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*Dear Author and dear Reader,*



*Welcome to the Armenian Journal of Special Education (AJSE). The aim of the AJSE is to give a highly readable and valuable addition to literature related to the field of the special education, inclusion, and rehabilitation. It is our pleasure and goal to enlighten international authors, readers, and reviewers to become highly qualified and skilled writers, critics, and users of special and inclusive education research on international level, as well as advanced researching practices. The journal is a peer reviewed journal in English for the enhancement of research in different areas of special, inclusive education and rehabilitation.*

*Editing an academic journal is a vigorous and rewarding mission, but also time-consuming and often frustrating. Taking into consideration this we highly appreciate any remarks, feedback and proposals that would help us to improve the objectives and the structure of the Journal. We are trying to keep the track to interweave universally and contribute to global knowledge as much as it is possible.*

*Editorial board of the journal is delighted to publish AJSE in English to echo diverse issues of international and national special, inclusive education and rehabilitation fields that are relevant for up-to-date dispute. We are looking forward and very pleased to receive contributions for our next issue from special educators, rehabilitation ground specialists, researchers, scholars and practitioners to ensure the reliability and the accomplishment of the Journal.*

*Sincerely,*

**MARIANNA HARUTYUNYAN**

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## **THE FEATURES OF FEARS OF CHILDREN WITH MENTAL AND AUTISM SPECTRUM DISORDERS**

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### **ABSTRACT**

*During the time of a child's development, fears are unavoidable and normal for that period. They have their own characteristics of evolution and manifestation in any period of a child's upgrowth.*

*It's obvious that fears of children with different upgrowth disorders are expressed within particular patterns. So we carried out an exploration in order to study the particularities of the patterns of children's mental upgrowth disorders and children with autism spectrum disorders and during studies we investigated 60 children with mild mental upgrowth disorders and 60 children with autism spectrum disorders. The fears of preschool children representing these two types were investigated in the context of a comparative analysis of the particularities of the fears of their peers with neurotypical development.*

**Key words:** *fear, overcoming fear, neuro-typical development, developmental disorder, anxiety, psychological intervention, diagnostic methods.*

### **INTRODUCTION**

Fears are unpleasant feelings arising in response to a real or perceived threat (Marks, 1987) while a phobia can be understood as an official diagnosis of a fear, which may be more severe, long-lasting, or age-inappropriate in nature (Turner & Romanczyk, 2012). Fears are usually recognized as a part of normal development; nevertheless, they can become maladaptive and problematic if they do not continue to progress according to the existing standards.

In case of some upgrowth problems, the child's ability to respond to the environment is violated as well as the hierarchy of the child's adaptive problems. In other words, protection becomes more important for these children than active adaptation to the environment around them. We opine that the types of protection can have different manifestations in case of upgrowth of different problems but the

main reason is the low adaptive capability which is also expressed in the process of showing emotions.

Unusual fears have long been recognized as common in autism and mental disorders, but until now very little research exists and in most of the cases the phenomenology of fear remains unknown.

## **DISCUSSION OF THE TOPIC**

So let's rebound to the children with mental disorders. As a result of the study, we can see that the fears of children with mild retardation are weaker compared with the fears of their peers with neurotypical development. Therefore, the group of children with neurotypical development had a high level of fear (43.3 %) than the group of children with mental retardation (30 %). We deem that this evidence is caused by problems of mental development, which, as we have already mentioned cause a lot of problems related to the upgrowth of emotional part having their certain effects on a child's perception of the environment and in particularities of showing emotions and on interrelation within it.

We can see also a lot of peculiarities in expressing certain fears. As a sample, only 7 % of examined preschool children with mild mental retardation problems had fears related to the dangers of getting physically damaged from fire, water, blast, etc. We believe that this fact is caused because of insufficient development of the ability to correctly evaluate the situation as a result of intellectual shortfall and a low level of the ability to distinguish a potentially dangerous situation from a safe one.

Hence, out of 3 of 7 examined children, who have fears of water and fire, have inspired fears which were also mentioned by their parents in our meetings. They also mentioned that inspired fears helped them to be safe from such dangers because the child himself can't adequately assess and distinguish the dangerous situation.

It's necessary to mention that both our explored literature (Mcclur, Halpern, Wolper & Donahue 2009; Wishart, Cebula, Willis & Pitcairn, 2007; Lafren'ye 2004; Lebedinsky 2003), as well as the analysis of our research prove that the fear of preschool children with mild mental retardation is related to certain situations which happened to them or to the information they receive during the communication with their cmony people reflecting on children life experience.

Pointing up the above, referring to the types of fears by their origin, we can note that the fears of children with mild mental retardation are based on their own life experience and immediately show the direct connection that exists between the child's fears and his life experience. The reason for the fears of a child with mental retardation is usually determined not by external information but by his own life experience. As we have already mentioned 26.7% of the 60 children with neurotypical development we examined had a fear of water, while only 13.3 % of them had some unpleasant incident with water. In parallel, 18.3 % of the children we studied expressed fear of fire and blasts although only 10 % had been witnesses of any dangerous effects of fire. Meanwhile, the fears of children with mild mental

retardation which we mentioned, and a number of other situations and phenomena showed their personal experience. 43 % of examined children with mild mental retardation (26 children) had medical fears. Fear of animals was expressed in 14 of these children (23.3%). Comparingly fears of the dark and closed space were weaker. And fear of height had only 12 (20 %) of the examined children with mild mental retardation.

Compared with their peers with neurotypical development children with mild mental retardation had weaker fears related to sleep. Only 6.7 % of the examined children mentioned about their being afraid of bad dreams. And 20 % of the preschoolers with mild mental retardation had a fear of death and 10 % had a fear of the death of their parents.

There is also an important fact that we revealed during our research that even if the fears of children with mild mental retardation differ from the fears of children of their age with neurotypical development in their futility and unstable nature, however, in a number of cases (from the children we studied 8 (13%)) they can have highly expressed nature and be caused by such elements of the situation which are perceived by the child dangerous because of their separate sensory characteristics.

You can see the association of some fears of preschool children with mild mental retardation with separate sensory characteristics and the particular features of the manifestation of these fears, we should note that 30 % of the examined children had fears of very loud sounds (vacuum cleaner, the sound of water rustling in pipes, hair dryers, music, etc.) from the material of a certain quality (cotton, flat paper, plasticine, paint, viscous material, etc.). In such cases, children sometimes felt not only fear but also disgust when they touched any viscous material, plasticine, when water dripped on their hands, when their fingers were stained, etc.

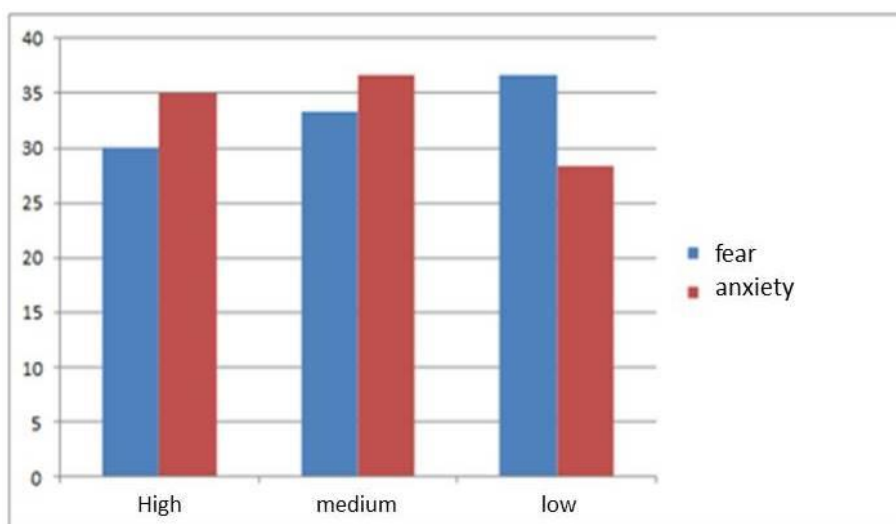
Fears of social character such as fear of parents, some people or being punished by someone, being late, etc. are weakly expressed in a group of children with mild mental retardation than in a group of children with neuro-typical development. We opine that a low level of fear of social character in a group of children with mild mental retardation is based on the feature of the emotional sphere as a result of the low level of mental development as a low ability to understand the emotional fettle of others.

Parsing the levels of fears of the examined children with mild mental retardation we can prove that 18 (30 %) of the examined children with mild retardation had a high level of fear, 20 (33.3 %) had a median level of fear, and 22 (36.7%) had a low level of fear (see Diagram 1).



**Diagram 1.**

*The indicators of levels of fears and trepidation in a group of the examined children with mild mental retardation*



We were also interested in the trepidation levels of these children and the ratio between fears and trepidation. Our research proved that only 30 % of examined preschoolers with mild mental retardation had high levels of fear, while 35 % had high levels of trepidation.

Only 33.3 % had a median level of fear but the median level of trepidation was 36.7 % of the examined. As for the low levels of fear and trepidation, it was in 36.7 % and 28.3% of the examined children respectively. The conducted statistical exploration also recorded a reliable connection between the development features of this group and the level of fears ( $p=0.01$ ).

Speaking about the other research group, children with autistic spectrum disorder, we consider it necessary to mention that the group of children with autism, were children with different degrees of autism expression. In their behavior, who had strongly expressed autistic problems, (37-60 points according to the Childhood Autism Rating Scale) it was really difficult to recognize the signs of fears. An interesting fact is that the results of their survey and analysis of our conversations with the parents of these children indicate that parents are sure that their children, in a number of cases, are not afraid of anything at all, don't notice, and don't recognize the real danger. These children showed a rather stressed movement in their behavior and had a frozen facial expression which, for certain reason, sometimes, could be wrenched by an expression particular to horror, creating the impression that the child is very

whirled or worried about something. In this case, children's behavior usually became topsy-turvy, including excessive and high-intensity activity in their movements, stereotypic interjections, stereotypic movements, negativism, physical aggression also self-aggression.

At the same time, there were moments when the children's faces did not express any worry, conversely, they were peaceful, calm, and even extremely placid. In this case, they could not focus their attention on any specific object, and constantly made transitions from one object to another, as if looking for something in space, which is more particular to whirl behavior. The children's attempts to stop these transitions forcibly as a rule ended with external discomfort manifestations, highlighting the intensive interjections and occurrence of mobile stereotypes.

We think that in this case the child's facial coldness or lack of external manifestation of fear does not show that the child is not afraid of anything, but that the body-emotion connection is disturbed as a result of low tolerance to fear and frustration. The divide in the body-emotion connection of autistic children is obviously reflected in self-stimulations, with which they try to decrease the unpleasant impulses of their environment. So, protection from the surrounding world is the main thing for them, which is also reflected in their fear of the child's bodily rejection by the parents, to remove it from his body, therefore weaken its influence (Manukyan, 2019; Manukyan & Mikayelyan 2017). We believe that both mild mental retardation and autism spectrum disorder children's asynchrony of facial expressions and emotions, which is reflected in the impoverishment or in their mismatch, is an unconscious means to low the feeling of fear.

Therefore, our chosen diagnostic methods were extremely difficult with these children, with their very limited verbal and non-verbal abilities, as well as because of their difficulties in understanding the instructions of tests. That's why the research of the mentioned 10 children's fears was actualized through evaluating their behavior and conversations and surveys with psychologists who work with children and parents.

Our views as well as the conclusion of the results of interviews and surveys with parents of children and psychologists working with them, allow us to presume that chaotic behavior like whirl can mean not only high trepidation but also separate fears though their objects are often difficult to define clearly.

The high level of trepidation was also testified by the results of surveys in Lavrenteva's and Tetarenko's "Questionnaire to identify child's trepidation" (Lavrenteva & Titarenko, 1992). From the analysis of the results of the aforementioned survey, it turned out that the trepidation scores of these children ranged from 15 to 20 points, expressing a high level of anxiety. Based on our views, the survey of psychologists and parents working with children, and the analysis of the results of the conversations held with them, we can prove that the above-mentioned 10 children had a high level of fears, their

number oscillates between 17 to 22.

It is also prime that children react with chaotic behavior expressing general trepidation, not to a specific thing or any of its properties, but to situations in which the conditions that have become common for the child, the actions or behavior of a person significant or close to him undergo even the smallest changes. Moreover, if we rely on the point of view that such behavior of the child is caused by generalized anxiety, then we can note that it increases in case of an attempt to interfere with the child's actions or in any try to change the situation .and one of its indicators, like the previous one, is the strengthening of auto stimulation.

Analyzing the behavior of children with a high degree of autism, the results of interviews with parents and psychologists working with children, it was possible to state that 8(80%) children were afraid of different voices.

While looking at the numbers, you can see that 7 out of 10 children (70%) were afraid of new clothes, 5(50%) were afraid of bridges and some roads, 9 (90%) were afraid of objects of this or that color or shape, 8(80%) children had a fear of objects including clothes, food, etc., and various household items (vacuum cleaner, electric mixer, hair dryer, etc. ), moreover, this fear was connected to the sounds of these devices even in cases when the devices appeared in the children's field of vision, but were not turned on. 6(60%) of these children were afraid of certain commercials or their music. 4 out of 10 children surveyed (40%) were afraid of churches.

One more interesting fact is that only 3(30%) of the children with a high degree of autism were afraid of being alone, 6(60%) were afraid of closed spaces, and 3(30%) were from an open area. 6(60%) of the examined children were afraid of strangers, 4(40%) were afraid of heights, 5(50%) were afraid of open doors.

We want to mention that if it was extremely difficult to identify the presence of fears of the children examined with a high degree of autism, then it was much easier to identify the fears of 16 children with moderate autism (34-36 points according to Childhood Autism Rating Scale), but not from the point of view of the methods we used for research goals, but for the simple reason that the children of this group usually expressed them in their behavior. In our mind, high-intensity auto stimulations, through which the child tries to silence the unpleasant impulses of the outside world by artificially inducing certain feelings in his body, in this case also reflect the weakening of the body-emotion connection, once again pointing out that we were dealing with psychophysical synchronization. This fact was also reflected in the fact that though the fears of these children were expressed in their stereotypical interests and addictions, however, as a result of our surveys and conversations with their parents and psychologists showed that the adults around the child often cannot imagine, that their aforementioned behaviors are closely related to their fears.

So, 34 children we examined were diagnosed by a psychiatrist as having mild autism (30-33 points on the Childhood Autism Rating Scale).

Studying the fears of children with mild autism was much easier in communication and from the view of research methods.

The generalized retardation characteristic of these children which was especially increased in new situations, the need to get out of the stereotypical forms of contact that have become common, in case of increased demand on them. The increase of retardation among some children was manifested by movement anxiety, and by others by restraint, the active clinging actions.

Expressions of retardation became more evident in a series based on some sensory impressions b (noisy household appliances, singing toys, some musical instruments, loud sounds, etc.) and real danger situations (height, water, etc.) .43(86 %) of the 50 studied children with middle and mild autism had fears of different household objects and subjects, 38(76%) children had fears of different sounds. Of the children we studied, 46 (92%) were afraid of objects with one or another color or shape, including clothes, food, etc.

11(22%) of the children had a fear of being alone, 16(32%) had a fear of closed spaces and 19(38%) had a fear of strangers, cartoon characters, and TV characters. A fear of height was in 12(24%) of the children studied, and it was often expressed as a fear of stairs. Only 2 of the children we studied had a fear of dark (4%)/diagram 5/.

One more interesting fact: in spite of the seeming indifference of children with autism to the surrounding environment, the children with middle and mild autism studied by us were characterized by such socially conditioned fears, such as fears related to the negative evaluation of their behavior by people around them, and first of all, by those who are close to them.

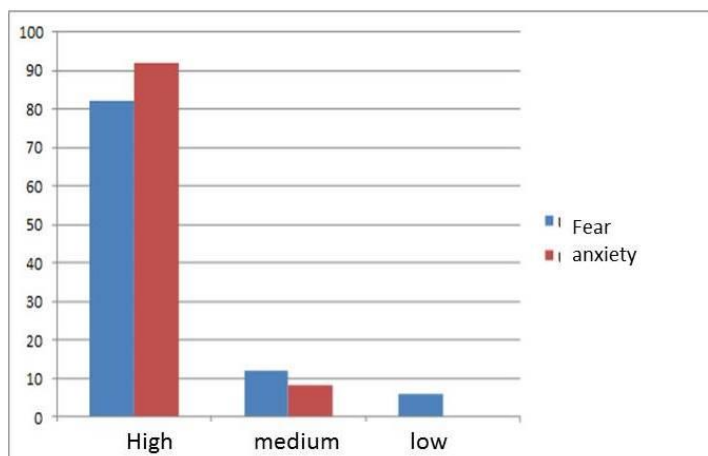
19(38%) of the children we studied were afraid of being punished, being late as well as of their parents/diagram5/. Our conversations with the children's parents and psychologists allow us to assume that these children's worries often have their own foundations because as parents and professionals working with children noted, and as our observations showed, these children often had difficulties with focusing attention, certain difficulties with orientation, which were most vividly expressed especially in new or unusual situations for the child. We guess that the aforementioned circumstances led to the formation of a negative experience of the child's connection with the environment.

The high intensity of fears was indicated in the presence of such indicators of intensity as increased motor activity, nausea or vomiting, trembling hands or the whole body, increased sweating, etc.

Therefore, in the case of autism, the causes of the child's fear may remain completely unclear and unknown to those around them, or may not be given any analysis in terms of the period of their occurrence, in other words, they are often fears of unknown origin.

**Diagram 2.**

***Indicators of fear and retardation levels of the examined children with autism***



Of the children with high degree of autism examined, 4 (8%) had middle levels of anxiety, while there were no children with low levels of anxiety in this group. A study of anxiety in preschool children with middle and mild autism showed that 46 of the children (92 %) had a high level of anxiety (anxiety index according to the test of Temple, Dork and Amen ranged from 71.4% to 78.5 %, according to the anxiety questionnaire of Lavrenteva and Titarenko, in the range of 15-20) (see Diagram 2).

In conclusion, we consider it necessary to note that during our research, both children with autism and children with mental retardation were characterized by the manifestations of emotions inadequate to the situation, or some emotions, as well as fear's facial manifestation, being really late after perceived danger. This nuance lets us prove that in both cases of autism and mental retardation, the child's experience of any emotion, including fear, and its facial manifestation are subject to the principle of asynchrony, which is not in the norm. That is facetious manifestations appear much later than the child experiences this or that emotion. This means we should review the opinion about the poverty or passivity of facial expressions of children with autism and mental retardation. We believe that in this case, we are dealing with psychophysical or psycho-bodily synchronization. This theoretical view allows us to make changes in the psychotherapeutic process in order to overcome the fears of children with developmental problems.

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## **PROBLEMS OF PREVENTING THE SOCIO-PSYCHOLOGICAL DESTRUCTIVE IMPACT OF MISINFORMATION ON STUDENTS REQUIRING SPECIAL LEARNING CONDITIONS**

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### **ABSTRACT**

*In an era dominated by information and communication technologies, the pervasive influence of misinformation has become an issue of paramount concern. This article delves into the multifaceted challenges posed by misinformation and the dire socio-psychological consequences it imposes on this vulnerable student demographic. There is an attempt to understand the destructive impact of misinformation from a pedagogical and psychological point of view, to describe the influence of social media services children requiring special learning conditions use in their everyday lives.*

*The purpose of this article is twofold: first, to comprehensively explore the intricate problems presented by the socio-psychological destructive impact of misinformation on students who need special learning conditions, and second, to offer insights and strategies for mitigating these issues. By shedding light on this critical intersection between misinformation and special learning conditions, it is aimed to provoke a broader discourse, raise awareness, and empower educators, parents, and policymakers to take action.*

**Keywords:** *misinformation, socio-psychological impact, student with special educational needs, special learning conditions, prevention.*

### **INTRODUCTION**

Misinformation often intermingled with disinformation, circulates at an unprecedented rate, affecting a wide spectrum of our society (Pennycook & Rand, 2020). However, one often overlooked aspect of this phenomenon is its profound impact on students who require special learning conditions.

Misinformation, the inadvertent spread of incorrect or misleading information, is an omnipresent companion in the digital age. Social media, online platforms, and other information channels, while providing unprecedented access to information, have also ushered in a deluge of unverified, biased, or

simply false data (Lewandowsky, Ecker & Cook, 2017). This proliferation of misinformation has sweeping societal implications, undermining critical thinking, shaping false perceptions, and causing discord. However, what is of particular concern is how this crisis intersects with students who need special learning conditions.

Students with conditions such as autism, dyslexia, ADHD, and more face unique challenges in navigating the information landscape. Their vulnerabilities often stem from difficulties in processing, analyzing, and discerning information accurately (Fletcher-Watson, 2021). Misinformation, when absorbed by these students, has the potential to exacerbate their learning hurdles, trigger socio-psychological distress, and create barriers to education and social integration.

It is of paramount importance to recognize that these students, as essential members of the human's diverse society, deserve not only equitable access to education but also protection from the negative repercussions of misinformation (Karas, Ottmar, Kim & Wenzel, 2019). By addressing this issue head-on, it is possible to work toward creating a more inclusive and informed educational environment that supports the holistic development of all students, regardless of their learning abilities and differences.

In the following paper, we will delve deeper into the socio-psychological consequences of misinformation on students with special learning conditions or those with special educational needs and explore strategies to prevent and mitigate its impact on their educational journey.

## **ANALYZING THE LITERATURE**

Misinformation is a prevalent issue in the modern information landscape. It can be defined as the dissemination or sharing of false or inaccurate information, often without the intent to deceive (Pennycook & Rand, 2020). This is in contrast to disinformation, which involves the intentional spread of false information to deceive or mislead the audience (Lewandowsky, Ecker & Cook, 2017). It's important to distinguish between these two concepts, as the inadvertent spread of misinformation is pervasive and may have profound consequences, particularly for individuals with special learning conditions.

In today's digital age, misinformation finds its breeding ground in various online sources. Social media platforms, websites, and online forums have become hotspots for the rapid dissemination of information, whether accurate or not (Vosoughi, Roy & Aral, 2018). Moreover, the echo chamber effect, where individuals are exposed to information that aligns with their pre-existing beliefs, can further intensify the spread of misinformation (Pennycook & Rand, 2018). The virality of false information is amplified through mechanisms such as clickbait headlines, emotional manipulation, and the rapid sharing of sensational content (Friggeri, Adamic, Eckles & Kern, 2014).

Students requiring special learning conditions or those with special educational needs, such as



autism, dyslexia, and ADHD, are particularly vulnerable to the impact of misinformation due to their unique learning needs and cognitive profiles (Fletcher-Watson, 2021). They may face challenges in information processing, critical thinking, and discerning credible sources from unreliable ones. As a result, they are more likely to absorb and accept misinformation as truth, which can lead to academic setbacks and socio-psychological distress. It is imperative to recognize the heightened susceptibility of these students to misinformation and take proactive steps to address this issue.

