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ABOUT AN INTEGRATED APPROACH TO DESIGNING THE CONTENT OF HEALTH PASSPORT

Abstract. The article is devoted to the issue of optimization of the process of medico-pedagogical interaction in organization of educational space, including the one for children with special educational needs. The success of social adaptation of children with developmental disorders depends, to a large extent, on the quality of diagnostics of their capabilities aimed at identifying the safe functions liable to rehabilitation process and their naturally developing psychophysical indicators including the objective data about the state of the child's health, his developmental peculiarities including information on the diseases he has had. The article discusses the possibility of solution of this problem within the systemic (complex) approach which presupposes taking into account medical, psychological and socio-pedagogical parameters of development of children. Special attention is paid to the need to create a document representing a health passport which would be easy to understand for parents and teachers; and which would contain information about the etiology and indicators of the developmental disorder and the psychophysical impairments of the child. The article substantiates the need to optimize the existing system of assessment of the psychophysical condition of the children with developmental disorders and provides concrete proposals about alteration of the structure of the health passport: indication of the social status and genetic anamnesis of the child; of the negative factors influencing the child in prenatal, perinatal and early postnatal ontogenesis, which plays a huge role in relevant organization of rehabilitation and abilitation measures; informative nature of the medical data and their frequency depending on the nature of developmental disorder; assessment of the child's speech functions and psychological development. It is also suggested that the health passport include the data about the individual physical development of the child.

Keywords: health passport; organization of educational space; children with disabilities; disabilities; children's health.

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The first decades of the 21st century have marked a crucial moment in the development of the education system of Russia. The cornerstone for the development and reformation of this system was laid by the National priority project “Education” in 2006. Above all, it was declared within the framework of this project that it was necessary to include health preserving technologies in this process. Under the current law “On Education in the Russian Federation”, the health of children and teenagers also refers to the priority areas of state policy in the sphere of education [14].

Undoubtedly, preservation and promotion of the health of children is an urgent issue, but these processes are impossible without tak-

ing into account the objective data about the state of the child’s health, his developmental peculiarities including information on the diseases he has had. In this context, the question about the creation of the health passport becomes especially important, as it represents a radically new approach to health preservation and promotion. The problem of design and approbation of this document has been dealt with over quite a long period but no uniform document for the whole territory of Russia has been created yet. The analysis of the situation has shown that the solution of this problem needs a systemic approach which presupposes taking into account medical, psychological and socio-pedagogical parameters of chil-

dren's development. At the same time, the document should be easy to understand for parents [11], teachers and, to a certain extent, for the child himself. It is also necessary to remember that the information should be confidential and ethically and socially correct.

It is beyond doubt, that health passport is necessary for typically developing children, as the correct use of its information optimizes the process of medico-pedagogical interaction while organizing educational space and medical support. Nevertheless, for the children who have deviations from the normal course of psycho-physical development, the urgency of the monitoring of dynamics via health passport increases manifold. The success of social adaptation of children with developmental disorders depends, to a large extent, on the quality of diagnostics of their capabilities aimed at identifying the safe functions liable to rehabilitation and abilitation process and their naturally developing psychophysical indicators. It is the relevant organization of the educational space that is capable of making them useful for the society and can create the conditions for their social adaptation [13]. One of the main tasks of the modern system of education, that has entered the path of inclusive learning, consists in the search for the ways of optimization of the psycho-medico-pedagogical interaction

in order to create the accessible and optimal educational space for the child with developmental disorders [10].

Health passport is a document that should contain information about the etiology and indicators of the developmental disorder and the psychophysical impairments of the child.

The health passport structure should include general information about the child (family name, first name and patronymic, date and place of birth, place of residence, family status: living in family, being under guardianship or without it, etc.). It is important to include the most complete genetic information about the child as it may allow us to make or correct the diagnosis and, consequently, to optimize the medical support for the child and identify his psychophysical status. Genetic diseases, for example, if they are connected with chromosome disorders, especially in the recessive type of inheritance, may manifest themselves not immediately, and with years can aggravate the course of the disease which is symptomatically incurable.

The health passport structure should also include information about the negative factors influencing the child in prenatal, perinatal and early postnatal ontogenesis even for a short time and entailing the emergence of new developmental disorders or aggravating the ex-

isting ones. This information is necessary to differentiate the rehabilitation and abilitation measures [9], because the situation needs data about the primary absence of the function or the loss of it.

Medical data should constitute the most informative constituent of the health passport. This section should include all the medical data about the child from the birth to the age of majority. Physiological characteristics should include the following: nosological group of the primary disorder with its code according to the ICD-10 and the accompanying disorders with complete description of the structure of defect [8]; anthropometric data with conclusions about the correspondence of the physical development to developmental norms, including sexual maturity; data about chronic diseases and the corresponding health group; previous diseases indicating the period and clinical course; laboratory tests. Specialists of various branches of medicine (pediatricians, neurologists, psychiatrists, oculists, gastroenterologists, rheumatologists, etc.) should take part in the assessment of the physical state of the child depending on the character of pathology. And the specialists should provide a characteristic of the general physical state of the child at the time of examination.

