

# FAMILY EDUCATION OF PERSONS WITH SPECIAL EDUCATIONAL NEEDS

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**R. A. Afanas'eva, V. I. Karpushenko**

Irkutsk, Russia

## QUALITY OF LIFE AND PROFESSIONAL SELF-DETERMINATION OF PERSONS WITH DEVELOPMENTAL DISORDERS IN THE FAMILY

**Abstract.** The urgency of the topic is determined not only by an increase in the number of families with children with developmental disorders but also by the need to provide guidance to parents which would help them to take an adequate position in relation to their child. It is also important to ensure support for parents in choosing an educational path for their child in a special or inclusive educational environment.

The formation and development of life skills is highly dependent on the level of family well-being, active participation of young parents in socialization and comprehensive preventive activity. The article dwells on the development of test materials for diagnostics of family constituents of the component of quality of life, as well as on test-based designing a model of comprehensive support programs for families with children and adults with developmental disorders to improve the main indicators of quality of life.

Professional orientation involves the development of corresponding interests. Interest contributes to the quality of learning and encourages higher professional performance; interest in life improves its quality. Implementation of support programs for different categories of people with developmental disorders would contribute to their socialization and improve the quality of life according to its basic criteria.

**Keywords:** family, special educational needs, quality of life, pedagogical conditions, function of family education, professional self-determination.

**About the author:** Afanas'eva Raisa Al'bertovna, Candidate of Pedagogy, Associate Professor.

*Place of employment:* Head of Department of Theory and the Practice of Special Education, Irkutsk State University.

**About the author:** Karpushenko Viktoriya Igorevna.

*Place of employment:* Post-graduate Student, Department of Pedagogy, Irkutsk State University.

Modern society pays more and more attention to the quality of life of the population. The given notion includes socio-economic, political, cultural and ecological environment in which a person lives. The high level

of life quality presupposes that all aspects of man's life – from the conditions of labor, everyday life, recreation, organization of the sphere of services, health protection, education and the state of the environment to

political freedom and ability to use the cultural heritage – meet his demands.

The perspectives of the socio-economic policy of our state presuppose the priority of a citizen – in this case self-realization of each person in the society can guarantee successive improvement of the standard of living of the population, and consolidation of the economic and political role of the country in the world community. It is the family that is primarily the object and the subject of such policy.

The problems of the family and parental responsibility occupy one of the leading positions in the life of society. The questions of development of an adequate style of education and creation of the favorable family atmosphere are being constantly discussed by the community members and by various social structures.

A. S. Kosogova argues that under certain circumstances education and upbringing as specially organized processes may produce a significant effect on raising personal social status and developing civil identity which is successfully self-realized due to meeting personal, social and state needs [9].

We believe that pedagogical conditions which should be created at social assistance centers for families and children may be considered from the same perspective. These centers allow uniting efforts of socio-legal and psycho-pedagogical services with the purpose of providing assistance for most complete and timely social adaptation to the life in the society and in the family.

The development of a child with disabilities to a great extent depends on

family well-being, participation of parents in his/her physical and spiritual development and suitability of educational influence. Such children need special care because they are unique children. Given the proper treatment and education, some defects can be compensated for; and it is quite possible to get along with others. The quality of life of such families greatly differs from the average indicators. Disregarding the economic constituents, families bringing up children with disabilities are at a clearly marked disadvantage according to such life quality criteria as health and social, psychological and pedagogical parameters.

The quality of life of persons with disabilities may be understood through the complex analysis of this phenomenon by focusing on the “interaction with society” based on the value of a member of community as a personality.

The notion of “good life” may serve as an analogue to the notion of “quality of life”. The notion “good life” means that a person with disabilities is treated by other people on the basis of interaction, understanding and satisfaction of all his/her needs (medical, socio-psychological and educational).

Conscious participation of the family in the process of complex remedial work including a number of services is a most important condition of successful socialization of young parents raising children with disabilities. Going back to the works by A. S. Kosogova, we can assume that the problem of integral character of the process of education should be treated

as the question of providing the feeling of equality, concord and resonance with the world part of which the person feels and realizes himself to be. And then the main problem is to be resolved by the pedagogues in terms of definition and provision of all necessary means [9].

The urgency of the problem is determined not only by the growing number of families caring for children with disabilities but also by the need to provide assistance for the parents in taking an adequate position in relation to their child. Support for families in choosing the child's educational path in the special or inclusive educational environment and determining his professional self-identification is equally urgent [1; 5].

The parents of children with disabilities have significant difficulties of both psycho-pedagogical and social character. But orientation towards the principles of adequate family upbringing of such children would allow reaching good results and getting confidence of success.

Accepting a child with disabilities and establishing cooperation with him, the family begins to fulfill specific functions differing from those of families caring for children without disabilities [13; 15].