Students with special learning conditions or those with special educational needs encompass a diverse group with a range of cognitive, emotional, and behavioral challenges. Some of the most prevalent conditions include (a) Autism Spectrum Disorder (ASD), which is characterized by social communication difficulties, repetitive behaviors, and restricted interests. Individuals with ASD may struggle with understanding social cues and context (American Psychiatric Association, 2013); (b) Dyslexia, which is considered a specific learning disability that affects reading and language processing. Individuals with dyslexia often have difficulty decoding words and may experience challenges in reading comprehension (Shaywitz, 2018); Attention-Deficit/Hyperactivity Disorder (ADHD) is marked by symptoms of inattention, hyperactivity, and impulsivity. Individuals with ADHD may have difficulty sustaining attention and may act impulsively (American Psychiatric Association, 2013); and Specific Learning Disabilities (SLD), which is an umbrella term for various learning disorders that impact skills like reading, writing, and math. These conditions often result in difficulties with academic achievement (American Psychiatric Association, 2013). There are many more conditions, but those are quite widespread all over the world and require profound attention from field specialists and society.

This group of students' needs are more susceptible to misinformation due to the cognitive and perceptual challenges associated with their conditions. For instance:

- **Difficulty in Discerning Social Cues:** individuals with autism may struggle to interpret the nuances of social interactions, making it challenging for them to distinguish credible sources from unreliable ones (Fletcher-Watson, 2021). Additionally, a student with autism, who relies heavily on online platforms for information, may struggle to discern the credibility of sources and become influenced by misleading content, leading to misconceptions and potential social challenges.

- **Reading and Language Processing Issues:** Dyslexia can affect reading comprehension and the ability to critically evaluate textual information, making it easier for individuals to accept misinformation (Shaywitz, 2018). Due to difficulties in reading comprehension, the student might misinterpret the information presented and inadvertently accept false claims as fact, hindering their academic progress.

- **Inattention and Impulsivity:** students with ADHD may be more prone to impulsive reactions and quick judgments, potentially accepting misinformation without thorough analysis (American Psychiatric

Association, 2013).

As a response to the problems destructive impact of misinformation on students requiring special learning conditions, many different participants have invested important resources in developing media literacy education and programs (Bulger & Davison, 2018). Although media literacy is difficult to define as a concept, it has customarily been denoted as the capability to access, analyze, evaluate, and create media messages in a diversity of contexts (Potter, 2013). Still, media literacy should be investigated differently and provided with different aspects when the topic is connected with students with special learning conditions or those with special educational needs.

These reviews highlight the real-world challenges that students with special learning conditions or those with special educational needs encounter when navigating the complex and often misleading digital information landscape. In the following, we will research more on the socio-psychological significance of misinformation for students with special learning conditions or those with special educational needs and discover strategies to address these needs.

Based on the conducted literature review the following research question has been formulated:  
*What are the main milestones of the socio-psychological consequences of misinformation on students requiring special learning conditions?*

## **METHODOLOGY**

Desk research methodology has been used as a method for collecting and analyzing the data from available secondary sources, such as academic publications and other resources presented online. As a research method Desk research examines the data from already existing documents and previous studies and is considered to be secondary data to gather information on a specific topic.

This method relies on data it has already collected from other people. Within the frame of the current study, this method has provided strong arguments and helped to develop a line of thought or fight for the ideas. And to do this, Desk Research.

## **RESULTS**

Based on the data analyses the following main topics have been identified:

<b>Socio-Psychological Impact</b>
<b>Identifying Problematic Misinformation</b>
<b>Importance of Critical Thinking and Media Literacy</b>
<b>Strategies for Prevention</b>
<b>Role of Educators in Creating a Safe and Informed Learning Environment</b>
<b>Support Systems</b>

Misinformation poses a significant **socio-psychological threat** to students with special learning conditions. These individuals are susceptible to a range of adverse consequences, such as **anxiety and stress, confusion, negative impact on self-esteem, and impact on social interactions**. According to the author, misinformation can lead to heightened levels of anxiety and stress among students who may struggle to distinguish fact from fiction (Fletcher-Watson, 2021). The uncertainty and confusion caused by misinformation can contribute to emotional distress, particularly in individuals with autism who rely on structured information environments. The cognitive challenges associated with conditions like dyslexia and ADHD can amplify confusion when students encounter conflicting or incorrect information. This confusion can affect their ability to learn and make informed decisions (Shaywitz, 2018; American Psychiatric Association, 2013).

Students with special learning conditions or those with special educational needs may already grapple with issues related to self-esteem. Misinformation-induced academic setbacks or social misunderstandings can further erode their self-confidence, affecting their overall well-being. Misinformation can also have profound effects on social interactions, especially for those with autism. Misunderstandings stemming from inaccurate information may lead to social isolation and strained relationships, exacerbating the challenges they face (Fletcher-Watson, 2021).

Recognizing misinformation and **identifying problematic misinformation** are critical skills in the digital age. It is discussed that to help students, teachers, and parents identify problematic information, it is necessary to consider the use of fact-checking valid websites and tools to verify the accuracy of claims in articles or posts (Lewandowsky, Ecker, & Cook, 2017). At the same time, it is extremely important to teach students to cross-reference information across multiple reputable sources. Consistency in information across various sources can indicate reliability.

**Critical thinking and media literacy** are fundamental in discerning misinformation from accurate information. It is crucial to promote critical thinking and encourage students to question the information they encounter. Critical thinking skills can help them evaluate the credibility of sources and the validity of claims (Pennycook & Rand, 2020). Related to media literacy education, schools and parents should provide media literacy education to help students navigate the digital world effectively. These programs can teach students to critically analyze media messages, identify bias, and recognize persuasive techniques (Livingstone, 2020).

Regarding the **strategies for preventing** misinformation from affecting students with special learning conditions or those with special educational needs, it is important to stress that preventing misinformation from adversely affecting students with special learning conditions is a multifaceted endeavor. Effective strategies include tailored education which is based on developing the education programs tailored to the specific learning needs of students with special conditions. These programs

should incorporate media literacy and critical thinking skills, focusing on their unique challenges (Livingstone, 2020). The next is the provision of accessible resources and tools such as screen readers, text-to-speech software, and audio-visual materials to make online content more inclusive for students with conditions like dyslexia (Shaywitz, 2018). Also, it is very important to create a structured and predictable learning environment to support students with autism, reducing their vulnerability to the chaotic and unpredictable nature of online misinformation (Fletcher-Watson, 2021).

**The role of educators in creating a safe and informed learning environment** is very essential, as they play a central role in preventing misinformation. In this regard, they should promote and foster a culture of critical thinking and skepticism in the classroom. Encouraging students to question information, think analytically, and challenge their own biases is also their responsibility (Pennycook & Rand, 2020). Educators are there to offer guidance on reliable sources of information and teach students how to evaluate sources independently. At the same time, they should create a safe and supportive environment where students feel comfortable discussing their concerns about information encountered online (Karas, Ottmar, Kim & Wenzel, 2019).

**Support systems** are crucial for students with special learning conditions to thrive. They should include emotional support and educational support. Related to this it is extremely important to create a safe space where students can express their feelings and concerns. This can help reduce the emotional impact of encountering misinformation (Karas, Ottmar, Kim & Wenzel, 2019). Individualized education plans and accommodations, such as extended time for assignments and assessments, can alleviate academic challenges (American Psychiatric Association, 2013) and act as a support system for students with special learning conditions or those with special educational needs.

Parents, teachers, and peers play a vital role in providing emotional and educational support and advocating for their child's educational needs. They should collaborate with educators to ensure their child's well-being. At the same time, educators can adapt teaching strategies to accommodate students with special learning conditions and provide additional support as needed. This includes the incorporation of assistive technology and ensuring that information is presented in a clear and accessible manner. Peers can offer social support by promoting inclusion, understanding, and acceptance among students with special learning conditions. Encouraging teamwork and collaboration helps create a supportive peer environment.

A collaborative Approach is the key to success. Parents, teachers, and support staff should work together in a collaborative approach to ensure the holistic development and well-being of students with special learning conditions (Fletcher-Watson, 2021).

While analyzing all this it is very important to continue to explore strategies, case studies, and success stories that highlight how it is possible to address the socio-psychological impact of

misinformation and create a supportive and informed learning environment for all students.

## CONCLUSION

In conclusion, the socio-psychological impact of misinformation on students with special learning conditions is a complex issue that demands our attention and action. Misinformation poses unique challenges for these students, increasing their vulnerability to anxiety, stress, and confusion while negatively impacting their self-esteem and social interactions.

To address this issue effectively, a multi-pronged approach is necessary. We must provide tailored education, encourage critical thinking, and enhance media literacy skills. Educators, parents, and support systems play pivotal roles in creating a safe and informed learning environment.

Challenges persist, but with continued research, awareness, and policy changes, we can make significant strides in preventing misinformation's impact. The future holds promise in the form of collaborative initiatives, technology integration, and global efforts to address this issue comprehensively.

As we move forward, we must recognize the importance of inclusivity and equitable education for all students, regardless of their learning conditions. It is a collective responsibility to empower and protect these individuals, ensuring they have the tools and support needed to thrive in an increasingly digital and information-driven world.

The time for action is now. Let us commit to fostering an environment where all students can learn, grow, and succeed, free from the destructive impact of misinformation.

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## FEATURES OF WORKING CAPACITY PERFORMANCE OF JUNIOR SCHOOLCHILDREN IN STUDYING THE “CHESS” SUBJECT

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### ABSTRACT

*The article demonstrates the experimental research results' analysis which was organized and carried out in 2022 by the psychologists of the “Chess” Scientific Research Institute. The research is aimed at revealing the level of performance of the working capacity components for chess-studying schoolchildren. It is noteworthy that the sample of the research includes children with Special Educational Needs (SEN), who were one group of participants. The experimental research was carried out by applying the "Landolt rings" methodology included in the "Egoscope" psychological analysis and testing complex. The analysis of the results demonstrated the following:*

*1. Students with Special Educational Needs, who showed low academic progress, as a result of the experiment demonstrated a high index of endurance, as well as students with high and medium academic progress.*

*2. The indicators of the reliability of the average work precision and working capacity, as well as the average efficiency level, are also the same among students with high, medium and low academic progress.*

*3. The results of information processing are medium for students with low and medium progress and high for students with high progress.*

**Keywords:** *working capacity, Egoscope, Landolt rings, children with special educational needs, residual knowledge of chess.*

## INTRODUCTION

The relevance of this research is conditioned by the lack of experimental data aimed at studying the performance of students at teaching and mastering the “Chess” subject. In our research, the theoretical and methodological basis is the theory of Edmund Landolt. Landolt rings (Landolt optotypes) are optotypes developed by the Swiss ophthalmologist Edmund Landolt in 1888. Initially developed for ophthalmology, they have also found applications in psychology. They are a set of rings with gaps from different sides, resembling a differently rotated Latin letter “C” . For the gaps, either a simple form of four options is used (top, bottom, right and left; north, south, east and west; 12, 6, 3 and 9 hours), or a more complex of eight options (plus four oblique). In psychology, Landolt rings are used in tests to assess attention and perseverance - for example, in a modification of the Bourdon correction test (Schraufa & Stern, 2001). As in ophthalmology, testing using rings does not depend on the patient's literacy or language. At the same time, the peculiarity of testing is not the different sizes of the rings (as in an ophthalmological examination), but their number - the test sheet may contain several hundreds or thousands of rings. When reviewing the test results, the number of viewed rings, and the proportion of correctly identified, incorrectly identified and/or missed rings are evaluated.

## LITERATURE ANALYSES

The analysis of the results of the research carried out by researchers at the “Chess” Scientific Research Institute of Khachatur Abovian Armenian State Pedagogical University (ASPU) evidence the positive influence of chess on the development of psychic processes among children with Special Educational Needs contributes to the maximum level of capacities, in particular, in connection with attention, memory, sensory perception, speech perception, logic, imagination and space perception and orientation (Charchyan & Khudoyan, 2016).

*Armenia has adopted the "Chess" subject in primary school programs since 2011, and different types of research have been conducted to evaluate the effectiveness of this implementation. One of the questions to be addressed after chess adoption is: “What are the main and contextual factors of the effectiveness of that implementation?”, or “How these factors have been changed?”.*

1. Chess as an educational tool is widely used as a significant way to develop the intellectual skills of schoolchildren. This belief appears to be more widespread among female than male teachers.

2. Students’ progress in chess is mostly in line with their skills and knowledge of their native language and mathematics at the primary school level.

3. The role of chess as a school subject has continuously been increasing while students have been learning how to apply chess skills to develop their problem-solving abilities. When teachers help students to solve different chess tasks and problems, applying a wide range of techniques, students



believe they become more effective problem solvers.

4. The development of student's independent learning abilities and the implementation of working-in-small-groups skills, as well as other interactive and reflective teaching/learning methods, are becoming significant factors for developing problem-solving abilities through chess.

5. Teachers' classroom management and motivating skills have become the most critical factors for chess education. Nevertheless, it is commendable that teachers focus not only on quick acquisition/assimilation but also on reflective and deep learning. Teachers should take into account that students' motivation is also confirmed by the level of difficulty of chess tasks and homework.

*Hence, perceiving chess as more difficult than other subjects can hurt their progress in chess in general (Sargsyan, Gevorgyan & Gevorgyan, 2021).*

*The authors summarize and present the analysis of the results of the research conducted by the inclusive working group of the "Chess" Scientific Research Institute in 2015-2021. Critical discourse analysis was used as a methodology for this research. The inclusive workgroup that works at the "Chess" Scientific Research Institute at the Armenian State Pedagogical University has conducted a range of studies aimed at exploring the issue of involvement and participation of students with Special Educational Needs in "Chess" lessons at the 2nd-4th grades, finding out the attitude of chess teachers to chess mastering by these students in conditions of total inclusion, and the effect of chess on the mental development of children with SEN. Analysis of the obtained data unveils the fact that there is still a lot of effort required to provide equal involvement and participation of students with SEN alongside their peers and other studies are needed (Charchyan & Karapetyan, 2022).*

The main idea of the "Infinite Chess" research project was the absence of limitations on people's capabilities and opportunities and, the absence of borders between different groups of society all over the world. This project is at the intersection of several important current social ideas. It combines the issues of innovative education, social inclusion and balanced development, cognitive development and disabled children, and tries to find new and non-standard solutions. *Educational content recommendations for the Project are:*

- The adoption of the "Chess" subject in the school curriculum for the benefits it has on the skills and mental abilities of the students with ASD and ADHD.
- There should be a clear guide to whom to teach chess or it should be planned. For the further stage of the project, it is recommended to have an individualized program for children based on their sphere/objects of interest. It would make it probable to get their attention, which is critical for any teaching/development process.
- Using an Individual educational plan (IEP) for each student will help to apply appropriate support and teaching methods. Therefore, we recommend using a diary (portfolio) for individual assessment

relying on the functional description in correspondence with the International Classification of Functioning, (ICF). We also recommend having preparation training for professionals to use a similar approach. Involving specialists from the sphere of special education is also critical for project success.

- Taking into account that the majority of participants considered the children's emotions of joy and **happiness as an important indicator** of the progress of the project, we during the project evaluation propose to introduce mechanisms that will enable the objective evaluation of these indicators along with the feedback tool.

- To succeed in teaching chess to a greater number of children it would be preferable to have alternatives for using verbal communication during the lessons. The best practice in this sphere shows that as many senses are included in the teaching process, more members are about to succeed in their learning.

- For enhancing mechanisms of collaboration with family members we recommend using the “DIR floor time” methodology which has been successfully used in working with young children many times (Sargsyan, Nersisyan, Sargsyan & Gevorgyan, 2022).

A chess game is very popular also for visually impaired players. To some extent, we can see similarities to the blindfold chess game of sighted players. However, blindfold chess is played by master players only. Thus, blind beginners are facing demanding conditions for playing chess. Researchers started with the initial observation of gameplay of blind chess players and indicated signs of using mental images, limits in learning efficient chess play, or accessibility problems. They extracted 114 findings from the semi-structured interviews conducted with 5 blind advanced chess players. Based on these findings we propose directions for future research and development.

We conducted a qualitative user study with five blind chess players. We collected and categorized 114 findings covering several topics like chess playing, training and studying, problems, assistive aids, etc. We concluded with a set of future research directions such as research on the formation of mental images of blind chess players, or the development of new kinds of accessibility aids. It seems that a deeper understanding of mental processes related to problem-solving situations brought by playing chess can substantially help in the design and development of aids, that will free the mental potential of blind chess players (Balata, Mikovec & Slavik, 2015).

## **METHODOLOGY**

A laboratory experiment was carried out to reveal the stability of attention concentration, voluntary attention, working capacity and monotonous activity of students in the 5th grade. In 2022, the team of psychologists of the "Chess" Research Scientific Institute conducted an experimental research with the following successive stages:

1. Development of video-methodological bases of research;

2. Selection of research method, experimental application, adaptation;
3. Implementation of scientific research work,
4. Analysis of received data, and formulation of conclusions.

## RESEARCH SAMPLE

The experimental research was conducted in 2022 at schools No. 50 and 144 of Yerevan, Republic of Armenia, with a total of 60 students in the 5th grade. Based on the fact that, according to the educational standard, teaching a “Chess” subject contributes to the development of students' working capacity (“Chess” subject standard, 2022). The formation of the research sample was conditioned by the fact that the students of the 5th grade have already completed studying the program "Chess" subject, therefore, it will be possible to record reliable indicators of their working capability. The participants were selected according to the level of academic progress demonstrated in the given academic year: high, medium and low. We would like to highlight the fact that the students who need special educational conditions showed low progress.

**Table 1.**  
*Research sample*

N	SCHOOL	GRADE	PARTICIPANTS (students) NUMBER /Total/	The academic progress of students		
				High	Medium	Low
1.	School N50 Yerevan	5 <sup>th</sup>	30	10	10	10
2.	School N144 Yerevan	5 <sup>th</sup>	30	10	10	10

For the laboratory experiment implementation, a scientific hypothesis was formulated, according to which the level of working capacity of students with Special Educational Needs in the 5th grade and stability towards monotonous activities is determined by the level of residual knowledge of chess.

### **The stages and methods of experimental research**

The research was carried out in two stages.

1. Selection of the appropriate methodology from the "Egoscope" psychological objective analysis and testing complex, experimental application (Egoscope, 2014),
2. Quantitative analysis of research results.

Following the purpose of the research and the scientific hypothesis, the "Landolt rings" methodology was selected and conducted from the complex psychological objective analysis and testing of

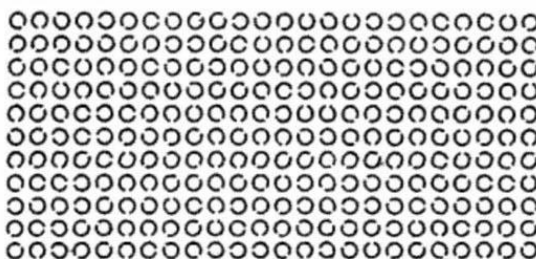
"Egoscope" (Egoscope, 2014). The objectives of this laboratory research experiment are: to find out students':

1. speed of information processing,
2. average work efficiency level,
3. average precision level of the work,
4. coefficient of endurance,
5. reliability of working capacity.

The "Landolt rings" method consists of 5 stages, the duration of each stage is 2 minutes. The participants were given the following instructions: "Let's start the task. We need an electronic pen. Try to write your name with it in the open space of the screen. Then click on the ">>" icon in the upper right corner of the screen. Please handle the electronic pen as carefully as possible. Tables with 1, 3, 5, 6, 7, 9, 11, and 12-hour intervals appear on the screen. It is necessary to carefully look at the rings from left to right, and find and check those rings that have an open section on the left side. Try to complete the task as quickly and correctly as possible. When you're ready, click the ">>" icon in the upper right corner of the screen. Before starting the main task, you have a chance to test it. Are you ready? Let's start."

**Figure 1.**

*The image displayed on the screen during the application of Landolt rings methodology*



## RESULTS

The results of the quantitative analysis of research, based on the average values, are presented below in the form of tables. In the tables, the values are presented on average separately according to the academic progress of the subjects. It should also be noted that the analysis of the results was carried out according to stages; the duration of each stage is 2 minutes. The total duration of the test is 10 minutes.

**Table 2.**

*"Landolt rings" methodology analysis of results. Medium progress*

N	PARAMETERS	1-2 MINUTES	3-4 MINUTES	5-6 MINUTES	7-8 MINUTES	9-10 MINUTES

1.	Total number of viewed rings (Q), pc.	445	512	575	581	520
2.	Quantity of correctly crossed-out rings, pcs.	10	10	12	13	15
3.	Quantity of incorrectly crossed-out rings, pcs.	4	4	2	2	2
4.	Quantity of missed rings, pcs.	38	46	54	48	39
5.	Work productivity indicator, (P), points	56	58	89	112	127
6.	Work accuracy indicator (A), %	16	14	19	22	27

**Table 3.**  
*"Landolt rings" methodology analysis of results. High progress*

N	PARAMETERS	1-2 MINUTES	3-4 MINUTES	5-6 MINUTES	7-8 MINUTES	9-10 MINUTES
1.	Total number of viewed rings (Q), pc.	317	359	444	416	461
2.	Quantity of correctly crossed-out rings, pcs.	12	12	15	11	15
3.	Quantity of incorrectly crossed-out rings, pcs.	2	1	2	5	1
4.	Quantity of missed rings, pcs.	23	28	38	30	31
5.	Work productivity indicator, (P), points	92	97	109	91	139
6.	Work accuracy indicator (A), %	30	32	29	25	32

**Table 4.***"Landolt rings" methodology analysis of results. Low progress*

N	PARAMETERS	1-2 MINUTES	3-4 MINUTES	5-6 MINUTES	7-8 MINUTES	9-10 MINUTES
1.	Total number of viewed rings (Q), pc.	349.8	533	481.5	502.8	451.5
2.	Quantity of correctly crossed-out rings, pcs.	3	2.77	4.5	6.25	4
3.	Quantity of incorrectly crossed-out rings, pcs.	6	3.25	6.75	6.5	6.75
4.	Quantity of missed rings, pcs.	34	57.25	52.25	47.25	40.5
5.	Work productivity indicator, (P), points	-28.2	-3.5	-22.1	0.6	-21.9
6.	Work accuracy indicator (A), %	-9.53	-9.73	-1.63	6.875	-0.43

**Table 5.***Analysis of the results of the "Landolt rings" methodology*

N	PARAMETER TITLE	ACADEMIC PROGRESS OF STUDENTS		
		INDICATORS OF STUDENTS WITH MIDDLE PROGRESS	INDICATORS OF STUDENTS WITH HIGH PROGRESS	INDICATORS OF STUDENTS WITH LOW PROGRESS
1.	SPEED OF INFORMATION PROCESSING	MEDIUM	HIGH	MEDIUM
2.	LEVEL OF WORK PRODUCTIVITY	MEDIUM	MEDIUM	LOW
3.	LEVEL OF PRECISION OF WORK	LOW	LOW	LOW
4.	ENDURANCE	HIGH	HIGH	HIGH

	LEVEL			
5.	PERFORMANCE RELIABILITY	LOW	LOW	LOW

## CONCLUSION

Thus, the analysis of the results demonstrates that in the case of teaching and mastering the "Chess" subject:

1. Students with Special Educational Needs, who showed low academic progress, as a result of the experiment demonstrated a high index of endurance, as well as students with high and medium academic progress.

