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VISITING CHILDREN AT HOME: HISTORY AND MODERN APPROACHES

Abstract. The article deals with the concept of home visiting, which is an important component of psychological and pedagogical support for children with special educational needs and their families. The article singles out the main categories of families which need this assistance. The author describes the advantages of the proposed method, which allows the teacher to conduct classes with the child in the most favorable environment and actively involve families in the remedial-pedagogical process. The article refers to the history of formation of home-based services in the system of early pedagogical support in Europe and the USA. It enumerates the main legislative acts that influenced the formation of the early support system and home-based services in various countries around the world. The role of pedagogical support at home is compared with visits of other specialists. The article describes changes in the attitude of the state and the specialists to children with special educational needs and to their parents in the second half of the 20th century, as well as political and economic conditions that influenced this process. The author analyzes approaches to family support in the areas of special education, health and social protection of the population. The most famous home-based programs are described, as well as the Russian experience of work with junior children with special educational needs and their parents. The main agencies providing home-based family support services are also enumerated.

Keywords: visiting children at home, early support, home-visiting programs.

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At present, home visiting is a most widely spread method of providing support for young children in many countries of Europe and the USA. Visiting families with small children at home has been performed in the history of education by various specialists: educationalists, health and social protection specialists both having special professional training and without it [8; 11; 16; 17].

Home visiting is provided for various categories of citizens:

- families with infants (for example, visiting parents of newborn infants at home by a nurse);
- families with children with disabilities (early assistance and prevention of underdevelopment);
- dysfunctional families characterized by child abuse, alcohol and drug abuse, etc. [11].

Home visiting is believed to be a most comfortable and effective method of support for the young child's family because interaction with an

adult person is the main condition of psychological development of the child (L. S. Vygotskiy, M. I. Lisina). This is especially important in the case of fully functional families which represent "the zone of proximal development". The parents help their child realize his potential abilities every day, and a home-based service specialist provides assistance in creation of remedial-developing environment.

Visiting a family at home, the specialist has a chance to know the family better and better understand its traditions and peculiarities, as well as watch the child in a habitual environment which allows him to establish confidential relations with the child in a shorter time and lets the child use the acquired skills in familiar situation. A visit of the home-based service specialist depends on the child's daily timetable and takes longer time than classes at the center which creates an opportunity for carrying out work not only with the child but also with the family. These visits are also important due to the fact that many parents have to take their children to classes at the center by public transport; as a result children get tired and more often get infectious and virus diseases, which does not only tell on their health but also affects the results of pedagogical support.

It is argued that due to the work of the home-based service specialist with the whole family the parents are less susceptible to stress brought about by the birth of a child with disabilities, more confidential relations are established between the family members, and the children included in the program demon-

strate better results in speech and social development and in resolution of problem situations [13; 14].

Analyzing the history of development of the system of home visiting in different countries of the world one can see that it has quite a long tradition: home visiting served as a means of support for women during pregnancy, for parents of young babies, for prevention of child abuse, and was perceived as a process of training parents and providing services of early assistance [8; 12].

Religious organizations have a long history of visiting families at home in Europe and the USA. It is common belief that home visiting by nurses has been practiced for two recent centuries, but specially organized visiting sick people took place as far back as the 3rd-4th centuries A.D. At that time, early Christian religious communities began to visit the sick at home which was part of their charitable and missionary activity [17].

Homecare of the poor was widespread in Britain in the reign of Queen Elizabeth I (17th century). Homecare was in common practice in colonial America as the main method of social protection of poor children and their families. By the 19th century foster homes for the children from poor families began to be created which led to the decline in assistance provided at home [17].

It was the time when the foundations of homecare provision by qualified specialists were laid. A huge contribution into training nurses and home-based service specialists was made by F. Nightingale [17].

At the turn of the 19th and 20th cen-

turies when the continuing urbanization led to the growth of the flow of migrants to cities, the number of city dwellers with dramatically low standard of living grew up; and this fact stimulated the organization of charitable activity and brought about the development of home visiting by nurses, teachers and social workers [17]. In 1909 President Theodore Roosevelt held the first press-conference in the White House on the problems of childhood. Speaking in favor of children living in the family, Roosevelt noted that living at home was the best and most precious asset of civilization. This conference laid the foundations for the creation of The United States Children's Bureau and the Child Welfare League of America, which made it possible to use public money for assisting children including support and development of home visiting. Financial assistance for home-based child care was granted by the federal Social Security Act of 1935 [17].

In the late 50s – early 60s of the 20th century, clinical and professional approaches dominated in the European countries and the USA in the fields of education, health protection and social security of the population. Assistance was provided for children mainly within medical institutions without parent participation. The family was often provided incomplete information about the course of treatment and the real diagnosis; the parents were given only general counseling on the child's care at home. Family members were looked upon as "secondary patients" due to the widespread negative attitude to children with disabilities and their families at

that time [5].