The parents of a child with disabilities and the specialists they turn to are often faced with the question what institution to choose for the child's education and upbringing: a rehabilitation center, a special school, a boarding school of the social protection system or inclusive educational environment. This problem should be

solved carefully taking into consideration all concrete circumstances.

Children, teenagers and adults with disabilities find themselves even in a more difficult situation at the stage of professional self-identification. On the one hand, lack of proper social experience limits their knowledge of the existing kinds of professional activity and their content. On the other hand, almost all professions attractively advertized by the mass media are inaccessible to them. The professions suitable for them are practically ignored by the mass media or are presented in an unattractive manner. In addition to this, even mastering an accessible profession demands from a person with disabilities hard continuous training under the constant guidance of a teacher. The majority of such people need the guide's assistance practically during all their lives even in performing already mastered professional skills.

At the first stage of work on the above named topic, it is necessary to carry out diagnostics of the basic constituents of the quality of life (R. A. Afanas'eva, Z. A. Dulatova, V. I. Karpushenko) which should give a possibility to determine not only the state of this phenomenon in a teenager with disabilities but also help the parents see the perspectives of improvement of this state and outline the prospects for his professional self-identification [3].

The decisive factors of assessment of the quality of life of a person with disabilities are, first of all, the character and level of his adaptation in society. Among the factors influencing the adaptive characteristics of

a person with developmental problems we can single out the following: effectiveness of parental work, kindergarten teachers, school pedagogues and psychologists in the period from his birth till establishment of social position; character of the child's acceptance by the environment; environmental comfort in various material, moral-ethical and spiritual aspects, etc.

The aim of the first series of test tasks consists in revealing the possibilities of teenagers' self-realization in various spheres of life which are determined by objective characteristics of their lives: health and socialization, and give a chance to evaluate the psycho-pedagogical maturity and readiness to choose a certain profession. This testing also targets assisting the teenager to realize his capacity to perform socially useful activity through contrastive comparison of his personal properties with possible degradations of these properties.

In each task the pupil is asked to choose the best variant of the answer matching the character of manifestation of the property of the person tested which may influence his possibility to master certain professional activity. Each manifestation of the personal property is evaluated in points in descending order. The smaller the number of points, the lower is the limitation laid by the manifestation of this property on the possibility of the person tested to master a certain professional activity.

Inclusion in the test of series of seemingly single-type questions about the child's ability and possibility to perform certain kinds of activity is

justified by the fact that problems may arise with separate components of activity necessary for keeping up the quality of life in some sphere – everyday life, culture or production.

Problems may appear in connection with actualization of the activity motivation, awareness of its purpose and the choice of the scope of activity. Problems may also arise with the choice of object within the given scope – of those features which must be changed in the scope of activity to achieve the previously set purpose. Then, even if the motive, purpose, scope and object of activity have been defined, the choice of means, and assessment of external and internal conditions of successful performance may turn out to be difficult. Similar difficulties arise in connection with testing the correspondence of activity results to the set purpose. All above mentioned problems may be attributed to inability to use step-by-step planning activity, i.e. working out the sequence of actions and map out mentally the orientation basis (image of environment and image of action). The presence of the option "Not found" in all tasks connected with testing characteristics affecting typical development makes it possible to use the given tests with all children including those without disabilities or developmental disorders.

We observed the total of 320 teenagers (12-14 years old) living in Irkutsk and Irkutsk Region. They include 160 typically developing children and 160 children with disabilities.

*Part 1. "Health"*. Quantitative analysis was conducted regarding the sum total of points scored by the per-

son tested in each part of the test separately and in the whole test. For example, the first parameter "Health" presupposes estimation of the number of cases of falling ill: falls ill every month; at least once in autumn, spring, winter and summer; not more often than 2-3 times a year; once or twice a year during epidemics. If a child falls ill each month, his parents or pedagogues are to underline the corresponding option. In test processing this will correspond to 8-9 points of the vector scale. If a child falls ill only during epidemics, it will score 0-1 point. It is necessary to choose one out of four parameters corresponding to the assumptions of the person tested in the best way possible. On test completion the experimenter calculates the sum total of points. The lower it is, the higher is the indicator of the quality of life, and vice versa.

Unfortunately, not all teenagers could score the maximal number of points (10-20) and give a high mark to their health; only 35% of children proved to be really healthy and capable of mastering any attractive professional activity according to their own assessment. The majority of typically developing teenagers scored 20-40 points thus showing standard of health good enough for mastering most professions not necessarily demanding properties scoring more than 6 points (60%). In the group of typically developing teenagers (5%) there were pupils scoring 40-60 points whose health level (according to their own assessment) allowed carrying out work in professional self-identification aimed at acquisition of those kinds of activity which facilitate

satisfaction of personal needs without targeting real professional training.

There were no teenagers with disabilities in the first group (10-20 points). In the group of teenagers scoring 20-40 points there were 25% of pupils with disabilities; their health was estimated good enough for mastering some kinds of professional activity not necessarily demanding scores higher than 6 points.