2. The indicators of the reliability of the average work precision and working capacity, as well as the average efficiency level, are also the same among students with high, medium and low academic progress.

3. The results of information processing are medium for students with low and medium progress and high for students with high progress.

Chess testing is aimed at identifying the level of residual knowledge, skills and capacities of students in accordance with the expected final results of the standard for the "Chess" subject.

The maximum score is 25

0-7 is low, 8-16 is medium, 17-25 is high.

**Table 6.**

*Academic progress with indicators*

<b>ACADEMIC PROGRESS OF STUDENTS</b>	<b>AVERAGE INDICATORS OF RESIDUAL CHESS KNOWLEDGE</b>
Students with low academic progress	4 points
Students with medium academic progress	7 points
Students with high academic progress	13 points

Thus, the results analysis demonstrates the indicators which performance level is the same for the students with low, medium and high academic progress (Table 6). They are reliability of average precision of work and working capacity, as well as endurance. Comparing the average results of the chess test, it is noticeable that under the conditions of teaching and mastering the "Chess" subject,

students with Special Educational Needs show a high level of endurance, but the reliability of working capacity is low, as well as the residual knowledge of chess.

1. Mastering "Chess" subject contributes to the performance of one of the most important qualities in the academic process of students with Special Educational Needs which is a high level of endurance.

2. Endurance is a possible condition to contribute to the preservation of the residual knowledge of both "Chess" and other subjects and therefore to improve the reliability and efficiency of working capacity.

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## **CHARACTERISTICS OF GAME ACTIVITY ORGANIZATION AND ITS INFLUENCE ON SPEECH DEVELOPMENT OF CHILDREN WITH MODERATE MENTAL RETARDATION**

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### **ABSTRACT**

*This research aimed to explore the organizational features of play activities of children with moderate mental retardation and its impact on their speech development. The studies were conducted among 144 children with moderate mental retardation aged 7–18-year-old living in specialized orphanages and 40 educators.*

*The research methodology was based on the combination of qualitative and quantitative methods including observation, conversation, interview, and validating scientific experiments for data collection. The use of selected data collection methods helped to observe the general activities of children and to obtain data on the specifics of their play activities both from children and the educators working with them.*

*As a result of validating scientific experiments, patterns of play activities of children with moderate mental retardation, and their playing abilities were recorded, and the most frequently used games and their influence on the development of children were revealed. The regulation of the day, the time allotted for games during educational and speech development classes, the setting, and the reasons related to application features were also exposed. The results of the study stated, that in the list of games used during remedial and speech development activities in a specialized orphanage, such as verbal, staged, role-playing, speech therapy games and motion games were almost absent.*

*In 5 out of 15 studied groups, 2-3 game exercises of speech therapy were used, about the same number of sports exercises and word games. It was also recorded that the tutor spent approximately*

*33% of the game time (1 hour) explaining each game, 17% on individual work, 28% on correcting mistakes and other corrective work, and on the game itself, it was used only 22% of the time which negatively affected the effectiveness of using games. It has been found that in insufficient conditions of the organization of game activities, the effectiveness of corrective educational work decreased, and the development of speech was delayed.*

**Keywords:** *game behavior, wandering behavior, game activity, didactic game, plot game, motion game, board game, word game, game-staging, role play, speech therapy game.*

## **INTRODUCTION**

Nowadays the demand for the humanization of education is still a global issue throughout the world. It led to new challenges to public education, which was a serious motivation, especially for increasing the organizational efficiency of educational processes for children with psycho-physical developmental disorders and meeting the requirements of universal educational formation (Banks, Shevellar, & Narayanan, 2023; Black-Hawkins, Florian, & Martyn, 2007; Francisco, Hartman, & Wang, 2020).

Today, when the legal requirements of international conventions emphasized the ethical issues of society's development and society was fighting for the rights of persons with mental retardation to be fully included in educational and social life, the issues of developing specific tools for the development of speech and performance of persons with moderate mental retardation were still vaguely outlined (UNESCO, 2017; UN, 2016).

While describing the characteristics of play activities of children with moderate mental retardation, completely different play activities could be noted in compliance with the play activities of children with normal development. Consequently, based on above mentioned the study of the play activities' characteristics of children with moderate mental retardation became the bases for current research.

The speech development of children with moderate mental retardation, considered to be a tool for communication, thinking, and behaviour regulation, remains the main problem that hindered the independent life and activity of persons with moderate mental retardation.

The analysis of conducted research had shown that these children's speech development was most effectively organized during game activities. However, despite these wide possibilities, almost no scientific research had been implemented to explore the directions of speech development through games for children with moderate mental retardation, and the game systems used in the pedagogical process were unstable, primitive and uncoordinated.

The urgency of this problem is based on the fact that today there is a deep gap between the development of game technologies that were implemented in professional support systems and the

accounting of the features of the game literacy of this group of children and serious scientific justifications for their application (Kara & Cerkez, 2018; Nazirzadeh et al., 2017; Sari et al., 2020).

It was no secret that children with mental retardation, due to insufficient formation and development of verbal communication skills, had difficulty building their lives, carrying out independent activities and being included in educational processes. For this reason, many authors gave the psycho-pedagogical characteristics of these children, while mentioning the inertness, passivity and indifference to the activity (APA, 2013; Maller, 2000; 1986; Lipakowa, 1983).

However, especially in the way of solving the complex problem of preparing children with moderate mental retardation for life, the issues of improving the content and application aspects of the pedagogical support aimed at overcoming speech development and verbal communication difficulties become more essential and targeted. Data from scientific research and applied psycho-pedagogical approaches required that the training organized for the development of the speech and communication of these children were based on the child's developmental potential and preserved opportunities.

The game was a form of children's activity that stimulated the body's compensatory mechanisms at both biological and social-psychological levels (Vigotski, 1983). Also, for children, play is considered a primary occupation that is very important and gives way to the development of motor skills, language and cognition. At the same time participation in play occupation comprised to take part, to feel included, to have choice over what to take part in and to achieve a meaningful goal (Hoogsteen & Woodgate, 2010).

The study of the methodical system for developing speech and communication abilities of children with moderate mental retardation showed that speech structures were mastered only in practical situations, and the requirements of training sessions were learned in game situations. Play was considered the main, accessible and effective means that can shape and develop the speech and communication needs of these children. The game also provides a wide opportunity for sensory integration, which is extremely important and decisive in the formation and development of speech in children with moderate mental retardation (Ayres, 1991).

Taking into consideration the fact that speech development which was implemented during game activities also had wide possibilities for psycho-diagnostic and effective and natural assessment of personality functionality highlighted new challenges for deeper exploration since this type of approach is considered to be a mean for developing speech of a child with moderate mental retardation.

Thus, several scientific and pedagogical arguments confirmed that the problem of speech development and play activities of children with moderate mental retardation not only lost its relevance but also became more emphasized in the educational process. This phenomenon was also explained by the intensively developing inclusive processes in Armenia, which expand the opportunities for

socialization of all, including children with moderate mental retardation. In addition, several other professions (occupational therapy, art therapy, etc.) have developed in recent years, which has become an incentive to introduce new types of professional support in the education system. All these circumstances caused the need for the creation of modern methods, means, psycho-pedagogical techniques and methodologies (Kolupaeva & Taranchenko, 2016; UNESCO, 2020). Well known that especially while working with children with moderate mental retardation, the tools of inter-professional cooperation considered those programs that were game oriented. Based on the above mentioned this research aimed to study the organizational features of play activities of children with moderate mental retardation and its impact on their speech development.

## **LITERATURE REVIEW**

The theoretical analysis documented that modern approaches to correctional work applied to children with mental retardation were anchored to the "law of currentness" of leading activity (Elkonin, 1978). It was known that the entire activity of children with mental retardation in early and preschool age was formed by delay and in all other stages of development proceeds with several disorders (Mikshina, 2001). They leave their negative influence on the ability to relate to the material world, form requirements to recognize it and orientate within it.

For this reason, to form ideas about the surrounding world for children with intellectual development disorders, scientists suggest using didactic games and exercises, which were aimed first at the formation of the requirements of emotional contact with an adult and sensory education, and then at the development of speech and thinking (Hovyan, 2003; Iljuk, 2001; Pospelova, 2019). The patterns revealed during the content analysis of the games played with children with mental retardation showed that enough games and game exercises were used during the activities for developing their speech, however, they were organized mainly along with the general system of games used for cognitive activity and for developing thinking (also combined) (Cano, Garcia-Tejedor & Fernandez-Manjon, 2015A). Despite this, progressive special pedagogues developed and presented the main directions and themes of play education for children with mild mental retardation in the programs of special institutions over the years (Bravo, Ojeda-Castelo & Piedra-Fernandez, 2017; Stebeleva & Bratkova, 2000).

Speaking about separate types of games, Bondarenko (1991) noted that the didactic game, as a means of learning, consisted of 2 main parts: educational (cognitive) and game. However, the observations showed that the above-mentioned goals were not specified in the games used with children with moderate mental retardation, which reduced the effectiveness of the game. Many authors believed that the best way to overcome the difficulties of full perception of children with moderate mental retardation was a didactic game that allowed the developing children's visual thinking and the volume of comprehension. Kataeva and Strebelyova (1998; 1993) also emphasized this circumstance, noting.

"The correct development of comprehensive perception also prepares some aspects of causal thinking" (15, 1993, p.10).

Meanwhile for children with the most profound intellectual development disorders corrective and developmental work had different content. It was notable that in the work carried out with children of this group, pedagogues and educators still use outdated programs and methods, ignoring some modern problems and requirements of special pedagogy (Maller & Cikoto, 2003).

Based on the above-mentioned, the main direction of this research was to practically study the play activities of children with moderate mental retardation and its characteristics, revealing its influence on the development of speech.

## **METHODOLOGY**

For the current research, the groups of children with mental retardation from specialized orphanages were selected who were able to perform certain activities and received remedial treatment. A depth interview with the educators of specialized orphanages was used to explore the conducted remedial training sessions with children, during which they tried to use games.

The use of combined qualitative and quantitative methods discovered the main types of games that were most frequently used in educational processes (Creswell & Creswell, 2017). Group classes, children's play behaviour and activity in general were observed for about a year. Validating scientific experiments made it possible to record the types of games used for speech development of children with moderate mental retardation, the peculiarities of their use, and the difficulties arising in the game-playing process.

Based on the subject of the research, the studies were carried out in 3 main directions:

- analysis of the setting of the organization of gaming activities
- study of play behaviour of children with moderate mental retardation
- analysis of game types and the effectiveness of their application.

## **DATA COLLECTION AND PARTICIPANTS**

A total of 144 children with moderate mental retardation aged 7-18 years old were included in the study, composing a total of 15 groups. Based on the children's developmental characteristics, the groups of children with mental retardation were divided into three subgroups: mild, moderate, and severe. A total of 40 educators participated in this research.

In the frame of the studies, the day schedule was also examined, where the number of hours allocated to the development of game activities, the system of game tools for organizing educational and speech development activities, the types of games used in the orphanage and their settings were studied.

On an annual basis, the lessons were conducted in groups, children's activities were observed, and interviews were conducted with pedagogues to explore the main content of children's playing abilities, the types of games used in groups, their difficulty, effectiveness and impact on speech development.

### **DATA ANALYSIS**

Data analysis was based on the descriptive analysis of validating scientific experiments directed to explore the types of games used during remedial and speech development activities in a specialized orphanage (Marczyk, DeMatteo & Festinger, 2010). The study of observations and records fixed the use of speech therapy games and sports exercises for developing speech and communication in children with moderate mental retardation.

Data analysis outlined the features of play behaviour and organization of play activities of children with moderate mental retardation and the impact on the effectiveness of their speech development. Preliminary studies had shown that even children with moderate mental retardation under special learning conditions can master individual game actions, complete the game with help, and acquire general verbal abilities. This circumstance allowed us to assume that speech development activities could be combined with game activities.

### **RESULTS/ DISCUSSION**

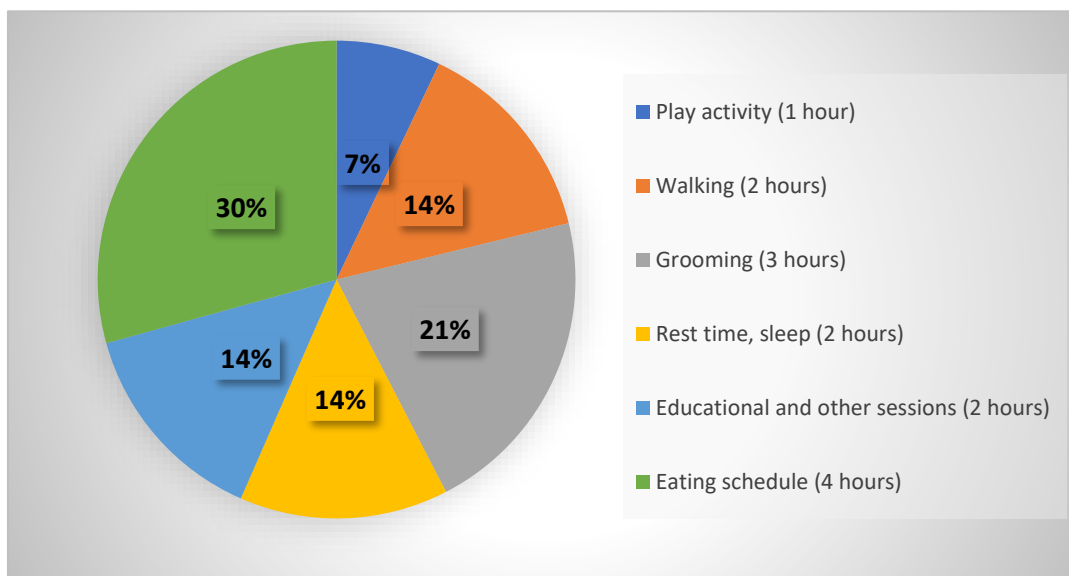
As a result of data analysis conducted throughout observations and interviews showed that in the daily schedule of the specialized orphanage, the games were held at certain times of the day, lasting one hour, and the games and game exercises used during the corrective-educational classes were few, uniform and repetitive (Fig. 1).

Special attention should be paid particularly to the fact that the games used in special institutions were almost devoid of preparatory, actual games and final parts. For example, the preparatory phase was limited to explaining the process of the game, ignoring the organizational part and the need to create a positive attitude towards the game and generate interest.

Negatively considered the fact that during the games' explanation, almost none of the teachers followed the important pedagogical principles. They did not correctly use the methods of demonstration and joint actions, they almost did not use alternative means of communication, and they immediately resorted to verbal methods, which remained incomprehensible to many children and lowered their motivation to work. All this had an immediate effect on the children's communication and speech abilities.

**Figure 1.**

**The daily schedule of occupations and play activities of children with moderate mental retardation**



In addition, during educational and speech development classes, which were allocated 2 hours a day, only 17% (20 minutes) of the total training was planned for games and play exercises in the mild group, and 25% in the moderate and severe groups (30 minutes). Table and didactic games were mainly used in the groups, which were just a way to develop common knowledge, and sometimes, to organize free time.

Activities for children were provided and used according only to the pedagogical experience of the teachers. It was evident that in the process of organizing games during the day the principles of consistency and sequence between the parts of the game were regularly broken. This had a negative impact on the correctional-educational goals, making the game a randomly selected means. In this case, cognitive, verbal and mental development processes were severely delayed.

A study of the play behaviour of children with moderate mental retardation showed that they were clearly indifferent to the organized games and exercises; showed apathy, lack of initiative and preferences, isolation or wandering behaviour throughout the activity. These children not only showed a lack of desire and demands to play together but also did not play side by side. Their games were characterized by content and emotional poverty, "fragmented" episodes, ending with separate procedural and mechanical actions that children learned during special training. Meanwhile, these and other similar manifestations contradict the psychological content and logic of gaming activity. A similar attitude towards games had a destructive impact on the formation of children's collective and communicative needs. Based on the above, it was possible to state the necessity of developing such a system of games

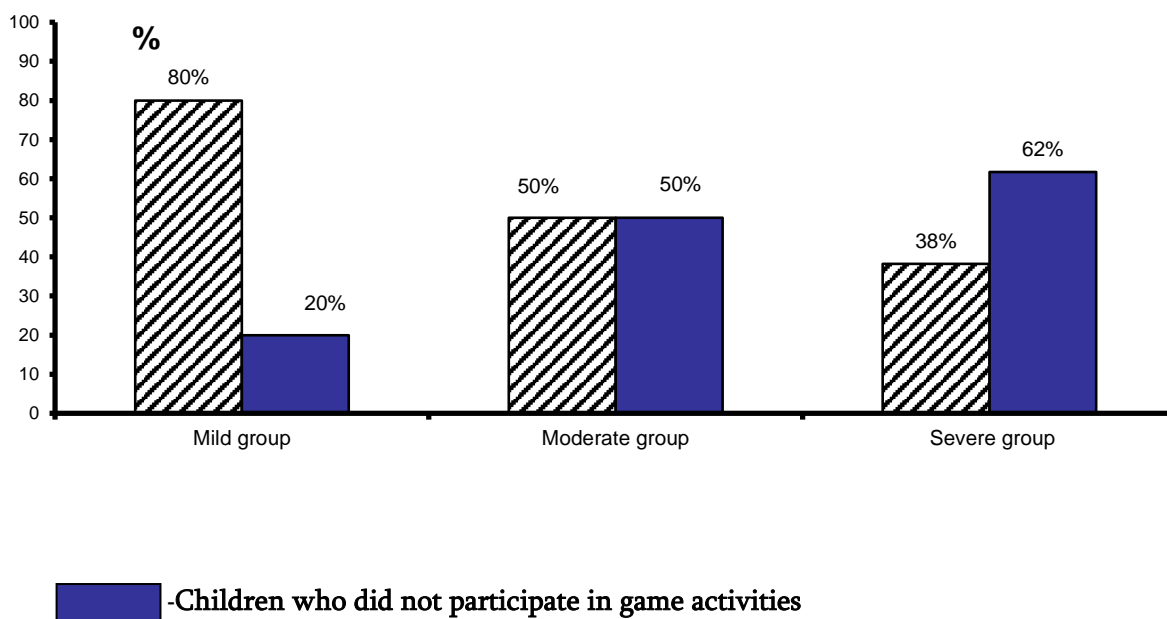
that would provide opportunities for special approaches to involve children with moderate mental retardation in joint games and other activities.

Data analysis of observations highlighted that children with moderate mental retardation were not interested in the functional significance of the toy. They were mostly attracted to brightly coloured, loud, "quick-moving" toys, and sometimes even coloured paper, string, and other small objects. These phenomena were based on the fact that children with mental retardation were not surprised by the toy, something that negatively affects their motivation to play (The Ontario Curriculum, 2006).

The analysis of research data showed that only 29% of 144 participants juggled toys and objects. By the way, during this period based on the observations, the children did not communicate with each other. Among these participants, some did not participate in games at all, making up 20% of the mild study group, 50% of the moderate study group, and 62% of the severe group (Fig. 2). It was also found that all non-playing children in the mild and moderate groups did some juggling with toys and objects, and 22 out of 60 children (37%) in the severe group not only did not play but also did not juggle with objects. This speaks of the lowest level of development of the severe group.

**Figure 2.**

**Indicators of Participants' Involvement in-game Activities**



Experimental observations allowed us to record the facts that children with moderate mental retardation were distinguished by their characteristic of unstable participation in games: they could leave the game, often without reason, and, unlike children with other developmental disabilities, not even passively follow the game. Such children made up 20% of the mild group, in the moderate group this indicator was even higher (29%), and in the severe group, their number exceeded the data of the two aforementioned groups (38%). Based on the simple fact that the toy, the content of the game and the



speech were related to each other, the knowledge bases of children with moderate mental retardation in terms of their understanding of toys and their functions also were discovered.

It was found that 80% of the children of the mild group recognized the toys of daily use, knew their place in the closet, and after the game, with the help of the teacher, they were even able to arrange them in the appropriate corner. Thus, 50% of children in the moderate group and only 20% of the severe group showed stable knowledge about toys. All the other children had a careless and indifferent attitude towards them, which was explained not only by their mental development disorders but also by the deficiencies or absence of corrective work.

Remarkable fact was considered that during all months the children played with help anyway (they forgot the rules of the game, the requirements, the sequence of actions, the plot, etc.). It was also recorded that the tutor spent approximately 33% of the game time (in total 1 hour) explaining each game, 17% on individual work, 28% on correcting mistakes and other corrective work, and on the game itself only 22%.

Results showed that mental developmental disorders of children with moderate mental retardation also led to peculiarities in conducting games with them, spending most of the time on explanatory, individual and corrective work. Very little time was given to the actual game: something that was not characteristic of the use of games organized for normally developing children.

Based on the results of the game activity characteristics analysis it was confirmed that children were indifferent to the beginning of the game, as well as the process and the final results. It was obvious that in all three groups under study, they had difficulty adapting to changing game situations and could hardly complete the simple tasks given during the game. It was found that learning a new game took an average of 1-2 months in the mild group, 1-2.5 months in the moderate group, and an indefinite amount of time in the severe group.

Analysis of the research data also discovered that the games organized for the children were not only unsorted, but also extremely few and poor (approximately 10-15 games) moreover, their goals, tasks, course, and arrangement were not specified and lacked methodical instructions. Presenting the play activities' characteristics of researched children according to the types of games and the level of mental development, it was found out that 40-59% of children participated in object games in the mild and moderate groups, and only 15% in the severe group.

According to the summary of the study data, it was possible to state that 60% of the first group, 71% of the second, and 10% of the third group participated in board games, which were mostly mosaic and constructive. It was also noticed that the games were often disorganized (children played alone without the teacher's guidance, and this activity could not be called a game). Despite this, they showed relatively active participation in board games: this was explained by the isolated behaviour of children

with moderate mental retardation, lack of communication needs and low level of motor abilities. It was also evident that board games were mainly given to children for "occupying" them.

While distinguishing the characteristics of the game activities of children with moderate mental retardation, the description of their requirements and characteristics for participating in motion games were highlighted. The psycho-pedagogical analysis of the actual data confirmed that the largest number (68%) of children participated in this type of game from the mild group. They were mainly attracted to sports games: football, relays, throwing the disc/plate etc. However, activities such as construction of stadiums by children, improvement, maintenance of sports property, etc., were missing. Meanwhile, similar works were an accepted means of creating love and interest in motion games in applied special pedagogy. Such a pedagogical experience was recorded by Gorelik (1977) in the children's boarding school No. 4 in Saint Petersburg, which is still relevant today.

