has a significant difference compared with healthy peers (Gellert, 1978; Key, Brown, Marsh, Spratt, & Recknor, 2001; McMahan, Lambros, & Sylva, 1998; Nikolaeva, 1987; Sokolova & Nikolaeva, 1995).

Children from migrant families, who have recently arrived and have not yet learned the language, not learned social norms accepted in the society. Education of these children is becoming an urgent problem for many countries. Currently the process of migration is activating due to the trend of globalization and integration, change of the geopolitical picture of the world. The migration process is affects not only on the adult's personality, but also on the child's personality. Migrant children, like adults, are facing the problem of adaptation to the new socio-cultural conditions. Different aspects of the issues of adaptation of migrants in recent decades are discussed by many authors (Berry, 1997; Bondyreva & Kolesov, 2004; Entorf & Lauk M., 2006; Heckmann & Schnapper, 2003; Schofield, 2006; Soldatova, 2002, and many others). However, the issue of adaptation of children of migrants remains unstudied. Currently, there is no systematic vision of this problem in pedagogy and psychology, full terminological conceptual apparatus is not yet developed, and there is no system of support for children of migrant in educational institutions. As a result, migrant children in many countries are one of the most vulnerable categories of people and they urgent need of assistance

### **3. Research Questions**

Children from the above categories have difficulties in general education. There are often conflicts with teachers and parents of "ordinary" children. Often these children change their school many times, or they are offered to study at home. It is necessary to investigate why this happens.

### **4. Purpose of the Study**

Thus, the purpose of this study is to analyze the problems of parainclusive education.

### **5. Research Methods**

We used the following methods: questionnaires of parents and teachers, observation in the educational process, a standardized conversation with children and parents.

### **6. Findings**

We analyzed the peculiarities of parainclusive education of 172 children aged 10-13 years in the schools of Moscow and made the following conclusions. The children of these categories in most cases have a good intelligence and attend regular educational institutions, they are study on a common basis

(this is the «parainclusive» education). However, there are several problems, which considerably complicate the learning process and social adaptation of these children:

1. The difficulties directly related to the manifestations of the child's disease or disorder. For example, a child with asthenoneurotic syndrome is fatigable and anxious; he has difficulties in the exams, in public speaking and so forth. Hyperactive children with their impulsiveness, lack of self-control continually break the rules, cannot be subject to a predetermined routine, often while exercising their inappropriate behavior they distract other children, and interfere with teachers. These difficulties often extremely complicate the process of schooling, are the cause of many conflicts. Virtually all children with borderline states have neurodynamic disorders: fatigue, inertia, distortion of activity tempos, productivity fluctuations, and a long «warming up period». This category of children often has certain features of cognitive, speech and motor areas. These features may lead to difficulties in mastering various skills (writing, reading, drawing etc.), reduced school performance.

2. The difficulties associated with impaired communication with children and adults, with the establishment of adequate social relations in the team, i.e. social adaptation disorders. Children with borderline pathology are characterized by a variety of emotional and personal features that prevent an optimal adaptation to the collective. For example, hyperactive children, children with deficiency of voluntary control easily respond on the provocative behavior by their peers. They often have a tendency to aggression, to foolish buffoon behavior, and to use of profanity. Sometimes a deviant behavior is observed in these children, such as stealing, truancy, and running away from the educational institution. So-called «emotional stupidity» may persist in children with corrected autism spectrum disorders. These children are not sufficiently oriented in the emotions of other people, they are immersed in their inner world, and they do not understand the nuances in relationships in the team. Children with corrected impaired development often retain emotional lability, sensitivity towards themselves and inattention to the emotions of others, which also leads to sustained violations of contact of these children both with teachers and with the children's group.