A considerable number of teenagers with disabilities (65%) scored 40-60 points; their health level allowed carrying out career education aimed at acquisition of those kinds of activity which facilitate satisfaction of personal needs without targeting real professional training. Health level of teenagers scoring 60-90 points (10%) did not admit of carrying out any real kind of career education work with them. It is possible only to use separate diagnostic materials for identifying a preferable kind of therapeutic support – art-therapy, phytotherapy, gardening-therapy, etc.

A certain part of teenagers even without developmental disorders have special needs in choosing a professional activity, as well as a detailed medical observation. Teenagers with disabilities have medical contraindications for certain kinds of professional activity. They are to be considered when organizing the process of professional self-identification.

*Part 2. "Socialization".* The majority of typically developing teenagers (75%) scored the minimal number of points (10-20). They showed themselves as communicable people easily adapting to the social environment,

capable of mastering any kinds of professional activity demanding independence and constant communication with other people. An insignificant proportion of typically developing teenagers (25%) scored 20-40 points and demonstrated the level of socialization high enough for mastering some kinds of professional activity not necessarily demanding scores higher than 6 points.

A small number of teenagers with disabilities (35%) also scored 20-40 points. With a high enough level of socialization, they had few ideas about many professions and the knowledge, skills and habits necessary for their acquisition. They could not properly differentiate personal properties and possibilities of their manifestation in a certain kind of professional activity. The level of socialization of 40% of teenagers scoring 40-60 points allowed carrying out career education aimed at acquisition of those kinds of activity which facilitate satisfaction of personal needs without targeting real professional training. The group of teenagers with disabilities also included pupils (25%) who scored 60-90 points. Their socialization level did not admit of carrying out any real kind of career education work with them. They could not indirectly evaluate the level of their social preferences. Generalization of their unsystematic answers indicated possibility of their participation in self-service and gardening-therapy.

The level of social conceptions of typically developing teenagers is high enough and demonstrates readiness for mastering professional activity and

objective evaluation of the social situation of their development. The low level of formation of social conceptions in teenagers with disabilities indicates the necessity of organization of a system of remedial educational work in this direction.

The following results of observation of teenagers were obtained in *part 3 "Psycho-pedagogical Prerequisites for Preparation to Professional Activity"*. Only 45% of typically developing teenagers scored 10-20 points and demonstrated preparedness for mastering the kinds of professional activity that demand making intellectual efforts, showing independence and carrying out communication with other people. More than a half of typically developing teenagers (55%) scored 20-40 points showing the level of preparation high enough for mastering some kinds of professional activity not necessarily demanding scores higher than 6 points.

On the whole, the given group of teenagers have the level of formation of psycho-pedagogical prerequisites for mastering various kinds of professional activity but not all teenagers were prepared for making intellectual efforts and showing independence in this kind of activity.

Teenagers with disabilities were not found in the first group (10-20 points). This can be attributed to deviations in cognitive activity and inadequate level of health and socialization.

The group of pupils scoring 20-40 points included only 10% of teenagers with disabilities; on the whole, they showed well-shaped psycho-pedagogical prerequisites for profes-

sional activity.

The majority of teenagers with disabilities (65%) scored 40-60 points; by their psycho-pedagogical characteristics they showed the level of preparation that allowed carrying out career education aimed at acquisition of those kinds of activity which facilitate satisfaction of personal needs without targeting real professional training.

There were also teenagers with disabilities (25%) who scored 60-90 points. The level of their psycho-pedagogical characteristics did not admit of carrying out any real kind of career education work with them. It is possible only to use separate diagnostic materials for identifying a preferable kind of therapeutic support – art-therapy, phytotherapy, gardening-therapy, etc.

The results of our study of psycho-pedagogical prerequisites for professional activity in teenagers with disabilities demonstrate the need of more clearly expressed orientation of the education process towards professional self-identification of teenagers of the given category.

Professional self-identification of persons with disabilities traditionally takes place in the group of peers with similar developmental disorders, and sometimes – in conditions of social deprivation. Inclusion of children and teenagers with disabilities in the environment of typically developing peers would facilitate the development of real estimation of their own capacities, widening professional interests and social experience, and improving the quality of their lives.

Professional orientation should be paid special attention to in the conditions of family education. Formation of professional orientation presupposes development of the corresponding interests. Interest facilitates higher quality of knowledge acquisition and stimulates industriousness; interest in life improves its quality.

So, the approach to designing a system of formation of the foundations of professional self-identification aimed at improving the quality of life of families caring for persons with disabilities should take into account the phenomena described above. Formation and development of life competences to a great degree depends on family well-being, active participation of young parents in the child's socialization and complex preventive work.

The work of specialists (pedagogues, psychologists, etc.) will help to bring new significance in the lives of young parents caring for children with disabilities and form or raise to a higher level the quality of their life, resolve personal problems and integrate themselves in the society.

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