Thus, in the moderate group children were participating in motion games (35%) than in the mild group, because the medical records of 94% of the children here had complex types of cerebral palsy. The play activities of children with such difficulties, as confirmed by Simionova (1990) and others, were almost the same (they play with cars: "unloading", they mainly engage in constructive games, dolls, etc.), as a rule, they were short-lived and did not accompanied by a connected word. Speaking especially about the motion games of this group of children, it could be said that they were limited to the abilities of throwing a ball, using wheelchairs as instructed and moving with a crooked gait.

As a result of studies, accordingly, it was confirmed that 23% of children in the severe group participated in this type of game, but all their activities were marked by deep structural deviations in performing purposeful actions. These children, during motion games, were deficient in understanding the given instructions, executing them accurately, and in internal programming of movements.

Turning to the features of plot games used in the orphanage, it was emphasized that this was the most complex type of game for a child with moderate mental retardation. It requires quite a lot of skills and pedagogical knowledge to organize it. Elkonin (1978) noted that the plot of the game was the sphere of reality that the child reproduced during the game. However, a child with moderate mental retardation had disrupted ideas about reality, requirements and abilities to reproduce the social experience. This circumstance naturally hurt the design of the plot game. According to the results of the conducted research, this was the main reason why the number of participants in plot games in the studied groups was too small (10 in the mild group, 5 in the moderate group, and 0 in the severe group).

Thus, it was found that in the list of games used during remedial and speech development activities in a specialized orphanage, such as verbal, staged, role-playing, speech therapy games and motion games were almost absent. Conducted observations and records showed that in 5 out of 15 investigated groups, 2-3 speech therapy games were used, and about the same number of sports exercises and word games.

Summarizing the results of observations and validating scientific experiments it was still possible to say that children with moderate mental retardation under special learning conditions still had possibilities and were able to master individual game actions, complete the game with their help, and acquire general verbal abilities. That is why their speech development can be carried out along with the formation of play activities and the principles of uniqueness of individual development features should be taken into account. Therefore, the development of their speech could be carried out along with the formation of game activities and should take into account the principles of specificity or individual developmental characteristics.

## **CONCLUSION**

This research aimed to explore the organizational features of play activities of children with moderate mental retardation and its impact on their speech development. Conducted research showed that the principles of consistency and sequence between the parts of organized games during the day for children with mental retardation were regularly broken which negatively affected the corrective-educational goals, making the game a randomly selected means. In this case, cognitive, verbal and mental development processes were severely delayed.

A study of the play behaviour of children with moderate mental retardation showed that they were clearly indifferent to organized games and exercises; showed apathy, lack of initiative and preferences, isolation or wandering behaviour throughout the activity. These children not only did not show a desire to play together, but they also did not play side by side. Their games were characterized by content and emotional poverty, "fragmented" episodes, ending with separate procedural and mechanical actions that children learned during special training. Meanwhile, these and other similar manifestations contradict the psychological content and logic of gaming activity. A similar attitude towards games had a negative impact on the formation of children's collective and communicative needs. Based on the above, it was necessary to develop such a system of games that would provide opportunities for special approaches to involve children with moderate mental retardation in joint games and other activities.

It was revealed that the play activities of the researched children were disorganized, and the used games were not sorted, did not have clear content and were too few (approximately 10-15 pieces). Moreover, their goals, tasks, course, and arrangement were not specified and lacked methodical instructions. The characteristics of children's game activity according to the types of games and the level of mental development showed that only 15% of the children of the severe group participated in object games. Only 10% of children from this group participated in board games, which mostly had a mosaic and construction nature.

Relatively active participation in board games was explained by the isolated behaviour of children

with moderate mental retardation, lack of communication needs and low level of motor skills. It was also evident that board games were mainly given to children to “occupy” them. Such approaches and arguments reduced the effectiveness of correctional work, especially from the perspectives of communication, speech and cognitive development, as well as for enlarging their participation in leisure activities. The psycho-pedagogical analysis of the actual data confirmed that the largest number of children participated in motion games from the mild group. Compared to this group children from the moderate group were participating in motion games, which was explained by the fact that 94% of children had complex types of cerebral palsy.

For this group of children, motion games were limited to the ability to throw a ball, and to move in wheelchairs, with a crooked gait as instructed. It was confirmed that 23% of the children in the severe group participated in this type of game, but all their activities were marked by deep structural deviations in the purposeful actions. These children, during movement games, were deficient in understanding the given instructions, executing them accurately, and internal programming of movements.

Plot games were the most difficult type of play for children with moderate mental retardation. It required quite a lot of skills and pedagogical knowledge to organize it. In the studied groups, the number of participants in plot games was extremely small (10 in the mild group, 5 in the moderate group, 0 in the severe group). Thus, it was found that in the list of games used during remedial and speech development activities in a specialized orphanage, such as verbal, staged, role-playing, speech therapy games and motion games were almost absent. Done observations and records showed that in 5 out of 15 investigated groups, 2-3 speech therapy games were used, and about the same number of sports exercises and word games.

Summarizing the results of observations and validating scientific experiments it was still possible to say that even children with moderate mental retardation under special learning conditions had possibilities and were able to master individual game actions, complete the game with their help, and acquire general verbal abilities. That's why the development of their speech could be carried out along with the formation of game activities.

As a result of the observations and validating scientific experiments, it became obvious that the organizational obstacles of gaming activities had a negative impact on the effectiveness of educational and correctional work. Among them, the low effectiveness of the works carried out in the direction of speech development, thinking, and cognition was particularly evident, which, accordingly posed a new research problem.

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## INTELLECTUAL IMPAIRMENT AND EXPERIENCE OF EXTREME POVERTY IN A SINGLE PARENT FAMILY (CASE STUDY IN THE REPUBLIC OF MOLDOVA CONTEXT)

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### ABSTRACT

*The article analyzes the issue of family resources in a family with a single father with mental retardation raising two adolescents in conditions of extreme poverty. The research methodology is based on the model of case study qualitative research within the phenomenological “life world” approaches. The study has an entire description of the father’s “life world” and the structural, constituent, and essential elements of his day-to-day parenting experience. It is shown that the family experience is struggling with extreme poverty within the conditions of severe social exclusion and is governed by the father's family history with a class nature. Current family resources (health, education, social, and economic) are characterized as being affected by different types of deficiency and dependence on external “donors”. The discussion is raising awareness of the role of special education in the process of structuring essential elements of the “life world” experience in such families, in general, and conditions of extreme poverty, in particular.*

**Key words:** *parenthood and fatherhood with intellectual impairments; family resources; extreme poverty; social exclusion, social welfare, family dynamics, poverty alleviation, parental support*

### INTRODUCTION

The factor of systemic transformation in a society, with a focus on democratization and social reforms in Eastern European countries, prompted structural changes in the traditionally highly

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segregated institutions of social care and education for children with disabilities in these countries. Deinstitutionalization, reduction of the number of care homes/special institutions and special schools, creation of “new” institutions and programs (daily social service centers, habilitation/early support programs, family education, inclusive school practices, etc.) are only a few examples of such changes. However, it is not easy to dissociate from the existing “exclusion”, which is deeply rooted in the multi-level societal structure, so large-scale research and interdisciplinary discussions are going on (Von Weinberg, 2013; Hick, Visser, & MacNab, 2007; Malofeev, 2003; Madanipour, Cars, Allen, et al., 1998). Systemic transformation aggravates economic instability and erodes the living standards of those who need constant support. Disability, as an ethnicity and gender factor, is a factor in economic discrimination, originating various forms of inequality and corresponding forms of poverty: cultural, economic, demographic, etc. The impoverishment of this social group (compared to others) is interpreted by researchers as "double poverty," meaning that societal structure and individual disability or health conditions are not fitting each other. The studies of human resources in families bringing up children with disabilities acknowledge that families, meeting a new social-economic reality, develop resources for taking a stand against it (Kalinnikova, 2013). What is the reality in families where one or both parents themselves have an intellectual impairment<sup>2</sup> and have children? How do they experience the systemic transformation of a society? This study was undertaken in Moldova in 2014 and represents a narrative of the everyday life experience of a father with an intellectual impairment taking care of his two sons

## LITERATURE ANALYSES

### *Parents with disability or intellectual impairments and their family resources.*

The recent academic literature widely explores the issue of parenthood in situations where one or both parents have intellectual impairments. For ethical reasons, it is rather difficult to systematize information about the frequency or general statistics of these families among other families. Formally, the first social mediators in establishing ties with such families are social health or education services, which children from these families become a part of. According to available resources, it is known that, for example, the frequency of birth among mothers with intellectual impairments is correlated between two and twelve cases per 1,000 children born in the US; in Sweden, as it is known, approximately 225 children are born to such mothers (Weathers, 2005; Weiber, Berglund, Tengland & Eklund, 2011).

The first research in this area dates from the end of the 1940s (Sheerin, 1998; Mickelson, 1949). Scientific works of this period mainly discussed issues of parental competence and development risks for children in such families; issues related to the education of the parents; and the importance of their

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<sup>2</sup> The term “intellectual impairment:” is associated with the category of ‘intellectual functions’ and their impairments referring to the International Classification of Functioning, Disability and Health (ICF) 2011: General mental functions, required to understand and constructively integrate the various mental functions including all cognitive functions and their development over the life span. <https://icd.who.int/dev11/l-icf/en/http%3a%2f%2fid.who.int%2fid%2fent%2f1525383756>

training in child-rearing practices (Hathaway, 1947; Mickelson, 1947). These discussions were extremely discriminatory: such families were refused the right to have children, or the parents were deprived of the opportunity to take care of them (Pfeiffer, 2007). However, the development of principles of normalization asserted equal civil rights and freedoms for everyone, including the right to be a man and a woman (Nirje, 1999; Sheerin, 1998). With the development of these ideas, parenthood in cases of intellectual impairment gained official recognition. Understanding such parenthood is based on a functional model. The central concept of this model is “parental competence in decision-making” (Keith & Morris, 1995; Tymchuk, Andron & Rahbar, 1988).

Further research, while developing the ideas of normalization principles, started to actively tackle the search for optimal conditions for child-rearing within the biological family, which led scientists to research formal (official social services and agencies) and informal (communication with loved ones, relatives, and friends) family resources in such families (Edgerton, 1999; Booth & Booth, 1998; Llewellyn, 1995; Tymchuk & Andron, 1990). In the last decade, researchers have examined the conditions that lead to successful family living situations. For this purpose, they have increasingly turned to family history, studying the social reality of such families in various situations, such as when the children remain with their biological family or are placed with other families, to see if their development is threatened. The “voice” of parents with intellectual impairments is being increasingly heard. Researchers agree that the optimal resources of such families are created by the joint efforts of the family itself and social services, where health and well-being are guaranteed to both children and parents. Moreover, optimal support of a family positively influences parental competence and the development of children (Booth & Booth, 1998; Llewellyn, 1995; Tymchuk & Andron, 1990), provides parents with guidance, and protects children from abusive treatment (Tymchuk & Andron, 1992; Espe-Scherwindt & Kerlin, 1990). The researchers are also studying the dynamics of family resources. As children grow, especially during their teenage years, it is necessary to strengthen the social resources of a family and the role of relatives in their upbringing. Social support offered by relatives can offset the limited competence of parents and facilitate the development of a teenager's ability to face difficulty. Economic support, spending free time with children, help with the day-to-day routine, and other forms of involvement become an additional “construction”, which supplements the resources of such a family. The engagement intensity of social resources varies: in some families, these resources are provided by relatives; in others, systematic help from assistants in various services is needed (Booth & Booth, 1998; Llewellyn, 1995).

As a disability creates dangerous conditions for stable household income, the researchers have focused on the issue of educational resources in such families, especially in recent years. Researchers are trying to understand the influence of parental intellectual impairment on the education of their

children. By analyzing data from various countries around the world, the researchers have managed to identify some tendencies with respect to this influence. For example, teenagers from such families become involved in the economic life of the family early by working, which brings in additional income, or are responsible for household work that is usually performed by parents in other families. This means that teenagers have much less time to study, and the family does not pay sufficient attention to their academic achievements (Mont & Nguyen, 2013), which results in consistent academic failure. To improve academic performance, one needs additional classes and, therefore, additional funds to pay for them. The researchers believe that in developing countries and countries undergoing systemic transformations, the government does not cover the expenses necessary to provide a high-quality education. Parents with intellectual impairments do not have sufficient knowledge to help their children develop their study skills (Mont, 2013).

In discussing the economic resources of such families, researchers distinguish several aspects. The first is that such families have significant limitations in income and that, as a rule, is connected with their low participation in the employment market; in some cases, the parents do not work due to their health. The professions occupied by such parents are in low demand and therefore low-paid, so the probability that such a family will fall below the poverty line is extremely high. The second one is that, in general, the scope of resources in such families is extremely limited. Because of a number of peculiarities, parents with intellectual impairments have low education and social coping skills; they are unable to compete with others and struggle to cope with difficult life situations. All of that poses a high risk of inability to satisfy the most vital needs of a family and children, such as food. There is almost no research into the satisfaction of basic needs by such families; all that is left is to guess how economically difficult the circumstances of their lives may be. Based on the official statistics of US analysts, the poverty level among families in which one or more members had a disability in 2003 (before the beginning of the 2008 recession) was 23.7%, while it was only 7.7% among families with no disabled members; the employment level was 38% and 78%, respectively (Weathers, 2005). In research based on the methodology of qualitative research, this percentage for families in which one or more members have a disability increased to 60% (Huang, Guo & Kim, 2010).

***Fathers with intellectual impairments and their parenting experience.*** Despite a large number of studies concerning the peculiarities of parenting with intellectual impairments, they have one important weakness: they are conducted without the participation of fathers. Most of this research is conducted on the basis of stories of maternal experience, summaries of which are extrapolated to parenting in general (without gender differences). Data on the father's experience is extremely limited. Let us analyze what we have managed to find. This research was carried out by western researchers, and all of them agree that this group of parents hardly enjoys "research monitoring".

With the systematization of a small number of studies, we note that they bring up the same question addressed to mothers: what influence do fathers have on the development of their children and the conditions under which the general well-being of such families is achieved? The answers are controversial. In some cases, the answers are “pathological” and emphasize the inability of fathers to take care of their children, as the researchers mention the negative impact of parents on the development of their children. This research emphasizes the moral aspect of the issue and highlights the search for arguments to dissuade parents from having children when working with the family. This research continues the eugenic discussions of the beginning of the 20th century (Beresford & Wilsson, 2002). In other cases, the issue of insufficient attention devoted to the family on the part of various services is raised. A considerable part of this research, again, focuses on the development of children rather than the support of a family as a whole. The research states that parents, including fathers, remain “invisible conductors of care” for the professional community and that support is equally necessary for parents and their children (Keith & Morris, 1995).

For our research, the work of Kilkey (2010) is of the greatest interest. This is probably the first work that, using the example of fathers, presents a gender analysis of parenting with disabilities. Although this work was not aimed at researching family resources and focuses on the identity and everyday experience of fathers, it sheds light on the situation in such families viewed by fathers and provides indirect information about the problem we are interested in. The representative group of fathers was rather uneven. It included fathers with various forms and times of occurrence of disabilities. Fathers also had various experiences of living within the family and raising children; however, some of the fathers had intellectual impairments, and all of the fathers were the biological parents of their children. The research showed that the parental identity of fathers had a clear “class/socio-economic” nature. In addition, the experience of disability and peculiarities of that experience over life, age, previous fatherhood experiences, and a number of other variables also contribute to their construction of fatherhood and create the conditions for both the positive paternity experience and its limitations. Despite the mutual impact of disability and fatherhood, such experiences have similar characteristics and problems as other types of fathers, for example, single fathers, fathers living apart from their families, elderly fathers, unemployed fathers, and poor or socially excluded” fathers.

Summarizing the analysis of the research into family resources, let us draw some conclusions. Despite the growth of interest in families in which one or both parents have disabilities and the considerable knowledge amassed in such research, studying this problem in terms of the individual experiences of such parents remains poorly explored. The situation of poverty in such families itself remains almost “untouched”. Cases in which economic, demographic, and socio-cultural factors cause poverty in such families simultaneously remain outside the research scope.

### *Socio-economic reality in Moldova.*

Socio-economic reality in the Republic of Moldova was the poorest country in Europe at the time of research and still is. According to data from the Ministry of Economy and Trade of the Republic of Moldova, in 2006, significant differences were observed between the amounts of expenses for educational services in quantiles and the living environment. Thus, more prosperous families spent approximately 4 times as much for these needs as poor families, and urban residents spent 2.7 times as much as rural residents. In terms of the structure of expenses for a family from the bottom quantile, the maximum specific weight belongs to food products and housing expenses at around 73%, while the specific weight of expenses for education is only 0.4%. An overall picture of financial support, based on data from the Bureau of National Statistics of the Republic of Moldova (2014), is represented in the table. These data reflect the situation with average income per capita in the Republic of Moldova (2014). Based on this information, a significant number of families live in extreme conditions below the poverty threshold (Table 1).

**Table 1.**

#### *Average income per capita in the Republic of Moldova*

(data are from the Bureau of National of Statistics of the Republic of Moldova, 2014)

2013	LEU, monthly average amount	Percentage ratio per capita
Incomes, total	1,559.8	100.0
Wages	662.9	42.5
Individual agricultural activities	142.4	9.1
Individual activities	99.3	6.4
Income from real estate	4.4	0.3
Social services	302.9	19.4
Pensions	250.1	16.0
Children's allowance	12.7	0.8
Compensations	0.8	0.0
Social benefits	14.6	0.9
Other incomes	348.0	22.3
Money transfers	258.5	16.6

The objective of this research is to obtain an integral phenomenological description of the everyday experience of a family consisting of a single father with intellectual impairments since childhood, raising two sons, 14 and 17 years old.

This research raises two questions:

1. *What is the structure of the everyday experiences of the father, and how is this experience constituted?*
2. *What are the essentials of this structure? The main respondent in our research was a single father with mental retardation who was raising two teenage sons.*

Father: N.V., 46 years, with a diagnosis of a mild case of intellectual impairment (former term 'oligophrenia), a graduate of a school for mentally retarded children of Chisinau, who worked in the 90s at home on orders received from a garment factory. Nikolay had a stable salary and lived under the care of his parents. When the USSR collapsed, he lost his job and had no other opportunities for employment. He was married, and two boys were born to the family three years apart. Now the boys are 14 and 17 years old, respectively. They are in high school, have made extremely poor progress, and are not expelled only because the father raising them has a disability. The wife and mother of the children died about a year ago of a serious illness. The father remained alone with the children. He still does not work. He lives with his sons in a suitable two-room apartment. They live on the father's health pension, the children's allowance, and social benefits, which are barely enough.

## **METHODOLOGY**

The research methodology is built on a model of qualitative research on a single case (Stake, 1995) with the application of the phenomenological approach developed by Husserl and Heidegger (Dahlberg, Drew & Nyström, 2001). This approach is an independent area of research into the phenomena of human existence and is a special approach to scientific research. The choice of this methodological tool is not random. Human experience may not be examined through separate categories, no matter how precisely it is shared. The phenomena of human existence are hidden in a person's individual experience and are linked to his or her everyday life; they are not calculated by quantitative characteristics and are immeasurable. For example, suffering, understanding, and care do not have a particular existence in time and space. They become phenomena only as part of individual experience, which Edmund Husserl called the "lifeworld" of a person. The lifeworld of a person in its primary meaning is understood as "existence", manifested in the presence of the researcher in the emotions that reveal such "existence".

Studying the individual experience of a person with a disability with the help of "lifeworld" methodology has its peculiarities. The researchers distinguish several aspects of applying a phenomenological method in this case. The first one is understanding the intentions of a person talking about his or her life (Hodge, 2008; Williams, 1996). It is important to remember that people want to share their experience and talk about themselves, not make a "political analysis of barriers created by a

disability”. The aspect of “barriers”, being a part of the everyday experience of such people, will most likely manifest itself in bodily and emotional responses, such as going back to certain topics and repetition of descriptions of life situations associated with a “constant fight with the system”, which remain part of a person and “force one to retain these topics” in their story. The second aspect of the phenomenological tradition lies in the high therapeutic value of this method (Walmsley, 2001; Moore, Beazly, and Maelzer, 1998). Usually, people who are studied using this methodology have rarely enjoyed long-term attention in their previous meetings with specialists and researchers. The procedure of recording the obtained information and the value of its storage become central to the relationship between a researcher and the “experience carrier”. The voice of those who go unheard by society in this situation becomes important and expected. Such a research model gives the “experience carrier” power, releases their internal voice, and fosters positive social attitudes.

Answering the questions set in this research, we conducted a deep interview. While listening to the father's story, the researcher carried out deep internal work on understanding elements of the story and experiences. The interview was recorded on a voice recorder and then transcribed. As a result, we obtained an integral description—a story of the everyday experiences of a father raising two children. The obtained description underwent a procedure to understand and interpret it through a non-linear process of work on the text: primary perception of the heard experience, its “naive reading in the text” and “pre-understanding”, systematization of various sense units of this text with its consistent reduction and development of thematization. Analysis and interpretation of the text of the interview allowed us to determine the essentials of the experience and understand its ontological “constitutive elements” (Ulanovskij, 2007; Ulanovskij, 2005).

The ethics of the research were determined by the basic principles of openness to individual experience through listening, confidentiality, trust, and anonymity in working with everyone involved in the project and, first of all, with the father and the researchers. The text of the interview was read and discussed with project members in the course of seminars organized within the framework of the project.

## **RESULTS**

Findings. We considered the story to have an integral and complete message. Events in the father's lifeworld were interlaced in their temporal and spatial dimensions. Time and place perspective served as a way to interpret the experience of the “existence” of the father and became a sort of research matrix for studying it. This allowed us to see the lifeworld of the respondent in the context of the story of his family, his personal story, and his story as a parent.

*“I do not have health” (demographic family resources). The story we heard is the story of a*

person who has suffered from problems with mental development since childhood, which were resolved when he was 16 after receiving official 2nd-category disability status. The topic of disease in the family and the father himself became the binding thread for all other elements in the lifeworld of this person: “... My parents were compassionate and spoke to me kindly. I remember they told me I was a sick child... When I was little, I often fell ill and was often in an outpatient psychiatric facility. My mother had problems with blood pressure; she felt dizzy and did not go outside. She told me that she had a brother who was sick and used to leave home; he had a bad memory... My brother was aggressive, but he was compassionate towards me and did not hurt me. With my state of health, I couldn't work; I do not have health... I get my medications from a psychiatric hospital three times a year, my blood vessels contract, and I have bad headaches. I am so weak that I always want to sleep. When I sit down, I want to sleep... I have a disability category; I have a medical certificate issued by a professional medical expert commission; it says I have oligophrenia. Besides, I can't see almost anything... My desire to get well... My children often have cold-related diseases. My eldest son is skinny... Neither of them eat well; they were diagnosed with gastritis. My wife died of brain cancer.”

