Введение. В современной ситуации система дополнительного образования столкнулась с вызовом: процессы инклюзии, декларируемые государственной образовательной политикой, обусловили необходимость максимального охвата детей разных нозологических групп, активного включения их в занятия, разработки адаптированных программ, создание специальных условий. В то же время отсутствие понимания целей дополнительного образования в контексте инклюзии, научно обоснованных критериев успешности, специфики педагогической поддержки и профессиональной эффективности в работе с особыми детьми не только на уровне методик, но и ценностей, смыслов, то есть проблематики воспитания – приводит к подмене понятий и тиражированию формализации, квазидеятельности.

Цель исследования: выявление и классификация наиболее успешных практик дополнительного образования, включающего детей с ОВЗ и инвалидностью, разработка инструментов научно-методической поддержки актуальных запросов педагогического сообщества в части воспитания детей с особыми образовательными потребностями.

Методы исследования. В исследовании принимали участие педагоги и административные работники дополнительного и общего образования из 78 субъектов РФ. Общее количество опрошенных составило 161 человек. Основным методом был выбран метод опроса профессионального сообщества, который позволил, с одной стороны, при помощи авторского опросника изучить современное состояние включенности детей с ОВЗ и инвалидностью в систему дополнительного образования в России, с другой, получить посредством полуструктурированного интервью точную информацию о практиках и способах такого включения. Для обработки результатов применялись методы математической статистики (описательной статистики) и контент-анализ.

Результаты. Согласно полученным данным, дополнительным образованием охвачено около 14% детей с инвалидностью и с ОВЗ. Самым уязвимым оказывается туристско-краеведческий блок (1,2%); естественнонаучная направленность реализуется лишь в 1,2% от общего количества регионов; техническая направленность заявлена в 5% субъектах, социально-гуманитарная – 18,1%, физкультурно-спортивная – в 27,2%. По мнению профессионального сообщества, наибольшая потребность имеется в научно-методической поддержке педагогических кадров (63,8 % запросов) и в меньшей степени значимо увеличение финансирования (12,7%).

Заключение. В результате анализа региональных площадок дополнительного образования было выделено 5 моделей реализации адаптированных дополнительных образовательных программ в субъектах Российской Федерации. Критерием их выделения послужили способы включения детей с ОВЗ и инвалидностью в образовательную деятельность.

Ключевые слова: пространство детства особого ребенка, дополнительное образование, дети с ограниченными возможностями здоровья и инвалидностью, вариативные образовательные траектории

Ссылка для цитирования:
Introduction. Nowadays the system of supplementary education for children in the Russian Federation is faced with a challenge: the processes of inclusion, declared by the government educational policy, necessitated the maximum coverage of children of various nosological groups, their active inclusion in classes, development of adapted programs, and creation of special environments. Meantime, the lack of understanding of the goals of supplementary education in the context of inclusion, of scientifically substantiated criteria for success, of specifics of educational support and professional efficiency while working with special needs children leads to substitution of concepts and replication of formalization, to quasi-activity.

This work aims to identify and classify the most successful practices in supplementary education that includes children with health limitations and disabilities, to develop tools for scientific and methodological support of the current needs of the teaching community.

Materials and methods. The study involved teachers and administrative workers of supplementary and general education from 78 constituent entities of the Russian Federation. The total number of respondents was 161 people. The content of this paper is based on the survey method, which made it possible to study the current state of inclusion of children with special needs and disabilities in the system of supplementary education. Through author’s questionnaires and semi-structured interview the practices of “inclusive” supplementary education were analysed. Methods of mathematical statistics (descriptive statistics) and content analysis were used to process the research results.

Results. According to the data received, supplementary education covers about 14% of children with disabilities and health limitations. The most vulnerable is the tourism and local history line of work (1.2%); natural sciences field also requires enhanced attention, since it is implemented only in 1.2% of the total number of regions; technical activities were announced in 5% of the constituent entities, social and humanitarian – in 18.1%, physical training and sports – in 27.2%. At the same time, we discovered a high level of readiness in the professional community to include special needs children in mastering programs of various orientations, the prevailing importance of the human factor, and competent management strategies.

Conclusion. As a result of the analysis of regional platforms of supplementary education 5 models for the implementation of adapted supplementary educational programs in the constituent entities of the Russian Federation were identified.

Keywords: childhood space of a special needs child, supplementary education, children with health limitations and disabilities, elective learning paths

For Reference:
Education is recognized throughout the world as an effective strategy for the socialization of a special needs child. One of the Sustainable Development Goals (SDG 4) proclaimed by UNESCO is to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all” [1]. The Salamanca Statement also affirms the right of every child with special needs and disabilities to quality and student-centered education [2]. Supplementary education is traditionally understood as an area of raising a creative and free personality, careful attention to the child, as an environment in which each student can find a job according to their interests and develop their abilities. In the current situation, the system of supplementary education for children in the Russian Federation is faced with a challenge: the processes of inclusion, declared by the government educational policy, necessitated the maximum coverage of children of various nosological groups, their active inclusion in classes, development of adapted programs, and creation of special environments. At the same time, the lack of understanding of the goals of supplementary education in the context of inclusion, of scientifically substantiated criteria for success, of specifics of educational support and professional efficiency while working with special needs children not only at the level of methodology, but also that of values and meanings, leads to substitution of concepts and replication of formalization, to quasi-activity. The challenge of this research lies in the contradiction between the declared large scale inclusion in supplementary education and the absence of a concept that in agreement with the professional community would substantiate goals, educational ideas and strategies for their implementation. This problem is of particular relevance in the modern environment of emerging interest in pedagogical science and practice to the aspects of educational activity. In 2015, the Strategy for the Development of Education in the Russian Federation for the period up to 2025 was developed and made public [3]. The logical consequence of which was the adoption of Federal Law No. 304-FZ On Amendments to the Federal Law On Education in the Russian Federation regarding Education of Students dated July 31, 2020 [4]. In this context, educational organizations, primarily schools that implement basic and supplementary general education programs, need to analyze general education programs; it is necessary to analyze the level, the areas and the quality of educational work in terms of compliance with the requirements stated in the exemplary education program [Approved by the decision of the Federal Educational and Methodological Association On General Education (Minutes No. 2/20, dated June 2, 2020)]. Including children with health limitations and disabilities in the space of supplementary education, in our opinion, should be carried out primarily in the context of their personal development. It is driven by the top priority of forming life competencies in students of this category.