The development of the system of early assistance became possible due to the activity of non-governmental communities of parents who came out for the rights of their children, organized voluntary groups promoting improvement of medical and social services for children with disabilities. At this time large non-governmental organizations working with disabled children sprang up in some countries (Sweden, Great Britain, etc.) [1; 6].

Programs propagating breast feeding, improvement of nutrition of women during pregnancy, infants and children at an early age from social groups-at-risk and poor layers of population [1; 2; 5; 6] played a positive role in popularizing the importance of early support. In the late 50s – early 60s of the 20th century considerable attention began to be paid in the USA to the support for low-income families and their children and for families with disabled children. In 1964 the federal program "Head Start" was worked out; its variant for infants "Early Head Start" targeted the support for low-income families. Home visiting was carried out since mother's pregnancy until the baby's age of three years. The US Congress initiated the creation of demo versions of projects aimed at working out educational programs of teaching children with developmental disorders from birth through grade 3 of primary school. Realization of these projects was carried out by non-commercial and state-maintained institutions. Gradually, practically each state began to work

out its own programs of home visiting. The following experimental projects were realized at that time: "Project CARE", "Nurse Family Partnership", "Healthy Families America", "Parents as Teachers", "Darcee Infant Programs", etc. [2; 11; 15; 17].

Separate programs of home visiting were used for work with families of unskilled workers. For example, the experimental program "The Deaf Mentor Experimental Project" offered specially trained deaf adult home-based care specialists for work with families having children with hearing impairments [2].

In the 60s and 70s, early support programs become more and more popular all over the world. In 1969, L. Rhodes with a group of colleagues worked out a program of early education of children with Down syndrome at the Sonoma State Hospital (USA).

In Europe, similar programs are actively worked out and tested at university centers of Switzerland and Germany (for example, at the Munich Children's Center under the guidance of Th. Hellbrügge, in 1975). Programs of early assistance for infants and children at an early age with hearing impairments are actively realized in Japan at the Tokyo University of Education and at the Yokosuka National Institute of Special Education [6]. Manuals for specialists and parents describing the stages of child development, habits and skills typical of a certain age stage, as well as goals, tasks and methods of the work of a specialist in the system of early assistance are regularly published. The "Portage Guide to Early Education"

and the "Carolina Curriculum for Infants and Toddlers with Special Needs" [2; 17] are the best known manuals.

In the last third of the 20th century, in the conditions of economic growth, liberal economic reforms and social confrontation of discrimination against people the social policy in a number of states was radically changed. Equality of all people before the law and in realization of personal rights to decent life was proclaimed. The member states signed the UN Declaration on the Rights of Mentally Retarded Persons (1971) and the UN Declaration on the Rights of Disabled Persons (1975). The European governments signed the Helsinki Final Act of the Conference on Security and Co-operation in Europe (1975) which consolidated the principles of sovereign equality not only for the states but also for separate people. The attitude of specialists to parents who began to be treated as active partners in child support was being gradually changed [1; 2; 6; 17].

The governments of the majority of developed countries began to change their socio-educational policy admitting the necessity of early complex assistance for children with disabilities. For example, in 1974, the FRG made a decision to develop the system of early assistance for children with developmental disorders [2; 6]. A new model of early assistance was developed with orientation to small regional centers of complex medico-psycho-pedagogical support staffed by a multidisciplinary team of specialists.

Early assistance services began to

be located near the child and his family's place of residence and mobile early assistance services sprang up [6].

According to the US Individuals with Disabilities Education Act (IDEA), early assistance programs should be carried out in natural conditions which include "family surroundings and public places which are also attended by typically developing children". An exception should be made for cases when the team of specialists comes to the conclusion that the child would not be able to reach the set goals under such circumstances [9; 17]. According to the longitudinal research of the government system of early assistance in the USA (NEILS) 76% of children in the country get assistance at home [2, c. 55].

Thus, by the end of the 20th century the international community of the European countries and the USA officially recognized the importance of early complex assistance, broadly introduced the family-centered approach to the family of a child with disabilities and practiced home-based support of families caring for young children.

In Russia, the idea about the necessity of early education of children with disabilities emerged in the early 20th century. A significant contribution was made by N. A. Rau who argued the importance of early pedagogical support for children with hearing loss and actively carried out counseling parents of deaf children [4].

By the early 1960s, our domestic science had a complex of investigations in the field of neuro-psychophysiology of hearing and vision of

infants and children at an early age (L. P. Grigor'eva, N. N. Zislina, L. A. Novikova, L. I. Fil'chikova), and provision of complex support for some categories of young children with disabilities (Yu. A. Razenkova, T. V. Pelymskaya, L. I. Solntseva, N. D. Shmatko). The Institute of Special Pedagogy of the Russian Academy of Sciences worked out a conception of early assistance based on international experience (Yu. A. Razenkova, E. A. Strebeleva, N. D. Shmatko). In 1992, a laboratory for studying content and methods of early support for children with developmental deviations was opened at the Institute of Special Pedagogy of the Russian Academy of Sciences headed by Yu. A. Razenkova. At present, the laboratory deals with problems of early diagnosing and rehabilitation of developmental deviations in infants and young children with disabilities [4].