The poor health of his father, tragic life events, early death of his mother, his father's alcoholism, and death following his mother's death, then the death of his little brother from alcohol intoxication at the age of 36 and subsequent death of the wife and mother of their common children, divided the respondent's life into a “before” and “after” period: “... My parents were sick, first my mother died, then my father, he used to drink and died of alcohol... They died... And my brother died... He died stupidly, his girlfriend left him and he drank because of that... They passed away one after another, then my wife died... Now I am alone with two children...”

The course of the family history shows that the poor health of the father and his children is part of the “family heritage”, which controls his life. This history continues for N. His parents' pity for him formed his “helpless” identity and dependence on others. This dependence gradually transformed into dependence on “pills/treatment” provided by the outpatient psychiatric facility: “... my parents were compassionate, spoke to me kindly, I remember they told me I was a sick child... I receive my medications from the psychiatric hospital 3 times a year... I am afraid for myself, I am old... I want to ask the psychiatric clinic to let me live there... not to trouble anyone...”.

“... I was only sitting at home, almost never went outside...” (**cultural-educational family resources**). The process of learning is instituted in the “life space” of a person in various forms of “family” education and education “outside the family”. For N. “home”/ “family” and a special school for mentally retarded children became the main contexts in the educational space of his “lifeworld”.

The only formal education in N. “Outside the Family” was a school for mentally retarded children. He had no other opportunity to learn. Most of all, he liked to study crafts and mastered elements



of sewing, which allowed him to get a job at a garment factory and work there for 8 years, until his sick parents started to need constant care: “... I *studied at the special school for 8 years, this was a school for mentally retarded children... I did not like to learn... I liked crafts classes; I sewed aprons on a machine... I don't remember any teachers or classmates; it was a long time ago... I was lazy, I wanted to stay home with my mother...*”.

That is all. could tell us about his schooling. But even this small piece of text provides enough information. It is obvious that N. was interested in productive activities and saw tangible results from these activities. It is possible that important academic tasks were part of his schooling, but he did not recognize those tasks as significant for his everyday experience. What else could the school have done to educate N? Why was he unable to make any friends at school? Is this N.'s individual problem, or is this a problem of the approach to his education? And one more thing: did parental and teacher expectations of N's schooling match?

Family education also provided an opportunity to gain knowledge and competence in everyday life with cooking and cleaning. The “home” was the main place where he felt safe and where he “observed and learned life”. When, after finishing school, N. went to work at the factory (which was formally work from home), his father helped him master that work: “...*When I worked at the factory, I worked from home, I took foam plastic and made flowers... I made a flower and was glad if it turned out well, my father, of course, helped me... to connect the wire...*”

“... *I looked forward to the birth of a baby*” (**parental resources**). Parenthood brought N. a new experience: expectations and happiness from the birth of a child and the fear of not knowing what to do. He gained experience with time, but a second child was born, bringing a new aspect to the situation: “*I looked forward to the birth of a baby, and when my son was born, I was glad. At first, I did not help my wife, I did not know how and was afraid of hurting such a little baby... I washed the sheets; we bathed our son together... When my wife got pregnant again, I was not very happy, it was financially hard anyway...*”

There were not enough economic resources in the family to take care of the children. N. did not succeed in her role as a bread maker. Attempts to “earn” did not produce actual income. “... *But the family problems occurred quickly, my mother-in-law and wife told me to go to work. Then I went to sell sunflower seeds... Then the police started to chase us away from that place, trade was low, I could not sell anything... There was very little money... We fought because of that...*”

The mother and grandmother (maternal) of the children became the main actors in redistributing roles between the parents. The mother of the children took control of the situation and went to work. The father's responsibility was to take care of the children at home. As the children grew, the father lost his confidence as a competent representative of the children “outside the home” as his circle of parental

competence was limited “to the home”. The mother became the main mediator between the children and the “world outside” and a representative of the interests of the family and the children in social institutions such as nursery and secondary school...” Back then, *I stayed at home and my wife started to work when my second son was 1.5 years old... She was a hairdresser and had her clients... Only my wife worked and we lived on her salary... I took care of the children: we watched TV together; I cooked semolina or mashed potatoes. I cleaned the apartment, the balcony... I did not pick the children up from nursery school, my mother-in-law or wife did that; it was their decision. She also went to school, she said I might get something wrong, when the teacher talked to me...*”

N's parents also participated in the lives of their grandchildren, they helped: “... *I helped my parents, they made us good dinners, pastry!!!! They gave us food to go...*”

Over the years of raising of his children, the father formed an affection for them. Although the father's motivation for preferring one of the children is ambiguous, it is still possible to detect that he has more affection for the child who is easier for the father to cope with and who he feels more competent to parent: “... *I love my second son more, he is softer, calmer, he feels sorry for me, while the first son is very fast, he doesn't want to learn... The younger son does well at school, he is assiduous, goes in for sports...*”

“... *People do not understand me, do not help me... I'm almost alone (social family resources).* Since his childhood, N. has had limited social circumstances: “... *I was only sitting at home, almost never went outside... I had no friends... Did not play with my brother...*”

When N. had his own family, they were constantly getting help from parents: “... *They helped us as best they could... My mother-in-law and my wife always cooked meals, boiled, wholesome...*” Now that the father is bringing up his children alone, his only resource for help for the family is the grandmother (maternal): “... *Now my wife's mother cooks... She is so evil, but I do not argue with her...*” Yet, the main theme of the story is his loneliness and fear of being alone and unneeded: “... *It is probably just a fear that nobody understands me... The children don't understand me either... They only need me to give them money... Nobody understands me, only my parents did, but they're gone... I want to stay at the psychiatric clinic... or find a small room at a hostel... not to bother anyone... I go to my parents' grave often... There I look after the graves of my parents, my brother and my wife... It is so calm there, they don't need anything anymore, they just rest there... My place is near them...*”

The social context of the family included N.'s parents (both parents and little brother) and his wife's parents (mother). As the story shows, extended family relations were strong while N.'s parents were alive. These relationships provided emotional and financial support in bringing up the children. The current social resources of the family are much poorer. The maternal grandmother still helps to look after her grandchildren, assuming responsibility, first and foremost, for feeding them. The father is

practically excluded from the social context of these relations: “... *She does not like me; we have a bad relationship...*” Family ties with social institutions and specialists are practically non-existent. The only exceptions are utility service providers, which constantly remind the family about their utility debt for and N.’s regular visits to a psychiatric clinic in an attempt to get free medications: “... *I go to the psychiatric hospital three times a year for medications, but they cannot give them to me for free...*” Since N. has been alone, he has often been afraid that he will not cope with raising his sons and will not be needed when they grow up. “... *I am afraid for myself; I am old now...*”

“*I make cereal with milk for my children and with water for myself...*” (**economic family resources**). It has been a year since the mother of the children died. The father tries to cope with the difficulties, but the economic situation of the family is extremely hard. The family is classified as extremely poor. Table 2 represent data on the family incomes. All these incomes consist of social benefits and amount to around EUR 2 a day for the family of three (the father and 2 sons). This money is not enough even to satisfy their basic needs (food, clothes, home): “... *The money I get is barely enough for food... Now it is very hard for me, there is no money, the children are grown up and they need to eat and wear something... I am constantly hungry and want to pay for the utilities, because they ring the doorbell and demand that we pay for heating...Indeed, money to pay for the utilities, give pocket money to the children for school and buy food...When my wife was alive, there was not enough money either, she was sick and she also had a pension... But now the family in on the verge of poverty... We only cook vegetable soups and borsch, because it’s cheaper... The children like meat, milk, but we rarely afford that, because we don’t have enough money.... I make cereal for the children with milk and with water for myself... We have nothing to eat... I don’t eat much... We never celebrate birthdays, because it is very expensive and have no money... When I was a child, they gave me socks for my birthday, it was a good present, I needed socks... I don’t buy any clothes...*”

The father thinks that his family needs LEU 4,000 a month (approximately EUR 420) for a “normal life”. “... *I don’t know, I didn’t count... Probably, I need LEU 4,000 a month for my children...*” All the money is spent on the children: “... *Just recently, I got LEU 756 in pension and gave LEU 300 to my eldest son to buy trousers... He also needs shoes, he is tall, but skinny...*” Because of malnutrition the father gets tired fast and spends more time lying down; the children, in turn, were diagnosed with gastritis.

The family is LEU 3,000 in debt for utility services: “... *If I had a lot of money, I would pay the heating bills... I would give money to the children; they know better what to do...*” The father sees a way out in “... *the children finding a job, becoming the “bosses” A trainer proposed that my younger son should go to the sports school, but I did not allow him to... He often gets a cold and there he would need to undergo qualification... I want him to study to be a cook... It pays well, he will always be fed and it is*

not hard work... The older one wants to study to be a cook and the younger one said that he would be a businessman... I want to see my children happy, I want them to have a cool job as a cook, to find rich girlfriends... I would like to get well myself...” (Table 2 provides data of a yearly social benefits for the family in 2014)

**Table 2.**

*Categories of social benefits for the family and a yearly provision of them by the state* (Center of Human Rights in Moldova, 2015)

<b>Categories of social benefits for the family</b>	Categories of social benefits for the family (MDL to EUR on 07.03.2014)
<b>Social aid (the file is reviewed every year)</b>	MDL 4,000 a year (EUR 212)
<b>Disability pension</b>	MDL 756 (EUR 40)
<b>State social benefits for survivor children</b>	MDL 200 for 1 child MDL 200 for 2 children (EUR 21)
<b>Compensation for transport</b>	MDL 60 a month (EUR 3)
<b>TOTAL:</b>	MDL 1,216 per month (EUR 65)

## DISCUSSION AND CONCLUSION

The first essential that comes to mind is the ethical or moral aspect of the problem raised and what place special education occupies in this process. The concept of “class disproportionality” is one of the most discussed themes in scientific research with respect to the education of children and adults with special educational needs. If poverty is a risk factor for mental and cultural development and leads to marginalization and unequal access to education, special education must not be a place where such inequality is aggravated. The second is that analyzing the consequences of social exclusion of children and adults with special educational needs helps us to understand the essence of a new process in education: inclusive education (Malofeev, 2003; Walmsley, 2001; Walker & Walker, et al., 1997). The case represented in this research of extreme poverty in a family, in which the father suffers from intellectual impairment, shows how the combined effect of a number of social and economic factors, one of which is special education, structures the “lifeworld” of this man and his family by strengthening the experience of social exclusion and “helplessness”. This research raised two research questions. When answering each of them successively, let us note the following:

The father's lifeworld is intertwined in time and space with his stories about his parents, his family, and his personal parenting experience. The father's family history plays a key role in his parenting

and family experience. The poor health of his parents, the father himself, and his children is “determined” by previous generations and continues in the story of his family. The experience is structured by ways of coping with a situation of extreme poverty in conditions of extreme social exclusion. The demographic, social, cultural, and economic resources of the family constitute its everyday experience and demonstrate the class and socio-economic nature of this experience (Kilkey & Clarke, 2010). The family's resources—health, education, social context, and economic conditions—are extremely limited and dependent on social benefits. One question remains: is such a family a target for social services?

The essential elements in the structure of the family's lifeworld are unmet vital needs for food, housing, and clothing. The father cannot cope with his parental role of “being a bread maker” in the family, but he interprets this rather critically and identifies his role in the family as a “helper”. While taking care of his children, he understands the importance of sufficient food for them and denies himself, just as any other parent would do in his place. Through not satisfying his basic needs, he tries to satisfy his children's needs as much as he can and is worried about their future very much.

And finally, if poverty in this family is not only a part of family life but also a consequence of a systemic transformation undergone by Moldova, what will happen to such families in the future? Can they count on social conditions that would protect their children from any transformations in the future? In a society where each human being is a valuable societal member, there is no need to create “special” laws, including in the area of special education.

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**A COMPARATIVE ANALYSIS BETWEEN TRADITIONAL AND ALTERNATIVE EARLY  
CHILDHOOD EDUCATION, SUCH AS THE MARIA MONTESSORI METHOD, REGGIO  
EMILIA PEDAGOGICAL APPROACH**

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**ABSTRACT**

*This article aims to conduct a comparative analysis between early childhood traditional education and alternatives in primary education, such as the Maria Montessori method and Reggio Emilia approach. This article will be relevant and advisable for educators and parents to understand the key differences between each approach. There is no doubt that early childhood education plays an essential role in educating young minds. The question is how to find the best way to educate young children, what to choose: teacher-centered or child-centered models of teaching? Furthermore, from a parental view, the question is not only which method works the best, but also which one is more beneficial for “My Child”. Parents have difficulty choosing the right teaching option specifically for their children, which would help them become successful members of modern society in the future.*

*Taking into consideration our teaching experience of more than twenty-five years, along with researching many pedagogical and educational books and articles, we came to an interesting conclusion about both – traditional and alternatives in teaching young minds. Alongside, we discovered that no matter how beneficial is the true idea of any teaching method, unfortunately, not every school is a true barrier to the philosophy, theory, and teaching approach behind the school's name brand.*

*These and other disputable issues will be discussed in this article.*

**Key Words:** *early childhood traditional education, child-centered education, alternative primary schools, Montessori method, Reggio approach, independent learning, teacher's role, prepared*

*environment.*

## **INTRODUCTION**

The Montessori and Reggio pedagogical methods were both founded in Italy decades ago, and have successfully spread first throughout Europe, then to many other countries, including the United States and Canada, and are still effective today. The innovation or novelty of this article lies in the fact that the analysis will be made from several points of view: pedagogical, psychological, aesthetical, as well as parental. Relying on our personal work experience in childcare centers and preschools in the United States, as well as in Montessori Schools and preschools that adopted the Reggio Emilia approach as an early childhood alternative education, we will try to highlight the benefits and challenges of the above-mentioned pedagogical models.

Supporters of progressive education are looking to find out the best pedagogical approach for nurturing a child's independence, creativity, focus, critical thinking, and love for learning - important qualifications to be successful in the future. Is there a right or wrong in education? Maybe "One Model Fits All" doesn't work in teaching methods, since not every student learns the same way.

Even though there have been a few comparative studies designed to evaluate the relative benefits of teacher-centered and child-centered approaches, nowadays, the problem is still actual. As such, many times, during our observations of the parents at the playground, it was obvious that they were trying to share their thoughts and concerns regarding the right choice for primary school. Almost all of the parents observed had child or children ages 2 to 6 years old. They were looking for the best educational, safe, and natural environment for their children. In the current century, industrial development and the accelerating pace of life are distancing growing children from nature. Most of the children living in big cities have no idea how daily bread is prepared, or how fruits and vegetables grow and ripen in natural conditions. Children in developed countries have almost everything, but in their daily school life still are missing basic life skills and hands-on experience with everything natural.

## **LITERATURE REVIEW**

There are many discussions in today's world about students losing interest in learning and education. Year after year it gets harder to motivate students to read books, study and value the knowledge. This problem exists in many countries. "To get to a place where student motivation is a valued process and outcome, policies should inform the training of our next generation educators... Finally, policies should go beyond strict performance standards and consider multiple indicators of student success that include student interest." (Harackiewicz, Smith & Priniski, 2016). Interest is a powerful learning motivation since children are naturally curious. Beyond question, interest-based child learning (IBL) is more

effective. It allows the child to explore and expand their interests. According to some research, the more children participate in interest-based everyday activities, the greater the growth in the child's communication and language learning opportunities (Dunst, Raab & Hamby, 2016). Interest-based child-directed learning leads to a better engagement of the child with materials or people for a longer period compared to teacher-directed activities.

Even though education officials are working to find the perfect solution, it is hard to find a panacea that works the best for every student. For instance, there are school programs that encourage parental involvement in class, which helps with children's smooth adaptation to the school environment, and there are parents who are actively engaged in their children's education to improve their attendance, behavior, and social skills. Some schools are trying to integrate alternative education models such as the Montessori pedagogical method or Reggio Emilia educational approach to improve the situation.

Let's bring some numbers for comparison:

According to "Association Montessori International" there is a report article from the 2022 Global Montessori Census that estimated 15,763 Montessori schools in 154 countries around the globe (Debs, et al., 2022). Countries with the largest number of Montessori schools are the United States, China, Thailand, Germany, Canada, and Tanzania. The United States, Thailand, the Netherlands, and India have the largest number of government-funded or public Montessori programs. According to the American Montessori Society (AMS) only in the United States there are 5,000 Montessori schools, 4,500 of them are private, and 500 schools are public Montessori schools. These numbers show that 10% of total Montessori schools are public. Furthermore, according to the Montessori Foundation, International Montessori Council (IMC), and Montessori Family Alliance (MFA) there are approximately 22,000 Montessori schools worldwide and this number is rapidly expanding.

According to Reggio Children International Network, there are 5,000 Reggio Schools in the world in 34 countries, in all the continents. Only in the United States, there are more than 1,200 schools that fostered Reggio Emilia Approach. The number might be more than that since there are many private or charter schools in the country, that are calling themselves Reggio-inspired schools.

However, based on our experience, we can see that the fostering of these educational methods is sometimes interpreted and applied not the way they authentically should, disqualifying or weakening the real values, capabilities, and philosophy behind each method. The purpose of this paper is to provide detailed research and discussion of the methods above, as well as the study and presentation of the advantages and downsides of each method when applied or adopted in modern preschools and kindergartens. But before we discuss the scientific theories, let's talk a little about the person behind the presentation of any teaching method, the person who shapes our future citizens and society, let's talk about teachers and their important role in any educational field.

Being a teacher is not just a profession, it is a way of life. It takes a lot of effort, patience, strength, and dedication to teach not only how to read, count, and write; but also to teach how to make friends, respect family values, and live according to the universal rules. There is nothing new under the sun. Let's take a short excursion into ancient history.

For centuries the question of “How” to educate children has found its place in the works of philosophers, pedagogues, and psychologists. For example, despite Plato's work "Republic" being more about justice, there is also a dialogue presenting his beliefs on aesthetic education and education in general: “Education in music (which includes speeches) begins with the telling of tales in the earliest years of childhood because that is when people are most pliable. Tales must be strictly censored because young children are malleable and absorb all to which they are exposed. Through the telling of carefully crafted tales, mothers and nurses will shape their children's souls (377c)” (Dillon, 2004).

Since ancient times, V-IV centuries BC in the schools of ancient Rome, Athens, and Sparta there were formed programs aimed at the educational goal for children. The programs mentioned above differed from each other in content. However, one of the key identical goals was identifying and developing the positive characteristics of a person, as well as the transfer of knowledge. Dr. Jason from the University of Pennsylvania described Plato's work in his detailed research discussion of "Plato's Allegory of the Cave": Education might appear to be putting knowledge into the empty vessel of a soul. "True education consists in reorienting the soul in the proper direction" (Jason, 2017). Education, according to Plato, should be started from an early age, since the most important thing for the young is the beginning.

Let's have a closer look at today's early childhood and bring some numbers. According to the National Center for Education Statistics (NCES) in The United States: there was a total of 70,055 public prekindergarten, elementary, and middle schools in 2020 - 21. There was a total of 18,870 private prekindergarten, elementary, and middle schools in 2019 - 20. This number will increase if we take into consideration many private preschool centers and family daycares with traditional early childhood education.

Traditional early childhood education is teacher-centered. Playtime in child-care centers occurred between teacher-guided lessons. They do have an inflexible, very structured, and routine-based program, and the children's progress is based on the success of the majority of students. Classes, as a large group of same-age children, are following the same lesson, there is no individually tailored approach towards each student's level of development or abilities. In traditional preschool the classroom setting is different: often colorful and visually busy, full of toys. Preschool classrooms have designated areas or stationaries for different types of play such as block building, puzzles, etc. There is an area where imaginative role-play takes place, which is very important for children to gain communication and

problem-solving skills, creativity, and self-esteem; it is also a fun method to involve kid's fantasy and learn about many professions by using themed props, or everyday life situations when children pretend to be a nurse or a teacher, policeman or a firefighter and so on. During the day children could choose what to play with, but the schedule is pretty pre-determined and the children will rotate through activity stationaries. There are other activities for kids provided by their teacher like story time, finger plays, music, and art.

Let's come back to our topic to compare the traditional and some alternative methods in early childhood. In modern society, there are multi-content programs and methods of primary education. Educators and parents understand deeply the importance of a good start. In 20th-century Europe, alongside traditional educational methods, some new approaches in early childhood education were founded, which were so effective that they immediately found their followers around the world.

Below we will introduce the basic ideas of two child-centered educational methods in primary education, with some historical facts and pedagogical philosophy. Then, we will share our thoughts based on our working experience. To conclude, we will discuss the advantages and the downsides of each approach: Traditional compared to, Montessori and Reggio in Primary Schools.

**The method of Maria Montessori** and the schools bearing the name "Montessori" are widely spread around the world. In classical pedagogy, education is considered to be teacher-centered and controlled by the teacher. Meanwhile, the Montessori method is considered to be a child-centered approach, since the center of Montessori's educational philosophy is the child, with his self-directed activity, and individual learning based on his developmental stage and interests.

The first Montessori environment was opened on January 6<sup>th</sup>, 1907 in San Lorenzo, Rome (Italy) by Italian physician and educator Dr. Maria Montessori. It was called "La Casa Dei Bambini" which means "The House of Children". She was the first female doctor in Italy. At the beginning of her career in 1890-1900, she was working with children who were developmentally delayed (Kramer, 2017). Maria Montessori gave such a description of her work: "I don't know what came over me but I had a vision and inspired by it, I was enflamed and said that this work we were undertaking would prove to be very important and that someday people would come from all parts to see it." (Montessori, 1949). Later, through observation and work with children, Dr. Montessori discovered their astonishing, almost effortless ability to learn. Children taught themselves. "...We discovered that the education is not something which the teacher does, but that is natural process that develops spontaneously in the human being/child" (Montessori, 1949).

In other words, when we educate the child, the focus should be on the child and his activity rather than the teacher's talk. It is important to take into consideration the child's developmental stage, and interests. Maria Montessori's theory is about children's sensitive periods – critical stages in human

development when they can learn a subject the best. The child has the power to teach himself. The child absorbs the impressions from his surroundings, not with his mind, but with his life itself. Those impressions did not just enter his mind, they formed it. The child creates his mentality using everything he finds in the world around him. This type of mentality Dr. Montessori called the "Absorbent Mind". Besides many articles and books, she gave a detailed description of it and the Montessori theory in the book with the same title "The Absorbent Mind" (Montessori, 1949). The discovery that the child's mind can absorb knowledge and gain experience on its own explains, that adults or teachers should help the child's mind in its work of development: with knowledge of sensitive periods, active discipline, special educational methods, and the prepared environment. When Maria Montessori speaks about discipline, it is not the discipline that an individual mutes or is silent. We can call the individual disciplined if he/she can regulate himself when needed and knows how to follow some rules. Maria Montessori also mentioned that the "Liberty" of the child should have its limit. Besides the main five curriculum areas and the learning subjects of Montessori, she was paying special attention to children's aesthetic education, including "Grace and Courtesy" as a part of practical life skills. The five curriculum areas of Montessori educational method are:

- Practical Life Activities (including care of self and care of the environment) and Grace and Courtesy;
- Sensorial (exploration and exposure to sensory information such as shape, dimension, color, smell, taste and texture);
- Mathematics (introduction of quantity and numbers, then gradually moving from concrete to abstract thinking - place values, addition, subtraction, multiplication, and fractions);
- Language (listening skills, comprehension, vocabulary, reading and writing skills);
- Culture (introduction to history, zoology, botany, science, art and music, cultural studies and geography).