In a certain cases, additional information (about the presence of

allergy, epileptoid manifestations, musculoskeletal apparatus disorders, platypodia, etc.) may be needed for assessment of the physical state of the child.

If it is enough for the child included by the indicators of his psycho-physical development in the range of the norm to pass regular annual examinations, the child with developmental disorders needs shorter intervals between examinations (for example, once every three or six months). The health passport makes it possible to keep the information about medical prescriptions and the medical examination data in the common list of characteristic features of the child's development, which has a positive effect on the general assessment of the development of the child.

Assessment of the state of speech functions of the child needs obligatory inclusion of the logopedist in the team of specialists [7; 15].

The information specter of the health passport should be complemented with the data about psychological development, because the indicators of the emergence of new psychological properties which indicate the child's developmental potential [4] and the possibility to include in the rehabilitation process an activity-based component triggering off the formation of the new kinds of activity and transformation of the personal component are of

special significance. It is important to realize how much the leading activity is misplaced in the ontogenetic sense in the case of developmental disorder, and what higher psychological functions are maximally safe. Thus, the structure of the health passport should include the data about perception, attention, memory, praxis and cognitive functions. Not least important are the data about the development of emotional intellect [1; 2] and the child's communicability. Assessment of the age-related psychological characteristics and the presence of accentuations needs inclusion of additional information about the child's anxieties, phobias, obsessions and other negative states in the general spectrum of data about the personal development of the child [6].

The choice of experimental procedures is a special question of psychological diagnostics [3]. They should be unified and use an assessment scale uniform for the whole country allowing experimenters to differentiate the indicators according to the child's age and, consequently, should be chosen taking into account the indicators of both typical and impaired development.

In order to understand the socio-pedagogical specificity of the child, and mainly the child with developmental disorders, and to improve the effectiveness of rehabilitation-educational intervention, it is very

important to evaluate the social conditions of life of the person tested. If the child lives in a family, the following factors play an important role: the social status of the parents, the family's material well-being, the housing conditions, the presence of bad habits in the parents, the child-parent relations or the relations with significant adults; interpersonal relations with society (within the family, micro-group, etc.), relationships in the collective, and the assessment of the sociological status of the child beginning with the age of three years. Ruining relationships in the family and with significant adults and upbringing mistakes are known to influence the somatic health and general development of the child.

Socio-pedagogical status also presupposes the assessment of the pastoral-educational component of the child's development [4]. Defects of upbringing and inadequate organization of the academic process with considerable overload far beyond the child's capabilities are the main causes of children's neuroses and borderline mental states even in children with typical development. For the children with developmental disorders, the question of assessment of abilities and opportunities is of primary importance in designing the individual rehabilitation route. That is why, to assess the development of the socio-pedagogical constituent, the health passport

should contain the data of psychopedagogical diagnostics of the child at various stages of his development with reference to the level of formation of his social everyday skills and elementary knowledge and habits of orientation in space, awareness of the colors, size and shape of objects. The data about the socio-pedagogical status of the child and the regular monitoring of the changes within the parameters under observation may allow tailoring the education process of each child within the framework of the individual approach and smooth out the upbringing defects to the maximum degree.

It is also suggested that the health passport include the data about the individual physical development of the child, because it is next to impossible to carry out the individual approach to physical fitness in the diagnostics of the state of the child's health without assessing the level of physical development of children [5].

Thus, the health passport may serve as a basis of a complete enough assessment of the child's development along the following lines:

- medical (including anthropological data and data about the child's individual physical development);
- psychological;
- socio-pedagogical.

Such three-factor system of analysis may be valid as, relying

on the basic indicators of the child's development, it allows implementing optimal regulatory measures in the process of learning and upbringing. The following results of implementation of the health passport might be predicted:

- orientation towards healthy life style and health promotion of the risk-group children;
- normalization and prevention of development of pathological changes in the general state of the child;
- optimization of the education process.

The creation of such a document is absolutely impossible without computer-assisted informational foundation, and the monitoring of the child's development dynamics can make it possible to regulate its formation from the scientific point of view. Comparison of the indicators recorded in the health passport with the typical age-related characteristics [12] will allow choosing optimal means and methods of a complex approach to improvement of the child's health indicators.

It is evident that the necessity of design and approbation of health passports is beyond doubt, but one more question arising within the framework of the given problem is the question about access to the information – it must be closed for public use and can be accessed only for monitoring the child's health and development by the parents and

specialists of the corresponding profile.

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