3. The difficulties relating to the inappropriate behavior of teaching staff. Teachers often use inadequate educational and pedagogical methods, create a negative image of the child, do not stop or even encourage rejects behavior on the part of classmates and their parents, provoke the development of conflict situations. Very often the parents of children with borderline disorders, when describe the position of the child in school, use words such as «confrontation», «constant exhausting struggle». In such cases, educating becomes a traumatic situation, which leads to negative consequences in the emotional state, educational motivation, mental health and development of the child's personality. Our practical experience in this field shows that the staff of educational institutions quite ignorant in matters of neuropsychiatric health of children. We conducted a survey of 70 teachers working in secondary schools of Moscow; there were children with borderline disorders in a class of each teacher. Almost all interviewed teachers are not aware of the existence of mild forms of developmental deviations. They believe that there are only children with severe disabilities, for whom there are specialized institutions (typically referred to as mental retardation, schizophrenia, cerebral palsy). Teachers do not associate the child's school problems with the state of health of the child, with the organization of his nervous system. Breaches of discipline, difficulties in mastering the rules of conduct are often attributed to «bad

parenting», «spoiled». Below is an example of children with Attention Deficit / Hyperactivity Disorder (ADHD). 26 teachers of children with ADHD were interviewed. A survey of teachers and observation of the educational process showed that: 0% of teachers know about the existence of this disorder (attention deficit/hyperactivity disorder); 50% of teachers ready to apply an individual approach to hyperactive children, but only 6% of teachers applied it in fact. 94% of teachers believe that they cannot find effective methods of pedagogical influence on a child with ADHD; 88% of teachers blame parents. 100% of teachers would like a child with ADHD to go into another class or school. Thus, the fact of the presence even mild, but nevertheless a disorder insufficiently takes into account. Mutual shifting responsibility from parents and teachers often occurs. The parents believe that the school could not find the approach to the child, and the teachers believe that parents are wrong to bring up their child. As a result, conflict situations often lead to the fact that parents change the school or even the type of training (for example, home-based training). In our opinion, tolerance deficit observed in modern society, and the teacher should set an example and conductor of tolerance towards «special» children. In practice, as a rule, the opposite occurs. In our opinion, the main reason for the difficulties of parainclusive education is that humanistic individual approach in most cases only declared by educational institutions, but not implemented in practice.

4. The difficulties associated with the lack of attention to the individual characteristics of the child in the preparatory period before the start of training in educational institutions. First of all, we are referring to pre-school establishments and preparatory classes in schools. Actually, the implementation of an individual approach into the mass school looks rather utopian: about 30 people in the classroom; the teacher, which is focused on mass lessons according to a particular program, and which cannot (often does not want) be adapted even under the individual pace of the child. In comparison with the school, there are conditions in preschool institutions to take into account the individual characteristics of each child. Such approach is possible if there is knowledge about the specifics of the development of higher mental functions of the child, about the strengths and weaknesses of his mental activity, and information processing strategies and so forth. In our view, the difficulties of learning and social adjustment often do not appear suddenly in elementary school, but go out of preschool childhood. Non-specialists do not notice these difficulties in the preschool period or do not attach importance to them, believe that the child «will outgrow». But a competent psychologist after an individual diagnostics can see the weak mental function in preschool child, to identify risk group and to help in the search for individual educational trajectory of the child.

## **7. Conclusion**

Taking into account the large number of children belonging to the above categories, it is necessary to take measures of the state scale. First, we must recognize that the education of children with the presence of borderline disorders, with mild deviation in health status and children from other socio-cultural environment is a special («parainclusive»). It must be recognized that an individual approach is needed into education of these children. Additional rights are required for these children and their parents (for example, do not attend all the lessons, do not take all exams etc.). Secondly, it is necessary to increase the teacher's responsibility for the prevention of conflicts, but to provide fringe benefits for

teachers in the classroom where is the child with borderline disorders (for example, fewer children in the class, increased pay and so forth.). Thirdly, it is necessary to conduct training seminars for teachers for improve their knowledge about child health. Also the changes to be made in training programs of higher education institutions, which prepare teaching staff: the introduction of additional courses in clinical psychology, child psychopathology, neuropsychology and child neurology. In general, for the success of parainclusive education the declared health-saving humanistic individual approach in education must really be a priority strategic direction of the development of education.

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