The Montessori method is based on scientific observation of children, which is recorded by the teacher every day. It values the development of the whole child: social, emotional, mental, aesthetical, physical, and cognitive. There are many unique components regarding the Montessori primary classes: mixed-age children's groups (3 to 6 y.o.); specifically created didactic, self-correcting materials; three-hour time frame of work, guided by a specially trained educator, the prepared environment and of course scientifically designed method, which emphasizes self-directed activities, individual and group work/play, hands-on learning. The aim of all these activities is a sense of order, concentration, coordination, independence, and child-nature interaction. It is meaningful to present a citation from the book of Paula Lillard, the educator, whose books related to Maria Montessori's life, works, and method were translated into multiple languages and presented to teachers and parents globally: "In today's world

children do not have this needed relationship with nature. In our time and the civilized environment of our society children, however, live very far distant from nature, and have few opportunities to enter into intimate contact with it or of having direct experience with it... We have all made ourselves prisoners voluntarily, and have finished up by loving our prison and transferring our children to it" (Lillard, 1972). Unfortunately, this dilemma still exists today.

The next pedagogical approach we would like to present is the Reggio Emilia. According to "Handbook of International Perspective on Early Childhood" (Edwards & Gandini, 2018) the Reggio Emilia approach is an internationally known educational philosophy and pedagogical approach to early childhood education. This approach was created by the Italian teacher, philosopher Malaguzzi (1920-1994) in Italy in the city with the name Reggio Emilia.

Reggio's educational approach emphasizes child development based on the expression of children through different "Natural Languages" like dramatic play, music, drawing, painting, sculpting, baking, and preparing food. In "Reggio Emilia Atelier" (a term used instead of class or environment) the educators (educator with a creative art background who works with classroom teachers to guide students' learning experiences, who also takes care of ongoing documentation of students learning and progress). "Attelierista" pays close attention to every detail in the classroom, since the environment is considered the "Third Teacher" which should invite children to create and stimulate their imagination. It is a child-centered approach, where children are the initiators of their learning process without following a strict curriculum. The focus is on collaboration, hands-on exploration, and classroom learning projects. Reggio's theory promotes children's development, based on children's self-expression, based on their interests, for example, painting, music, sculpture, dramatic play, etc. According to the Reggio Emilia theory, everyone has the right to education, especially children. Society must educate and raise children, which will enable the discovery and development of the individual. In Reggio schools, alongside following their natural interests, children are learning how to live and work side by side without restricting each other's freedom, and how to communicate with each other peacefully.

The Reggio Emilia school is equipped with so-called workshops, where there is a large kitchen for daily food preparation or baking bread. All this is also a teaching environment, where educators record student's creative processes and where direct participation of children's family members is welcomed. Thus, teaching at the Reggio Emilia School has a creative nature. For example, paints used in painting can be obtained from natural materials like spices, flowers, vegetables, and so on. After obtaining the main colors, yellow, red, and blue, by mixing those colors children can get the necessary shades or secondary colors. The teacher is guiding children to achieve the desired goal through various experiments. Reggio Emilia school's furniture is mostly made of natural materials, classrooms are provided with toys or natural objects, stimulating children's development. Engagement with nature and

everything natural like shells, stones, flowers, and baskets also helps children to appreciate beauty and nature. Teachers observe and record students' work and discussions. Usually, all those observation results or events are presented to parents in the form of notes, photos, or videos. All this makes the learning more visual and helps parents understand what children are learning in school, as well as helps children feel the importance and appreciation of their work.

## **METHODS AND RESULTS**

In this article, we used the case study method, as well as the method of observation. Since as a teacher, we had access to students' natural, real-life school environment, we had an opportunity for direct behavioral observation for a long period. To demonstrate ideas or theories, we used a case study, which is a method in psychology to gather comprehensive data that would help understand a particular situation or individual. It is a comprehensive, qualitative research of a single person or occasion that offers in-depth knowledge and insight into the subject's behavior, experiences and thought processes. In case studies we often use observations, interviews, and the investigation of records, papers, and other artifacts. Case studies can be used in various fields: psychology, medicine, education, anthropology, political science, and social work. The purpose of a case study is to learn as much as possible about the individual or group to explore the complexity of human thoughts, behavior, patterns, and themes (Crowe, et. al., 2011).

Our case study was based on several observations: My pedagogical journey started first as a music teacher in traditional schools and preschools long ago. Later, in addition to that, I started to work in Montessori schools and schools that fostered a Reggio-inspired approach. In traditional schools, I have seen more or less similar classrooms. In schools with alternative teaching approaches the classroom structure had notable differences. Years ago, I was working in Boston (Massachusetts, USA) as a teacher and music teacher in Montessori Primary Classes. What captured my attention the most, was the difference in children's behavior. In addition, despite preschool children's short attention span, I noticed that the Montessori students were able to concentrate their attention and learn more challenging things in music like music theory. For the fall season, I prepared same level music program for kindergarteners of all of these schools for the same period. Usually, the music teaching program for preschool-age children consisted of songs, movements, tap and clap rhythmic and educational musical games, playing on some musical instruments, and so on. In one word, it was the music teacher's job to create an engaging, fun, and entertaining musical atmosphere for children. I worked with many preschool children with different learning or musical abilities, that were trying to do their own best. Only in Montessori primary classes, my experience was quite different. Students were able to concentrate more and listen carefully, they were trying to create a simple melody and play it on the xylophone. I even started to



expand the program and give them more details regarding basic music theory. When I was spending more time introducing classical composers, music history, and periods like the baroque or classical era, and discussing the characters in opera or ballet, Montessori school students were able to absorb all this information and ask interesting questions to learn more. This was in contrast with traditional primary classes, where the children were getting a bit tired, I was trying to give the same-age students more detailed and expanded information. Of course, it might seem boring for primary school students to attend a program that suits higher elementary school-age children. To monitor whether the student understands the topic, it is important to see if the child can explain it in his/her own words. So many times, parents were commenting on how their children were trying to explain or talk about this or that opera's characters at home. Parents were surprised by their preschool children talking about the Baroque or Classical period in music, as well as sharing their knowledge about Beethoven, Mozart, or other composers and their famous compositions. That was good proof that students in Montessori were truly engaged in the subject and were able to learn a program that was tailored for students of specialized music schools.

I would like to discuss another case, that I observed in Los Angeles, California. This case is about a kindergartener, let's call him Dave. He was a student in a traditional kindergarten. He was very mature and for his age had advanced knowledge in mathematics. Once he told the teacher, that he knows how to multiply, while other students were just trying to count and write the numerals. Instead of encouraging and giving him advanced math problems to exercise, the teacher just told him: "Well, Dove, that's good, but please do not move forward, please do what everyone is doing". "But I do know how to write or add the numbers already, please give me something challenging", asked the student. The teacher told him, that he needed to follow the class rules and follow the same lesson that his classmates were working on. He was an out-of-the-box thinker, with a bright mathematical mind, but instead of encouragement or an opportunity to work on challenging math problems, he was forced to step back and just write the numerals. Who knows, maybe he is the future Einstein... We don't know. Meanwhile, in Montessori school, every student was observed to understand the student's interests. The goal for each student is to achieve the next level of challenge in the area of his/her interest.

Now let's talk about another case, that I observed in Los Angeles, California. Years ago, I worked as a co-teacher for a school with the Reggio Emilia approach. Once my colleague asked me if I knew any other language besides English. I answered that I speak Armenian, Russian, a bit of German, and Italian. Since I am a musician, the last two languages I learned through classical songs and due to traveling to those countries. She suggested that it would be nice if we could teach children how to greet in different languages. I answered: "Why not? We can do that". In addition, I suggested that I actually could sing German and Italian folk songs. Furthermore, children would be able to listen and remember

how those foreign languages sound; it could help them in the future to learn those languages. But then I was surprised and, at the same time, a bit disappointed with her explanation and interpretation that there is a term in Reggio's approach to "The Hundred Languages of Children," - that is why she wanted to take this opportunity to teach children maybe a couple of phrases in different languages, other than the mother tongue. What a misinterpretation... I understood that she heard about Loris Malaguzzi's book the «Many Languages of Child», but her interpretation was quite incorrect. "A Hundred Languages" that were mentioned in the book are the many ways of self-expression through different talents, interests, endless forms, and abilities that children have, for example, drawing, sculpturing, creating music, and so on.

Based on our observation, it is very important who is providing the educational method. No matter how good is the school's reputation or the main concept of the method, the most important aspect is how professional and experienced is the educator that carries out that method to provide the lesson.

Teachers should be able to deeply understand, that behind every teaching theory or approach, there is a complex of concepts, systems of ideas, and philosophy about the teaching process. They should know how to present and teach the learning material. "The knowledge required for teaching can be divided into three groups: knowledge needed for practice, knowledge used in practice, and knowledge about practice" (Krivokapic, 2018).

## **DISCUSSION**

Despite emphasizing the importance of a professional and experienced teacher, who carries out the educational method, we also would like to show that there are advantages of Montessori education in primary schools.

The above-mentioned alternative pedagogical methods - Montessori and Reggio were founded in Italy. They are both based on the same cultural values and both methods emphasize children's interaction and connection with nature. Both methods promote child-centered and self-guided education. Montessori classrooms are specially prepared, and structured and have 5 main curriculum areas. Most Montessori-specific materials have built-in control of error and students are focused on independent learning, where the teacher doesn't need to step in and correct students, pointing the mistake, as in some traditional early education programs. Students are discovering the right way by themselves. Reggio classrooms are more flexible and open-ended and they focus on play-based collaborative learning. Maria Montessori was following Piaget's ideas of the self-taught child and developmental stages. In Reggio Emilia's approach, Malaguzzi was following Vygotsky's ideas, that children learn through social interactions between adults and students.

Traditional primary schools have standardized programs. There is no flexibility to allow

individualized learning to discover the full potential of each child. Teachers constantly teach the group of children the same way, often using rewards and punishments. Students in traditional classrooms are passive learners. The traditional classroom consists of desks and chairs in rows and most of the time children sit there passively, listening to teachers, repeating for example some facts or numbers taught to them. Students are memorizing things by heart, instead of real learning of the concept. A teacher is the center of the rule-maker. Children can speak only when they are allowed to. In-group learning often creates an atmosphere of fall competition.

In Reggio Emilia school teachers work alongside the students discussing ideas and helping each other with the final decision or outcome. In Montessori school teacher presents the idea or work, often with three three-period lesson (introduction, recognition, recall), then observes how a child comes up with his/her ideas and guide them as needed.

In general, it is not easy to have an active discipline in the classroom. That is why the Montessori technique, method, and special and prepared environment around the child is beneficial to have an active class, where each student is independently working with a material he or she is interested in, at the same time there is no chaos. Students are focused and disciplined. Mixed age classroom idea is also helpful in this case, younger kids also look to their older peers and learn problem-solving skills, and older children in the class take care of and help their younger friends if there is a challenging situation.

Reggio Emilia classroom is a model or an extension of society and emphasizes social interactions between adults, and children and invites cultures and community into the classroom. For example, they could invite a professional musician or an artist to the classroom. Who knows, maybe it would help a student to come up with a new hobby or even a future profession.

The Montessori Method is a Cosmic/Universal Education. Everything has an order and sequence. The word "Kosmikos" or "Kosmos" in Greek means order. The term Cosmic Education in Montessori Philosophy refers to a child's gradual discovery of order, a global, universal view of the past, present, and future. Like the solar system, the planets, the Earth, and all the animals and humans, all the creatures are many components of a large mosaic, the same way the cosmic task is to find the way for a human being in this mosaic of life. So, an adult's or teacher's job is to help the child find his place in the world that he is learning about and make it a better place to live. The primary goal of the routine in the Montessori classroom is to provide a setting that nurtures concentration and work. That is why children are given choice and meaningful, appropriate set of materials and activities for their age development stage. "The environment must be rich in motives which lend interest to activity and invite the child to conduct his own experiences." (Montessori, 1949)

Reggio Emilia-inspired approach is more difficult because clear standards and criteria for what constitutes such schools are perhaps even less defined than for Montessori education (Landi & Pintus,

2022). Both Montessori and Reggio schools are associated nowadays with a life philosophy and quality education. Unfortunately, many Montessori or Reggio schools bear the name only, without a core understanding of method or philosophy. It is hard to find authentic Montessori or Reggio schools. It is also not easy to find creative, caring, well-educated teachers with a deep understanding of the teaching method. Teachers are playing a huge role in shaping students future. Students are imitating the way teachers talk, mimic, move, and dress. Imitation is not just copying; it is much deeper than that. I would like to bring in the citation of the psychologist from the University of Belgrade - Krivokapic: "Pupils' imitation of the teacher's behavior is one of the most important forms of learning according to the opinion of American psychologist Albert Bandura. The pupil imitates behavior patterns, social values, attitudes, and skills or modifies traditional ways of behavior. Imitative learning has a great potential, greater than other ways of learning" (Krivokapic, 2018). According to some researchers: "Individuals learn and adopt behaviors by observing others. Individuals that are observed are called models" (Fryling, Johnston, & Hayes, 2011). Children by paying attention and observing many influential models (parents, friends, teachers, TV, and media characters) may imitate their behavior.

## **CONCLUSION**

We concluded that in the civilized world, alongside traditional school programs, alternative educational programs are of great interest, especially for children of younger school age, and that traditional and alternative educational methods have their advantages and downsides. The traditional pedagogical method is more structured and has fixed subjects and a standardized curriculum. An alternative child-centered approach is more flexible and suitable to the child's learning and interests. As we can see individualized learning is beneficial to discover a child's potential and to support a child's natural learning of self-discipline. There is a famous anonymous quote, that would support our conclusion the best "Everybody is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid."

At the same time, we want to emphasize the importance of professional educators. Every student is capable of learning, but each child learns differently. An experienced educator should be able to address all the learning styles and use the right teaching method since we expect students to succeed. A caring, loving, and well-educated teacher gives a part of himself/herself to his students every day. It is one of the most difficult and noblest professions. They have the privilege of shaping our future doctors, lawyers, engineers, musicians, or scientists. We would like to conclude with another quote from world-renowned American psychiatrist Menninger: "What (Who) a teacher is, is more important than what he teaches".

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## CHILD WITH AUTISTIC SPECTRUM DISORDER: CARE AND CHALLENGES

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### ABSTRACT

*Autism Spectrum Disorder is a multifaceted neurodevelopmental condition, presenting unique challenges for children and their families. Characterized by a wide spectrum of symptoms and challenges, autism presents a unique set of demands on caregivers, educators, and healthcare professionals. The journey of raising an autistic child is a multifaceted one, requiring a deep understanding of the child's needs, strengths, and potential. In this article, we embark on an exploration of the intricate care and challenges that accompany raising an autistic child, while also shedding light on the recent scientific advancements that have transformed our approach to this condition. This article explores the care and challenges associated with raising autistic children, incorporating recent scientific advancements.*

*The purpose of this article is to provide a comprehensive overview of the care and challenges associated with raising an autistic child, while also highlighting the scientific advancements that have shaped suggested approach to autism care. The critical areas such as early diagnosis and intervention, the role of Individualized Education Plans, sensory sensitivities, family support, and the transformative potential of advancements in assistive technologies will delve into within the frame of this paper.*

*Understanding the unique needs of autistic children and addressing their challenges requires a comprehensive and up-to-date knowledge base. Autism is a condition that manifests differently in each individual, and recent scientific advancements have greatly expanded our insight into its complexities. By navigating the evolving landscape of autism research and care, it is possible to provide more effective support to children with autism and their families.*

**Keywords:** *Autism Spectrum Disorder, autistic children, care, challenges, family, raising the autistic child, transformative potential.*

## INTRODUCTION

In the modern world, there are many studies reflecting to children with Autism Spectrum Disorder and problems related to their everyday life challenges and care. Still there is a great need to investigate the problem in any aspects within the existing changing word and rapidly changing environment and demands. Autistic child is unique and very special. Child's family and specialist working with him often experience difficulties in the development of the cognitive, emotional and behavioral spheres of the child.

Parents and caregivers of autistic children commonly face challenges related to communication, sensory sensitivities, and access to specialized services. These challenges can be both emotionally, psychologically, physically, socially and financially taxing.

Nowadays, autistic child intervention requires holistic approach including, social and educational areas, with the wide range of specialists and interventions. Thus, the presented main features of care and challenges need to be investigated, identifying the causes of the manifestation and ways to overcome existing problems can be important in organizing effective work with children with Autism Spectrum Disorder.

## LITERATURE REVIEW

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition that profoundly impacts the lives of individuals diagnosed with it and their families. ASD is not a one-size-fits-all condition; it is a spectrum, encompassing individuals with varying abilities and needs. For example, the prevalence of autism has been steadily increasing in recent years, with estimates suggesting that approximately 1 in 44 children in the United States is now diagnosed with ASD (Maenner et al., 2020). As a result, autism has garnered increased attention from researchers, clinicians, and the broader community, leading to a deeper understanding of its complexities.

**Early diagnosis and intervention** are fundamental components of effective care for autistic children. Early intervention considered to be a pivotal, with the American Academy of Pediatrics recommending universal autism screening at 18 and 24 months (Johnson et al., 2020). Early interventions, like Applied Behavior Analysis, speech therapy, and occupational therapy, have shown significant promise in improving communication and adaptive behaviors (Dawson et al., 2010). Research by Johnson et al. (2020) underscores the significance of early detection through universal autism screening, allowing for timely access to intervention services. The importance of early intervention is further exemplified in studies like the one conducted by Dawson et al. (2010), which emphasizes the potential for enhancing communication and social skills in young autistic children through different interventions.

While reflecting to the child education, the role of **Individualized Education Plans (IEPs)** in the education and development of autistic children cannot be overstated. Enshrined in the Individuals with Disabilities Education Act (IDEA, 2004), IEPs represent a personalized approach to education that is collaboratively developed by parents, educators, and specialists. These plans cater to the unique strengths and challenges of each child, ensuring that their educational experience is tailored to their specific needs.

**Social Skills and Communication** the prominent challenges that autistic children often face. Many research studies have delved into interventions and strategies to enhance these critical areas of development. Social communication difficulties are a hallmark of autism, and they can significantly impact a child's ability to interact with peers and adults (American Psychiatric Association, 2013).

Recent research by Kasari et al. (2020) has shed light on the effectiveness of social communication interventions. Their study highlights the benefits of targeted interventions that focus on improving social engagement and joint attention in autistic children. Such interventions have the potential to enhance the quality of social interactions and improve communication skills.

In addition to traditional therapies, technology has played a crucial role in supporting social and communication skills in autistic children. Mobile applications and software programs have been designed to provide visual supports and social stories that aid in communication (Ramdoss et al., 2012). These technologies can be particularly valuable in facilitating communication and fostering social interaction.

**Sensory sensitivities** are prevalent among autistic children, necessitating sensory accommodations, including sensory-friendly environments and tools (Baranek et al., 2018). This environment should be organized at home, in kindergarten and school, and the role of professionals and family is crucial here. Sensory sensitivities are a pervasive aspect of autism, affecting the daily lives of many autistic children. Recent research by Baranek et al. (2018) highlights the impact of sensory sensitivities on social symptoms. This research emphasizes the significance of sensory accommodations, which include creating sensory-friendly environments, implementing sensory diets, and providing sensory tools. Such accommodations are vital in mitigating sensory challenges, enhancing comfort, and ultimately improving the overall well-being of autistic children.

**Family support** is crucial, with families benefiting from support groups, counseling, respite care, and access to resources (Smith et al., 2021). The demands placed on families of autistic children are substantial, requiring robust support systems. Smith et al. (2021) delve into the unmet needs and caregiving burden experienced by families of autistic individuals. They stress the importance of support groups, counseling services, respite care, and access to resources in alleviating the challenges faced by families. Adequate family support not only helps caregivers navigate the complexities of autism but also



plays a pivotal role in fostering a nurturing environment for the child. Valuable resource for parents, families, caregivers, educators, and healthcare professionals navigating the unique challenges and opportunities that come with raising and caring for autistic children need to be developed and provided. The guidance, knowledge, and inspiration to those involved in the lives of autistic children need to be always available.

In recent years, the field of autism care has witnessed transformative **advancements in assistive technologies**. Ramdoss et al. (2012) conducted a systematic review highlighting the potential of computer-based interventions in improving social and emotional skills among individuals with ASD. Augmentative and alternative communication (AAC) devices, mobile applications, and virtual reality interventions are examples of innovative technologies that offer promising avenues for enhancing communication and social interactions in autistic child. Understanding and implementing these aspects of care can significantly enhance the quality of life for autistic children and their families.

The literature reviewed here underscores the multifaceted nature of autism care, emphasizing the significance of early diagnosis, personalized education plans, sensory accommodations, family support, and assistive technologies. These key components collectively contribute to a holistic approach to caring for autistic children. By staying informed about evidence-based practices and drawing from the latest research findings, caregivers, educators, and healthcare professionals can enhance their ability to provide effective support and care to autistic children, ultimately enabling them to thrive and reach their full potential.

Thus, the objective of the current study is to provide an in-depth exploration of the challenges faced by parents and caregivers of autistic children, shedding light on their experiences and needs.

Based on the conducted literature analyses as well as the situation in the filed in Armenia, where actually very few researches is conducted, the research question has been formulated as follows: ***What are the most common challenges faced by parents and caregivers when raising an autistic child?***

The objective and the research question aim to provide a comprehensive overview of the care and challenges associated with raising an autistic child, drawing from both existing research and real-world experiences. They address critical aspects of autism care, from early diagnosis to education, sensory sensitivities, family support, and the role of technology and inclusion.

## **METHODOLOGY**

Focus group discussion, as a qualitative method for collecting information from family members, parents or caregivers of children with ASD as research respondents by asking multiple open questions has been used as the main method for conducting this research. A focus group is a group interview involving a small number (in this case 12) of demographically similar people or participants who have

other traits/experiences in common depending on the research objective of the study (Definition of focus group, 2016).

**Data collection**

As a whole 12 participants took part in the conducted focus group discussion with the duration of 65 minutes. The number of participants and related groups is shown in the table 1.

**Table 1.**

*Participants of the study*

N	Participant	Age of the participant	Age of the child
1	Mother 1	34	6
2	Mother 2	28	4
3	Mother 3	42	8
4	Mother 4	31	6
5	Mother 5	36	7
6	Father 1	40	9
7	Father 2	38	8
8	Grandmother 1	64	8
9	Grandmother 2	66	10
10	Grandmother 3	60	5
11	Personal care giver 1	35	8
12	Personal care giver 2	42	7

The table indicates, that the majority of research participants are mothers (with the average age 34) and grandmothers (with the average age 64). The focus group discussion has been held in “Arevamanuk” child development center, where all children with ADS visit daily.