In 1992, a non-government organization "Saint-Petersburg Institute of Early Intervention" is founded with the aim of realization of the program "Infant Habilitation" (headed by L. A. Chistovich, E. V. Kozhevnikova). Early assistance services are being created and developed in the regions. According to Yu. A. Razenkova, more than 68 regions have various models of early assistance and realize regional programs.

The 2012 law "On Education in the Russian Federation" for the first time introduced the term "early special assistance" in legislation; the "Conception of Development of Early Assistance in the Russian Federation for the Period up to 2020" was adopt-

ed in February 2016. The priority of early assistance services provision in natural situations – at the place of the child's residence – is one of the leading principles of the conception.

Thus, the undertaken theoretical analysis of the state of early assistance in different countries of the world and in Russia shows that at present our country specialists are working out a uniform approach to the formation of the system of early assistance and support for children and their families and are defining the mechanisms of interdepartmental interaction on the federal and regional levels.

References

1. Aksenova, L. I. Rannaya kompleksnaya pomoshch' detyam s otklonyaniyami v razvitiy kak odno iz prioritnykh napravleniy v sovremennoy spetsial'noy (korrektsionnoy) pedagogike / L. I. Aksenova // Defektologiya. — 2002. — № 3.
2. Razenkova, Yu. A. Sistema ranney pomoshchi: poisk osnovnykh vektorov razvitiya : monogr. / Yu. A. Razenkova. — M. : Karapuz, 2011.
3. Kontseptsiya razvitiya ranney pomoshchi v Rossiyskoy Federatsii na period do 2020 goda.
4. Spetsial'naya pedagogika : ucheb. posobie dlya stud. vyssh. ucheb. zavedeniy. V 3 t. T. 1. Istoriya spetsial'noy pedagogiki / N. M. Nazarova, G. N. Penin ; pod red. N. M. Nazarovoy. — M. : Akademiya, 2007.
5. Spetsial'naya pedagogika : ucheb. posobie dlya stud. vyssh. ucheb. zavedeniy. V 3 t. T. 3. Pedagogicheskie sistemy spetsial'nogo obrazovaniya / N. M. Nazarova, L. I. Aksenova, L. V. Andreeva i dr. ; pod red. N. M. Nazarovoy. — M. : Akademiya, 2008.
6. Sravnitel'naya spetsial'naya pedagogika : ucheb. posobie dlya stud. uchrezhdeniy vyssh. prof. obrazovaniya / N. M. Nazarova, E. N. Morgacheva, T. V. Furyaeva. — M. : Akademiya, 2011.
7. Federal'nyy zakon : ot 29.12.2012 N 273-FZ «Ob obrazovanii v Rossiyskoy Federatsii».
8. Boller, K. D. Home Visiting: Looking Back and Moving Forward / K. Boller, D. A. Strong, D. Daro // Zero to Three. — 2010. — Vol. 30, July.
9. Bruder, M. Early Childhood Intervention: A Promise to Children and Families for Their Future / M. Bruder // University of Connecticut. — 2010. — Vol. 76, № 3.
10. Daro D. Embedding Home Visitation Programs within a System of Early Childhood Services [Electronical resource] / Chapin Hall at the University of Chicago, 2009. — Mode of access: <http://www.chapinhall.org>.
11. Johnson, K. State-based Home Visiting: Strengthening Programs through State Leadership / K. Johnson // National Center for Children in Poverty / Mailman School of Public Health, Columbia Univ. — 2009, Febr.
12. Korfmacher, J. Intervention processes as predictors of outcomes in a preventive home-visitation program / J. Korfmacher, H. Kitzman, D. Olds // Journal of Community Psychology. — 1998. — № 26.
13. McWilliam, R. A. Home-based services / R. A. McWilliam // Teaching infants and preschoolers with disabilities. — Columbus, OH : Merrill. — 2003. — № 3.
14. Olds, D. L. Maternal psychological characteristics as influences on home visitation contact / D. L. Olds, J. Korfmacher // Journ. of Community Psychology. — 1998. — Vol. 26, № 1.
15. Trohanis, P. L. Progress in providing services to young children with special needs and their families: An overview to and update on the implementation of the Individuals with Disabilities Education Act / P. L. Trohanis // Journ. of Early Intervention. — 2008. — № 30 (1).

16. Turnbull, A. P. Family supports and services in early intervention: A bold vision / A. P. Turnbull, J. A. Summers [et al.] // Journ. of Early Intervention. — 2008. — № 29 (3).

17. Wasik, B. H. Home visiting procedures for helping families / B. H. Wasik, D.M. Bryant. — 2nd ed. — Thousand Oaks, CA : Sage, 2001.