**Data analyses**

Within the frame of current study, the content analysis research method is used to examine and quantify the existence of certain words, subjects, and concepts in the transcribed text. This method helps to transform qualitative inputs to help the researchers make reliable conclusions about what parents think of the current situation connected to care and challenges related to daily activities of child with ADS. The content analysis had been conducted manually.

**RESULTS**

As a result of collected data analyses the following themes emerged. Still, it's important to note that these challenges can vary widely among families, depending on the individual needs and

characteristics of the autistic child. Additionally, while these challenges are common, many parents and caregivers also experience moments of joy, growth, and fulfillment in raising their autistic child.

1. **Difficulty in Communication:** Many parents and caregivers of autistic children commonly face challenges related to communication. Autistic children may struggle with verbal communication or exhibit limited speech, making it challenging for parents to understand their needs and emotions.

2. **Managing Sensory Sensitivities:** Sensory sensitivities are a prevalent challenge. Autistic children may be hypersensitive or hyposensitive to sensory stimuli, leading to discomfort, anxiety, or meltdowns in response to certain sounds, textures, or environments.

3. **Limited access to Specialized Services:** Accessing specialized services, therapies, and educational resources can be a significant challenge. Parents may encounter barriers in navigating the healthcare system, securing therapy appointments, and obtaining appropriate educational support for their child. In Armenia they experience difficulties in finding the services required and appropriate for their child. In many cases they need to choose whatever exist in the market.

4. **Social Isolation:** Both parents, family members and caregivers may experience social isolation within Armenian society due to the unique needs of their autistic child. This isolation can result from difficulties in finding social activities that are inclusive and accommodating for their child's sensory sensitivities.

5. **Financial Stress:** Providing for an autistic child's needs can be financially burdensome. Costs associated with therapies, medications, and assistive technologies may strain family budgets, causing stress and financial difficulties. This issue very often can be reason of family quarrels and misunderstandings between parents.

6. **Coping with Challenging Behaviors:** Parents and caregivers often face the challenge of managing challenging behaviors exhibited by autistic children. This may include aggressive outbursts, repetitive behaviors, and difficulties in self-regulation. Within society this kind of behavior is very often misunderstood.

7. **Balancing Family Dynamics:** The needs of an autistic child can impact the dynamics within a family. Siblings may require additional attention, and parents may need to find a balance between meeting their child's needs and maintaining their own well-being.

8. **Advocating for the Child:** Advocating for an autistic child's rights and needs within educational, social and healthcare systems can be demanding. Parents may need to become strong advocates to ensure their child receives appropriate support and accommodations.

9. **Emotional Stress and Burnout:** Providing care for an autistic child can be emotionally taxing, leading to stress and burnout among parents and caregivers. Emotional well-being and self-care often become essential but challenging priorities.

**10. School and teacher Collaboration:** IEPs should encourage collaboration between teachers, specialists, and parents. Effective collaboration can lead to more comprehensive support for the child, ensuring that educational goals are aligned across different settings. But in real life not everything so easy and there is a gap between school and parent cooperation in the schools. The schools are not ready to admit and accept a child with ADS.

**11. Uncertainty about the Future:** Parents and caregivers often face uncertainty about their child's future, including concerns about independence, long-term care, and the availability of resources and support as their child grows older.

## **DISCUSSION**

Recent scientific advancements in the field of autism research have revolutionized the understanding of this condition and its management. This article's scientific novelty lies in its incorporation of the latest research findings and evidence-based strategies for supporting autistic children and their families (Johnson et al., 2020; Dawson et al., 2010; Individuals with Disabilities Education Act, 2004; Baranek et al., 2018; Smith et al., 2021; Ramdoss et al., 2012). By exploring the nuances of autism care and drawing insights from current literature, it was aimed to provide a valuable resource for parents, caregivers, educators, and healthcare professionals navigating the unique challenges and opportunities that come with raising and caring for autistic children.

In this journey, the reviewed authors and delve into critical aspects of autism care, ranging from early diagnosis and interventions to individualized education plans, sensory sensitivities, family support, and innovative assistive technologies. By drawing from the latest scientific research and evidence-based strategies, within the frame of this study it was aimed to provide insights and guidance that will benefit parents, caregivers, educators, and healthcare professionals in their efforts to support autistic children in realizing their full potential.

## **SUGGESTIONS AND ADVICES**

The literature review and further data analyses have highlighted key challenging areas of the intervention in the care of autistic children. These areas in global perspective encompass social skills and communication, sensory integration and regulation, and education and inclusion. While much progress has been made, ongoing research and innovation are essential to further enhance our understanding of autism and improve the quality of care and support provided to autistic children and their families.

This study provides valuable insights into various aspects of autism care, including interventions for social skills and communication, strategies for addressing sensory sensitivities, and the impact of

inclusive education. The findings of these studies contribute to our understanding of effective approaches to supporting autistic children and improving their quality of life. Thus, the following tips are suggested to be taken into account by the persons dealing or living with the child having ADS.

**Improved Communication Skills:** Autistic children who receive early diagnosis and intervention often show improvements in communication skills. They may develop more robust verbal or non-verbal communication abilities, leading to enhanced expressive and receptive language.

**Enhanced Social Interaction:** Early intervention can positively affect social interaction. Autistic children may exhibit improved social engagement, better understanding of social cues, and increased interest in peer interactions. They may form more meaningful relationships with family members and peers.

**Cognitive Development:** Early intervention contributes to cognitive development. Autistic children may demonstrate better cognitive functioning, problem-solving skills, and adaptive behaviors over time.

**Behavioral Adaptation:** Autistic children who receive early intervention may show a decrease in challenging behaviors and meltdowns. They may acquire effective coping mechanisms, reducing the frequency and intensity of behavioral challenges.

**Academic Progress:** Early intervention can have a positive impact on academic progress. Autistic children may achieve developmental milestones related to learning and education more effectively, potentially narrowing the gap between them and their neurotypical peers.

**Independence and Self-Care:** Over time, autistic children who undergo early intervention may exhibit increased independence and self-care skills. They may become more capable of managing daily routines, personal hygiene, and daily tasks.

**Improved Quality of Life:** Early diagnosis and intervention contribute to an improved overall quality of life for autistic children and their families. Families may experience reduced stress, increased well-being, and a sense of empowerment.

**Long-Term Benefits:** The research may reveal that the benefits of early intervention are sustained into adolescence and adulthood. Autistic individuals who received early support may continue to thrive, lead fulfilling lives, and actively contribute to their communities.

**Cost Savings:** Early intervention may reduce the need for more intensive and costly interventions and support services in later years.

**Individual Variation:** It's important to note that while early intervention has positive impacts, there may be individual variation in outcomes. Not all autistic children will respond in the same way, and the effectiveness of interventions may depend on factors such as the child's unique characteristics, the type of interventions received, and the quality of support provided.

**Tailored Educational Approaches:** IEPs play a pivotal role in tailoring educational approaches to the unique needs and strengths of each autistic child. This individualization may result in more effective and engaging learning experiences.

**Improved Communication Skills:** Researchers may find that IEPs frequently emphasize communication goals, leading to improved communication skills in autistic children. This could include enhanced speech and language abilities, as well as alternative communication methods such as augmentative and alternative communication (AAC) devices.

**Enhanced Socialization:** IEPs might prioritize socialization goals, fostering increased social interaction and peer engagement among autistic children. Specialized supports within the IEP could facilitate participation in group activities and better integration into the school community.

**Behavioral Supports:** Researchers may observe that IEPs include behavioral supports and strategies that help manage challenging behaviors. These supports could lead to a reduction in disruptive behaviors and meltdowns, creating a more conducive learning environment.

**Academic Progress:** IEPs can contribute to academic progress. Autistic children with well-structured IEPs may achieve developmental milestones related to reading, mathematics, and other academic subjects more effectively.

**Inclusive Education:** Findings may highlight the role of IEPs in promoting inclusive education. Researchers may discover that IEPs support the inclusion of autistic children in mainstream classrooms, promoting peer interaction and diverse learning experiences.

**Teacher Collaboration:** IEPs might encourage collaboration between teachers, specialists, and parents. Effective collaboration can lead to more comprehensive support for the child, ensuring that educational goals are aligned across different settings.

**Parental Involvement:** Researchers may find that successful IEPs involve parents actively in the planning and implementation of educational goals. Engaged parents can reinforce learning at home and support their child's educational journey.

**Progress Monitoring:** Regular assessments and modifications based on the child's evolving needs could lead to continued improvements in educational experiences.

**Long-Term Benefits:** Over time, the benefits of well-structured IEPs extend beyond the school years. Autistic individuals who received tailored support through their education may demonstrate increased independence and success in adulthood.

**Latest advancements in assistive technologies:** Computer-based interventions, augmented communication devices, and virtual reality tools as latest technologies have demonstrated promise in enhancing communication, social interactions, and skill development among autistic children.

**Enhanced Social Interaction:** Social skills interventions lead to improved social interaction

among autistic children. These interventions could facilitate the development of skills such as joint attention, turn-taking, and understanding social cues, contributing to more meaningful and satisfying social relationships.

**Improved Communication:** Research findings might indicate that communication interventions, including speech therapy and AAC, enhance the expressive and receptive communication abilities of autistic children. Improved communication can reduce frustration and promote a sense of agency and self-expression.

**Reduced Social Isolation:** Effective social skills and communication interventions could reduce feelings of social isolation among autistic children. By equipping them with the tools to engage with peers and family members, these interventions may help autistic children build connections and feel more included in social settings.

**Enhanced Emotional Regulation:** Interventions focusing on emotional regulation and understanding emotions may contribute to better well-being. Autistic children who can identify and manage their emotions may experience reduced stress and anxiety, leading to improved overall emotional well-being.

**Reduction in Challenging Behaviors:** Research may show that social skills and communication interventions are associated with a reduction in challenging behaviors, such as meltdowns and aggression. Teaching alternative ways to communicate needs and emotions can lead to more adaptive responses to stressors.

**Increased Self-Esteem:** Effective interventions could boost the self-esteem and self-confidence of autistic children. Improved social and communication skills may lead to greater self-assuredness and a more positive self-image.

**Better Academic Performance:** Studies might find that interventions targeting communication and social skills positively impact academic performance. Autistic children who can effectively communicate and collaborate with peers and educators may excel academically.

**Long-Term Benefits:** Research may indicate that the benefits of social skills and communication interventions extend into adolescence and adulthood. Autistic individuals who receive early and ongoing support may experience enhanced social inclusion, employment opportunities, and overall life satisfaction.

**Variation in Effectiveness:** Findings could underscore that the effectiveness of interventions varies among individuals. Some approaches, such as Applied Behavior Analysis, social skills groups, and speech therapy, may be more effective for certain children based on their unique strengths and challenges.

**Family Support:** Research may emphasize the importance of involving families in interventions.

Collaborative approaches that engage parents and caregivers in reinforcing social and communication skills at home may yield more positive outcomes.

In summary, research on early diagnosis and intervention may provide substantial evidence supporting the long-term positive impact of timely support on the developmental outcomes of autistic children. These findings can underscore the importance of early intervention programs and their potential to enhance the lives of autistic individuals and their families. However, it's important to note that the effectiveness of IEPs can vary based on factors such as the quality of the plan, the skills and training of educators, and the level of family involvement. Research can provide valuable insights into best practices for creating and implementing IEPs that enhance the educational experiences and outcomes of autistic children.

While talking about Inclusive Education model which has been adopted by Armenian state, it is very important to highlight the following points:

**Improved Social Interaction:** Research may suggest that autistic children in inclusive classrooms exhibit improved social interaction compared to those in non-inclusive settings. Inclusive education may facilitate more opportunities for peer interaction, leading to the development of social skills and friendships.

**Enhanced Peer Relationships:** Findings might indicate that autistic children in inclusive settings establish more positive and meaningful peer relationships. Inclusive environments can foster empathy and understanding among neurotypical peers, promoting acceptance and inclusion.

**Increased Academic Achievement:** Research could reveal that autistic children in inclusive classrooms achieve higher academic outcomes. Access to a diverse curriculum and specialized support within inclusive settings may lead to improved learning and cognitive development.

**Greater Independence:** Researchers may find that autistic children in inclusive education settings demonstrate greater independence and self-advocacy skills. Inclusive classrooms may encourage self-expression and self-determination, contributing to long-term independence.

**Enhanced Communication Skills:** Inclusive education may positively impact the communication skills of autistic children. Interactions with neurotypical peers and teachers can provide valuable opportunities for language development and expressive communication.

**Positive Self-Concept:** Research findings might suggest that autistic children in inclusive settings develop a more positive self-concept and self-esteem. Feeling valued and accepted by peers can boost self-confidence and overall well-being.

**Reduced Stigma:** Research may indicate that inclusive education reduces the stigma associated with autism. Positive experiences in inclusive classrooms can promote understanding and acceptance, reducing negative stereotypes.



**Development of Advocacy Skills:** Autistic children in inclusive settings may develop advocacy skills and self-advocacy, advocating for their needs and preferences. This skill set can be valuable throughout their educational journey and beyond.

**Preparation for Real-World Inclusion:** Findings could emphasize that inclusive education prepares autistic children for real-world inclusion and participation. These children may be better equipped to navigate diverse social and professional environments in adulthood.

**Varied Experiences:** It's important to acknowledge that the impact of inclusive education can vary among individual autistic children. The extent of positive outcomes may depend on factors such as the quality of inclusive practices, teacher training, and the level of support provided within the inclusive classroom.

## CONCLUSION

In this article, it was possible to embark on the journey through the world of autism care, drawing from recent scientific advancements and research findings to shed light on the multifaceted nature of raising an autistic child. By addressing the challenges and opportunities presented by autism, it is highly recommended to work collectively to ensure that every autistic child has the opportunity to reach their full potential.

Sensory sensitivities are a prominent feature of autism, and they can vary widely among individuals. Sensory integration therapy, a form of occupational therapy that aims to help individuals process sensory information more effectively, has shown promise in improving sensory regulation and reducing sensory-related challenges. It is very much valuable as there is an intricate relationship between sensory sensitivities and daily functioning, and very often it is extremely important to address sensory sensitivities as part of a comprehensive care plan for autistic children.

Education is a critical aspect of the care and development of autistic children. In recent years, there has been a growing emphasis on inclusive education, which strives to integrate autistic children into mainstream classrooms. Inclusive education, when implemented effectively, can provide autistic children with opportunities for social interaction and skill development alongside their neurotypical peers. However, the success of inclusive education depends on various factors, including teacher training, individualized support, and the overall school environment.

Thus, the care and challenges associated with raising an autistic child are multifaceted and demand a comprehensive understanding of the unique needs and strengths of each individual. Through an exploration of various research methods, including surveys, case studies, observational research, content analysis, and literature reviews, valuable insights into the complex landscape of autism care can be examined and identified.

It is important to note that the care of autistic children is highly individualized, and what works best for one child may not be the same for another. The challenges are real, but so are the opportunities for growth, learning, and connection within the autism community.

As we continue to advance our understanding of autism and its care, it is our hope that this research contributes to a more inclusive, supportive, and compassionate society - one where autistic children and their families can thrive and where each individual's unique potential is celebrated and nurtured. In doing so, we can create a world where the challenges are met with resilience and where the care is guided by empathy and understanding.

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## FEATURES OF PSYCHO-PEDAGOGICAL INTERVENTION WHILE WORKING WITH PRE-SCHOOLERS HAVING LEARNING DISABILITIES

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### ABSTRACT

*Early childhood is a pivotal stage for addressing learning disabilities in pre-schoolers. This article delves into the core components of psycho-pedagogical interventions for this demographic, highlighting key findings and strategies.*

*Within the frame of this study, it is aimed to clarify the main tasks of preschool institutions and ensure the socialization of children in preschool settings with peers and adults. At the same time, the preschool institution should ensure the education of children with learning disabilities. Systematic, special psycho-pedagogical interventions are necessary to implement the latter.*

*The development of a child with a learning disability is carried out in the process of active pursuit and in many cases depends on the organization of his life, the precise daily routine, the system of education and professional intervention. It is important to systematically carry out counseling and remedial developmental assistance for children and parents, as well as to warn about the possibility of secondary disorders of physical and mental development, to socialize the child promptly.*

**Keywords:** *pre-schoolers with learning disabilities, psycho-pedagogical intervention, intellectual development, socialization, physical and mental development, education, professional intervention.*

### INTRODUCTION

In recent years the early diagnostics and intervention of children having learning disabilities or mental developmental issues, as well as the organization of their education become a more important and discussed topic worldwide. It is in preschool age that a child undergoes personal and intellectual development. The implementation of assistive educational work with pre-schoolers is more effective not only within the process of overcoming existing developmental disorders but also in preventing the appearance of secondary disorders.

Understanding learning disabilities is the first step, as these conditions manifest uniquely in

preschoolers, necessitating early detection and intervention. Effective psycho-pedagogical interventions incorporate a range of strategies and techniques. These may include play-based learning, multisensory teaching methods, and targeted speech and language therapy. Real-life case studies demonstrate the practical application of these techniques, showcasing their potential to foster positive outcomes.

The active involvement of parents and caregivers is a cornerstone of effective intervention. Empowering families with knowledge and strategies helps create a supportive environment for the child's development.

However, these interventions are not without challenges. Limited resources, accessibility issues, and ethical considerations complicate the process. Ethical concerns encompass privacy and consent issues when working with young children and the need for sensitivity in handling a child's unique needs.

In conclusion, this article underscores the crucial role of psycho-pedagogical intervention in addressing learning disabilities in pre-schoolers. Early intervention not only improves educational outcomes but also enhances overall well-being, social inclusion, and self-esteem. It calls for continued research to refine approaches, ensuring that pre-schoolers with learning disabilities receive the support and opportunities they deserve. The article serves as a comprehensive resource for educators, parents, and professionals working with this special group of children, offering insights and practical guidance for effective interventions.

## **REVIEW OF THE LITERATURE**

Learning disabilities in pre-schoolers constitute a significant challenge in the field of early childhood education. This introduction sets the stage by defining the context and underlining the significance of addressing learning disabilities in this age group. It also presents the primary research question that will guide the exploration of this topic.

Preschool years are a crucial phase in a child's cognitive, emotional, and social development. It is during this period that the foundations of learning are established. For some children, this journey is complicated by learning disabilities, which, if not addressed, can impede their progress and affect their self-esteem and overall well-being. Recognizing and intervening in learning disabilities during these formative years is of paramount importance.

The significance of this topic is multifaceted. Firstly, early intervention can help identify and address learning disabilities in pre-schoolers, potentially mitigating the long-term impact of these conditions. Secondly, it supports the development of tailored teaching methods and strategies that can better meet the needs of these children, thus promoting a positive learning experience.

Research in this area highlights the long-lasting implications of addressing learning disabilities in pre-schoolers. Early intervention not only improves academic outcomes but also contributes to enhanced

self-esteem, social inclusion, and overall quality of life (Smith, 2020; Johnson & Davis, 2019).

Learning disabilities encompass a range of neurological conditions that affect a child's ability to receive, process, analyse, or store information efficiently. These disabilities may manifest in various ways, such as difficulties with reading, writing, mathematics, or language skills (Anderson & Clark, 2021). In preschool-aged children, learning disabilities can be especially challenging to identify due to the ongoing developmental changes.

In pre-schoolers, learning disabilities might manifest as:

- *Speech and Language Difficulties*: Some children may struggle with language development, making it hard for them to express themselves or understand others effectively.
- *Motor Skills Challenges*: Fine and gross motor skills can be impacted, making tasks like holding a pencil, cutting with scissors, or even buttoning clothing a challenge.
- *Social and Emotional Difficulties*: Learning disabilities may affect a child's ability to interact with peers, control emotions, or adapt to new situations.
- *Early Academic Struggles*: While it might be too early to identify specific academic difficulties, pre-schoolers with learning disabilities may show signs of difficulty in basic pre-academic skills, like recognizing letters, numbers, or shapes.

Early intervention in the context of learning disabilities is vital for several reasons:

- *Developmental Foundations*: Preschool years are foundational for a child's development. Early intervention can help prevent learning gaps from forming and provide a strong base for future academic progress.
- *Enhanced Outcomes*: Research consistently demonstrates that early intervention leads to improved academic and social outcomes for children with learning disabilities (Smith, 2020; Johnson & Davis, 2019).
- *Preventing Secondary Issues*: Untreated learning disabilities can lead to secondary problems, including low self-esteem, behavior issues, and even school avoidance. Early intervention can help mitigate these challenges (Brown & White, 2018).
- *Individualized Support*: Early intervention allows for the customization of support to meet the child's specific needs, ensuring that strategies and accommodations align with their developmental stage (Anderson & Clark, 2021).

In summary or the analysis of the literature reviewed it is possible to state that learning disabilities in pre-schoolers present unique challenges, often requiring early identification and intervention to mitigate long-term consequences. Recognizing the signs and addressing these disabilities at an early age can set the stage for positive outcomes in both academic and social realms.

## STUDY ANALYSES AND THE RESULTS

### Psycho-pedagogical intervention

Psycho-pedagogical intervention is a comprehensive approach that combines psychological and pedagogical strategies to address the needs of children with learning disabilities. It emphasizes the understanding of a child's cognitive, emotional, and behavioral aspects to create tailored interventions. The significance of psycho-pedagogical intervention in addressing learning disabilities is profound. Looking back to the literature and the field experience it is possible to identify the crucial interventions for several reasons based on the ideas provided by the authors:

**Table 1.**  
*Reasons for intervention.*

<b>Criteria</b>	<b>Description</b>	<b>Source</b>
<b>Early Identification</b>	Psycho-pedagogical assessments aid in the early identification of learning disabilities, enabling prompt and targeted support	Smith, 2017
<b>Individualized Support</b>	They allow for personalized educational plans that cater to a child's specific learning needs, ensuring that interventions align with their developmental stage	Jones & Davis, 2020
<b>Holistic Approach</b>	Psycho-pedagogical intervention considers not only academic aspects but also the emotional and social well-being of the child, promoting a holistic approach to learning	Brown & Miller, 2019
<b>Improved Outcomes</b>	Research has consistently shown that psycho-pedagogical interventions lead to improved academic, emotional, and social outcomes for children with learning disabilities	Anderson & Clark, 2021

While talking about psycho-pedagogical interventions, it is extremely important to stress it's the goals and objectives that are related to (1) **early assessment**, (2) **tailored strategies**, (3) **social and emotional development**, and (4) **inclusion**. Early assessment itself is called to assess a child's learning profile comprehensively and identify areas of difficulty, while tailored strategies help to create individualized education plans that incorporate strategies and techniques specific to the child's needs. Social and Emotional Development is very important to address emotional and social issues that may arise due to learning disabilities, helping the child develop a positive self-concept and healthy

relationships. All this incorporates child inclusion, which has the global aim to foster inclusive education, ensuring that children with learning disabilities can actively participate in regular classroom settings (Johnson & Miller, 2019).

In summary, psycho-pedagogical interventions are a critical component in the support system for all children with learning disabilities, especially while talking about preschool age. By combining psychological insights with pedagogical strategies, these interventions play a pivotal role in improving the lives and outcomes of pre-schoolers facing learning challenges. All this influences and enables the possibility of smooth inclusion in preschool life.

### **Features of Effective Psycho-Pedagogical Intervention**

The psycho-pedagogical intervention itself can be described as therapeutic, preventive, or promoter regarding educational inclusion. Moreover, it aims to address the learning process, how it is developed, and how the individual relates himself to learning, both in the cognitive, social and emotional domains. There are basic essential components for effective psycho-pedagogical interventions for pre-schoolers with learning disabilities. They are characterized by several essential components, which are described as follows:

- **Early Identification and Assessment:** Timely identification and comprehensive assessment are fundamental to understanding the child's unique needs and tailoring interventions accordingly (Smith & Brown, 2019).
- **Individualized Education Plans:** These plans serve as roadmaps for interventions, outlining specific learning goals, strategies, and accommodations to meet the child's requirements (Johnson & Miller, 2019).
- **Multisensory Techniques:** Utilizing a variety of sensory modalities, such as visual, auditory, and kinesthetic, helps address diverse learning preferences and challenges (Anderson & Davis, 2020).
- **Play-Based Learning:** Incorporating play into interventions fosters engagement, creativity, and skill development, aligning with the preschoolers' developmental stage (Clark & White, 2020).
- **Ongoing Assessment and Monitoring:** Regular assessments track progress, ensuring that interventions remain effective and adaptable (Brown & Jones, 2021).

Innovative ways to understand the hypothetically main impact that psycho-educational and psychological supportive interventions can have on coping, behavior, and quality of life of pre-schoolers with learning disabilities are needed. This framework, which is driven by theory, evidence, and experience, is designed to ensure that interventions are effective, pedagogically and psychologically approved and sustainable.

### **Role of Parents, Teachers, and Specialists**

Related to the result of the studied literature and while talking about effective intervention it is very



crucial to reflect collaborative efforts of parents, teachers and assistive specialists. Parental involvement is integral, as parents contribute insights into the child's strengths and weaknesses, offer support at home, and collaborate with educators to ensure consistent strategies (Smith, 2020). Educators provide the day-to-day implementation of interventions. Their role includes adapting teaching methods, providing additional support, and fostering a nurturing and inclusive classroom environment (Johnson & Davis, 2018). Specialists, such as Speech therapists, Occupational therapists, Special educators and other specialists bring expertise in addressing specific learning disabilities. They work closely with teachers to tailor interventions to the child's needs (Jones & Davis, 2020).

Effective psycho-pedagogical interventions for pre-schoolers with learning disabilities incorporate early identification, individualized plans, multisensory techniques, play-based learning, and ongoing assessment. The collaboration between parents, teachers, and specialists ensures a comprehensive and tailored approach, maximizing the positive outcomes for the child. It is extremely important to involve all these parties in the preparation of the child's Individualized Education Plans and planning his daily activities in pre-school settings. The creation and implementation of Individualized Education Plans for preschoolers with learning disabilities are multi-faceted processes that aim to provide tailored support to meet a child's specific needs.

At the same time, the creation and implementation of Individualized Education Plans for pre-schoolers with learning disabilities involve comprehensive assessments, the setting of measurable goals, tailored strategies and accommodations, and a focus on play-based learning. Collaboration among educators, specialists, and parents is essential for ensuring that the child's needs are met holistically and consistently. Thus, The Individualized Education Plans process begins with a thorough assessment of the child's strengths and challenges. This includes the gathering of information from standardized tests, observations, parent and teacher input, and other assessment tools (Smith & Brown, 2019). Later on, based on the assessment, specific and measurable academic and developmental goals are established. These goals should be achievable within a defined time frame (Clark & White, 2017). Given the preschool context, Individualized Education Plans may incorporate play-based learning experiences designed to engage the child's natural curiosity and developmental tendencies (Smith & Brown, 2019).

the creation and implementation of an Individualized Education Plan for pre-schoolers with learning disabilities involves comprehensive assessments, the setting of measurable goals, tailored strategies and accommodations, and a focus on play-based learning. Collaboration among educators, specialists, and parents is essential for ensuring that the child's needs are met holistically and consistently.

## **CONCLUSION**

Psycho-pedagogical interventions for pre-schoolers with learning disabilities are instrumental in

fostering their cognitive, emotional, and social development. Through early assessment, individualized education plans, and a collaborative approach involving parents, educators, and specialists, these interventions offer tailored support. Multisensory techniques, play-based learning, assistive technology, social stories, and visual schedules are essential strategies that cater to diverse needs.

Involving parents, families, teachers and specialists is crucial for maintaining consistency and empowering families to advocate for their child's success. While challenges such as limited resources and individualization exist, ethical considerations and a child-centered approach guide the process.

There is the transformative potential of interventions that can be identified by professionals, and early intervention, combined with tailored strategies, and collaborative efforts yields positive outcomes.

In conclusion, early psycho-pedagogical intervention is of paramount importance in addressing learning disabilities in pre-schoolers. It equips them with the tools and support they need to overcome challenges, fostering a positive trajectory for their academic and personal growth. This article underscores the significance of this approach, emphasizing that by working together, it is possible to empower every child to thrive, regardless of their learning differences.

## **RECOMMENDATIONS FOR FUTURE RESEARCH**

While significant progress has been made in the field of psycho-pedagogical interventions for pre-schoolers with learning disabilities, several areas warrant further exploration:

- **Long-Term Outcomes:** Research could focus on the long-term effects of early interventions on the academic and social trajectories of pre-schoolers with learning disabilities. This would help establish the sustained impact of early support on later educational success and overall well-being.

- **Parental Involvement Models:** Investigate and develop effective models for engaging parents and families in the intervention process. Identifying strategies to enhance their active participation and support at home could further improve intervention outcomes.

- **Technology Integration:** The integration of technology and digital learning tools in psycho-pedagogical interventions is an area ripe for exploration. Research into the effectiveness of educational apps, virtual learning platforms, and AI-driven interventions for pre-schoolers with learning disabilities can provide insights into their potential benefits.

- **Inclusivity in Regular Classrooms:** Explore the practices and strategies that promote the successful inclusion of pre-schoolers with learning disabilities in regular classrooms. This research can shed light on the ways to create more inclusive educational environments and outcomes for all students.

- **Professional Development:** Investigate the impact of ongoing professional development for educators in the field of psycho-pedagogical intervention. Research into effective training models and their influence on the quality of interventions could provide valuable guidance.

- **Ethical Considerations and Standards:** Develop and refine ethical standards and guidelines for psycho-pedagogical interventions, focusing on privacy, informed consent, and a child-centered approach. Research can help establish universally accepted best practices.

- **Cultural and Linguistic Diversity:** Explore how interventions can be culturally and linguistically responsive to the diverse backgrounds of pre-schoolers. Investigating the impact of culturally tailored interventions on learning outcomes is essential.

- **Economic Impact Analysis:** Assess the economic impact of early psycho-pedagogical interventions by considering long-term cost-benefit analyses. This research could provide insights into the return on investment for educational and healthcare systems.

- **Neuroscientific Approaches:** Incorporate neuroscientific techniques to understand the neurological processes and changes that occur in pre-schoolers with learning disabilities during intervention. This may lead to more targeted and effective approaches.

- **Trauma-Informed Care:** Research trauma-informed care and its role in psycho-pedagogical interventions for preschoolers who have experienced trauma. This can contribute to a more comprehensive understanding of the unique needs of these children.

Continuing research in these areas can advance the field of psycho-pedagogical intervention and further improve the support and outcomes for preschoolers with learning disabilities. Ultimately, it will contribute to a more inclusive and equitable educational landscape for all children.

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## EARLY CARE / INTERVENTION: START OF SOCIAL AND EDUCATIONAL INCLUSION IN THE CZECH REPUBLIC

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### ABSTRACT

*In the first few years of life, young children obtain social and emotional skills, such as controlling emotions, sharing with others and following instructions. These skills lay the foundation for developing literacy, numeracy and other cognitive abilities that are vital for success in school and life. All this highlights the importance of early care within the frame of social model for children with disabilities.*

*This article provides theoretical information about the concept of the social model of early care in the Czech Republic. It aims to expand the theoretical base of these issues and justify the topicality and importance of early care in its extensive reference field. Besides, it intends to emphasize its practical impact.*

*Methodologically, at the theoretical level, the design of this article is based on the analysis and comparison of scholarly literature, legislative documents, methodological materials, and other relevant written sources.*

**Keywords:** *inclusion, early care, early-age child, disability, family, social services, Czech Republic*

### INTRODUCTION

Through international treaties and declarations, the Czech Republic has been long committed to an inclusive approach in both social and educational areas. It has also committed to take the necessary steps to implement inclusion due to its undoubted multiple long-term benefits for the whole society.

The UNESCO (2021) Policy Paper entitled *Right from the Start: Build Inclusive Societies Through Inclusive Early Childhood Education* proves that an early start to education can reduce disparities in future opportunities for marginalized children. Nevertheless, not all types of education are capable of removing this gap. In many cases, early childhood education opportunities do not sufficiently compensate for the disadvantages caused by young children's abilities, backgrounds, and identities.

Governments declared their commitment to achieving objective no.4 of sustainable development and inclusive education, and therefore they have to overcome numerous obstacles so that the culture of inclusion can get into preschool education (available at: <https://unesdoc.unesco.org/ark:/48223/pf0000378078>).

Early childhood inclusion represents values, policies and practices that support the right of all infants, young children, and their families to participate in a wide range of activities and contexts as fully-fledged members of families, communities and society, regardless of their abilities. The defining features of inclusion used to identify high-quality early childhood programs and services are access, participation, and support. Childcare providers who offer high-quality care in an inclusive environment can be the child's first step towards a positive future.

For more than 30 years, the Czech Republic has been practically implementing the UNESCO conclusions into its social and educational policy. Current modern trends in social services and inclusive special pedagogy in the Czech Republic are directed towards field services and field social work services containing social pedagogical interventions. Accordingly, this text presents the service of social prevention and early care in the Czech Republic, which is defined by Section 54 of Act No. 108/2006 Coll., on social services, as amended. The paper describes historical connections and the current state of early care/intervention in the Czech Republic.

The paper aims to present the types of support and assistance provided to families with early-age children demonstrating developmental disabilities within the system of social services and inclusive special pedagogy in the Czech Republic. Early care/intervention represents the start of social and educational inclusion of early-age children with special needs and it encompasses interventions for their families. This article presents the basic characteristics and information about the mission of this service in the Czech Republic.

### ***Historical context of early care***

In the historical context of the Czech Republic, early care experienced several developmental stages, and it also took different forms due to changes in socio-cultural conditions. The concept of early intervention, generally understood as taking some steps during the first years of children's lives, led to its acceptance in terms of possible interventions and measures taken towards children and their families. These measures satisfied the special needs of the children who manifested a certain degree of developmental delay or who were at risk of pre-, peri-, and postnatal complications.

The individual proposals of early care concepts in the Czech Republic oscillated between the ministries of health care, education, labor, and social affairs. Therefore, early care could be viewed from the perspective of integrated healthcare, educational and psychosocial activities. Owing to its holistic nature, it has always been vital to draw on the integrated concept of early care and to include the

involvement of all necessary activities and services (Šándorová, 2017; 2005).

### ***Modern history of early care***

According to Hradilková (1998), the modern history of early care in the Czech Republic contains three phases.

In the first phase, which dates back to the 1960s, early care responded to the findings of psychological, neurological and sociological research studies. Even at this stage, it is aimed at assisting the entire family to facilitate the child's development that was expected to be atypical, from birth to the age of 3 years.

The second phase of early care development included a more detailed elaboration of its goals. In addition to the care for children at risk and their families, the focus is also on achieving the highest possible normalization of health limits. Programs were aimed at services providing such types of assistance, support and intervention that could result in the child's integration into the preschool, elementary or special education institution with the highest possible favorable effects.

The current third phase already reflects the conditions when the services provided represent an indicator of the maturity of the welfare state, i.e. social policy and economic level of support.

In 2000, the Association for Early Intervention in the Czech Republic started the project *Programmes and legislation of early care in the EU and the Czech Republic*. The intended project outcomes included creating the minimum standards of early care in the Czech Republic, collecting information, materials, and publications, and informing the professional community, legislators, representatives of local authorities and state administration, service providers, and representatives of parent organizations (Pexiederová & Hradilková, 2001a, p. 7).

Nowadays it might be concluded that the aforementioned project outcomes (Pexiederová & Hradilková, 2001b, p. 11) have been achieved and the conditions for establishing the early care service have been created.

1. In the Czech Republic, there exists a legal measure defining the method and scope of care. It is Act No. 108/2006 Coll., on social services, as amended, and the relevant annexes, i.e., Decree No. 391/2011 Coll., which amends Decree No. 505/2006 Coll., implementing some provisions of the Act on Social Services, as amended, and the Quality Standards of the Early Care Social Service.

2. Despite the problematic and insufficient funding of social services, financial resources are annually allocated for early care from the state budget, and from the resources of regional authorities and municipalities within the multi-source financing schemes, based on subsidy procedures. Service providers obtain funding also using fundraising (i.e. ESF projects co-financed from the state budget, foundations, donations, etc.). The service for clients is provided free of charge.

3. There is a very high level of organizational structure of service providers, including spatial conditions and staffing, oriented towards the needs of the target group of clients.

4. There has been elaborated a working concept which includes pedagogical, psychological, social and medical disciplines, i.e. both theoretical knowledge as well as a decision about the purpose of the particular facility. According to the law in the Czech Republic, it is mainly a mobile, field-based social service, supplemented by an outpatient component with the work potentially being carried out on the facility premises.

5. There have been developed principles of effective and ethical provision of early care and their implementation in an interdisciplinary team.

6. There exists a possibility of further education for professionals. Besides, a further internal staff training scheme is provided, and there is a possibility of supervision, which is directly stipulated by the law.

7. The service is provided mainly by non-governmental non-profit organizations, the so-called early care centers.

8. There is a mutual collaboration among early care centers. Within the so-called networking, they also collaborate with related organizations in the area of social services (Ministry of Social Affairs), with nurseries, elementary and special schools (Ministry of Education) and with healthcare organizations (Ministry of Health). Barriers related to the so-called departmentalism, which was demonstrated by non-collaboration among the individual ministries, are gradually vanishing.

9. Information about the service is implemented among the public, e.g. via the so-called Early Care Week or through other promotional and educational activities.

10. Within the macro system, a service evaluation system has been elaborated through Social Service Quality Standards. The evaluation is carried out using quality inspection at the national level. Service evaluation is also conducted at the micro level of the system, e.g. via questionnaire surveys for the clients of the organization, team members or other collaborating entities. In this way, feedback is provided, which is very important for assessing the service effectiveness and quality. As a part of regional social policy, evaluation is being conducted also within the community plans of municipalities with extended competence.

11. Support for innovations and further development of early care is provided through research studies and model projects at the national, European, and global levels.

At this level, early care represents a complex service in the area of counseling, and comprehensive rehabilitation (medical, pedagogical, social), with interdisciplinary and interdepartmental participation, an established network of providers and collaborating institutions, including collaboration with foreign partners and experts both at theoretical and practical basis.



***Early care/intervention as social prevention service: definition, basic activities in service provision***

Currently, early care is defined in Act No. 108/2006 Coll., on social services, as amended, in Section 54, paragraph 1, in the following way: *"a field or possibly ambulatory service provided to a child and parents of a child of up to 7 years of age who is disabled or whose development is threatened due to an adverse social situation. The service is focused on support provided to the family and development of a child given his specific needs."*

According to Decree No. 505/2006 Coll., basic activities in early care provision and their scope are listed in Table 1.

**Table 1.**

***Basic early care activities (according to the Decree No. 505/2006 Coll.)***

<b>Educational and activation-focused activities</b>
1. evaluation of abilities and skills of children and their parents, identifying the needs of the family and a disabled or disadvantaged child;
2. specialized counseling for parents and other close persons;
3. support and strengthening of parental competencies;
4. skills training and reinforcement for parents and other caregivers who assist with a reasonable level of child's development and family cohesion;
5. education for parents, e.g. through individual or group sessions focused on sharing information and information sources, giving seminars, providing book borrowing services;
6. offer programs and techniques supporting child development;
7. instructions for children's skills training and reinforcement aimed at the potential maximum use and development of their cognitive, sensory, motor and social skills.
<b><u>Mediation of contact with the social environment</u></b>
1. assistance in re-establishing or strengthening contact with the family, and assistance and support in other activities supporting the social inclusion of persons;
2. support and assistance in using commonly available services and information sources.
<b>Social therapeutic activities</b>
1. psychosocial support through listening;
2. support for experience sharing;
3. organizing meetings and residential courses for families.
<b>Assistance in claiming the rights, and legitimate interests, including dealing with personal matters</b>

- |  |
|--|
| 1. help with communication, training of questioning and communication skills, support for parents' self-help activities;   |
| 2. accompanying parents when dealing with applications, attending meetings or medical examinations with the child, or in the case of other similar meetings in matters related to the child's development. |

According to the focus of its activities, early care as a social prevention service is categorized into the following parts:

- screening,
- prophylactic-preventive,
- diagnostic and advisory,
- medical-therapeutic,
- psychological-educational,
- socialisation and enculturation-focused (Šándorová, 2017; 2005; Hradilková, 1998)

### ***Preventive character of early care***

According to Act No. 108/2006 Coll., on social services, early care is included in social prevention services, i.e., it has a generally preventive character. It reduces the consequences of primary disabilities and prevents the occurrence of secondary ones, creates conditions for successful social integration, and is carried out mainly in children's families, which are their natural environment. It is being offered according to individual family needs, it strengthens the family and uses its potential to cope with a critical life situation and the demanding care for a child with a threatened development.

From an economic perspective, early care is effective as it decreases the parents' dependence on institutions and reduces the need for the children's stay in facilities, which consequently leads to public fund savings. Early care has prospective long-term effects since it is mainly field-based, flexible and accessible (Hradilková, 1998).

### ***Institutional provision of early care in the Czech Republic and an interdisciplinary team***

Regarding the provision of social services in the Czech Republic, the role of non-governmental non-profit entities is currently being enhanced in social policy. The role of the state is not being weakened but it is changing. The state creates conditions and rules for the social behavior of other entities. In the beginning, civil initiatives of the non-governmental non-profit sector (civic associations, public benefit corporations or church legal entities) were included, often bringing together members who directed their activities towards support, assistance and promotion of interests of a certain target group.

Currently, non-governmental non-profit organizations providing social services have a specific

position towards the state and state administration and they are considered to be essential for the quality of life. The responsibility for their existence and availability is held by the regional authorities. A very important role in the provision of “early care” social prevention services has always been played by a strong sector of non-governmental non-profit organizations, which try to provide modern social services (Šándorová, 2017; 2005).

Early care providers are categorized mainly according to target groups. There is a long tradition of early care providers for children with visual and hearing impairments, which were originally established with the nationwide scope and detached workplaces, but this situation is currently changing. Early care providers for families of children with physical, mental and combined disabilities are mainly regional and their scope is mostly at the level of regional authorities.

The effectiveness of early care activity implementation is directly connected with the level of professional services, support and intervention of an interdisciplinary interdepartmental team. This team participates in a healthcare-social and psycho-educational process provided to a child with limited early-age development.

The healthcare-social and educational processes include the support for family and community, together with the support provided to children in their psychomotor and social areas. Therefore, they need to form a variable and complex system. This cannot be done without the provision of a flexible interdisciplinary team of collaborating professionals. The team consists of early care advisors (social worker, special pedagogue, social pedagogue, physiotherapist, occupational therapist, psychologist) and the child’s parents (Šándorová, 2017; 2015).

This team creates and fulfills the client’s individual developmental plan (both for family and child) to minimize and prevent the consequences of disability. Early care is a service on offer and the interdisciplinary interdepartmental team is responsible for informing parents about the possibilities of its use. The most common sources of information about early care departments should be the general practitioners for children and adolescents, specialist pediatricians, risk counseling centers and other healthcare centers (clinics, spas, rehabilitation facilities, etc.).

Dealing with a highly important task of early care needs to include the participation of other professionals, such as lawyers, economists, technical engineering and management staff, and other specialists. This fact is being emphasized both in Czech and foreign scholarly literature.

As for the issues of providers and interdisciplinarity, early care in the Czech Republic is provided mainly within the non-governmental non-profit sector. The basic condition for providing a high quality service is a professional interdisciplinary team with interdepartmental competence across the Ministries of Social Affairs, Health and Education.

The staff’s professionalization is supported by their membership in the professional organization

called the Association of Early Care Staff (APRP). The APRP promotes the interests of early care as a field-based social service. It brings together the professionals whose employers have demonstrated that they provide services to their clients by the accepted early care level described in the early care standards. The APRP has elaborated a service quality assessment system. The APRP awards quality certificates, the so-called guarantees, to the departments that fulfill the criteria of early care standards. According to the Act on Social Services, the service quality is also checked by social service quality inspectors, and it has to comply with the strict Social Service Quality Standards.

## **SUMMARY**

A summary of the essential information about early care in the Czech Republic might be formulated as follows:

- Early care is carried out by early care providers mainly in the non-governmental non-profit sector. The basic condition for high-quality service provision is a professional interdisciplinary team with interdepartmental competencies (Ministry of Social Affairs, Health and Education). The team basis consists of early care advisors (social worker, physiotherapist, occupational therapist, psychologist) and the child's parents. This team creates and fulfills the client's individual developmental plan (both for family and child) with the aim of minimizing and preventing the consequences of disability.
- Early care is a service on offer and the interdisciplinary interdepartmental team is responsible for informing parents about the possibilities of its use. The most common source of information about early care providers should be the general practitioners for children and adolescents, specialist pediatricians, risk counseling centers and other healthcare centers (clinics, spas, rehabilitation facilities, etc.).
- As a modern social service, early care in the Czech Republic is provided in the best interest of the target group, i.e. families with early-age children with specific needs. It is provided in the right quality, by respect for human rights and basic human freedoms. It respects human dignity, and it is based on the individual needs of families and children. It demonstrates an active approach, supports independence, and provides motivation through activities that strengthen social inclusion.

## **CONCLUSION**

Early care in the Czech Republic represents a modern and professional system, which is recognized both in European and global comparison. It is legally anchored in Act No. 108/2006 Coll., on social services. It focuses not only on minimizing the impact of children's disabilities during their development

but mainly on the social integration of children and their families and their ability to cope with the limitations related to disabilities in a natural environment, i.e. during everyday life. It is a multidisciplinary model that overcomes the limitations of dividing the types of care according to individual ministries, and it is capable of providing families with simultaneous complex assistance across various disciplines. Services for families with threatened early-age children constitute the essential background for the social, educational, and pedagogical inclusion of children as well as the re-socialisation and re-inclusion of families. Early care is considered to be preventive in the area of secondary disability prevention (it is effective) as well as in the areas of institutional and residential care prevention. In the Czech Republic, early care represents an important starting point for social and educational inclusion.

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