Purpose and objectives of the study. This work aims to identify and classify the most successful practices in supplementary education that includes children with health limitations and disabilities, to develop tools for scientific and methodological support of the current needs of the teaching community.
The process of society humanization was reflected in the field of national education with the adoption of a new revision of Federal Law No. 273 "On Education in the Russian Federation" [5], which reinforced every child’s right to have access to quality education. It is but natural that in relation to the system of non-formal education, the specificity of which is revealed in the scientific works of L.V. Buylova [6,7], I.N. Popova [8], joint monographs [9], there rose an urgent public demand to provide variable modern programs adapted to the capabilities, needs and real cognitive interests of children of various nosological groups.

It should be noted that supplementary education of children, as a separate system, is a specific feature of the domestic educational space. Supplementary education does not fall under the requirements of the Federal State Educational Standards, however, directions of supplementary education – natural sciences field, physical training and sports, technical activities, social and humanitarian, tourism and local history line of work – and regulatory requirements for educational programs have been identified; a professional standard for teachers of supplementary education for children and adults has been established; the Concept for the Development of Supplementary Education is regularly updated. At the same time, foreign periodicals conceptualize various aspects of non-formal education. A number of researchers [10] analyze the potential of supplementary education «for creating social capital for children and youngsters», others are studying the availability of supplementary and informal courses, as well as the demand for them, depending on the financial resources of families [11]. The attention is focused on the need to involve parents and to create new courses of out-of-school work, summer extracurricular activities that help children develop academic skills. These courses are especially relevant, according to the authors of the study, for financially underprivileged families [12]. The role of supplementary education for successful teaching of children with health limitations is analyzed from the point of view of the space of interaction with neurotypical children [13]; as a means of organizing leisure activities for teenagers and young people with disabilities [14]; as a way to organize inclusive groups for children and youngsters with disabilities so that they could joint in physical activity with their neurotypical peers [15,16]; as a resource for the development of children and adolescents with disabilities in a rich variable supportive educational environment [17; 18]. At this stage in the development of inclusion, the attention of domestic practitioners and researchers is focused on conditions conducive to the inclusion of children with health limitations in supplementary education courses.

A separate regulatory document [19] sets forth the details of special organizational and teaching environment, which associations of supplementary education must provide for pupils with the status of children with health limitations. This environment relates to ensuring the accessibility and openness of the objective-spatial, social and didactic environment. Nevertheless, the study by S.G. Kosaretsky et al. [20] with good reason asserts that the actual coverage of children with health limitations and disabilities is extremely low, despite the emergence and development of model centers for supplementary education in the regions of the Russian Federation, the Quantorium network, and detailed information about the adapted programs posted in the network navigators.

Thus, in a survey conducted in 2020 by the All-Russian Organization of Parents of Disabled Children (VORDI), 98% of the parents surveyed (1978 questionnaires of respondents residing
in 73 regions of the Russian Federation were processed) consider it important for their child to receive supplementary education. At the same time, 37% of parents are not aware what studios and sections are available in their locality and would be of interest to their child, 27% know a little about it and would like to know where to get such information, 22% know a lot, but they are sure that they do not know about everything. And 14% of respondents believe that they are sufficiently informed [21]. This, in our opinion, testifies to the fact that information about educational resources and opportunities, provided to families raising children with health limitations and disabilities, is currently disseminated in an unfocused and unsystematic manner.

**Materials and methods**

The research methodology was based on three basic cultural ideas that influenced the selection of specific methods, the progress of research, and the interpretation of the obtained results.

1. "Humanization of the childhood space" is based on the following principles:
   - pedagogical optimism (N.M. Nazarova);
   - recognition and observance of the rights of the child both from a formal legal point of view and from a substantive point of view (Y. Korchak). In the first case, we are talking, in particular, about the right to receive high-quality supplementary education, regardless of the state of health of the student, in the second – about the right to a full-fledged life in childhood as a unique period of human life, the right to cognitive interest, the right to friendship, the right to refuse activities unattractive to the child, etc.
   - professional position of a teacher-facilitator, of a helping practitioner (I.D. Demakova, I.Yu. Shustova)

2. The biopsychosocial concept of health and disability includes:
   - the theory of salutogenesis as a direction that explores the sources of physical, mental and spiritual health (A. Antonovsky);
   - a navigation model of health (V.M. Rozin);
   - key concepts of the International Classification of the Functioning, Disabilities and Health (ICF), in particular, the “activity and participation” of a person with a disability in his/her own life and communities significant for him/her.

3. The concept of a support community (V.P. Kashchenko, V.I. Slobodchikov, I.Yu. Shustova) is based on the following considerations:
   - The eventful nature of children's life;
   - The need to organize child-adult associations, including students of different ages;
   - Particular characteristics of regional educational resources.

In the period between November 2019 and March 2020, 78 constituent entities of the Russian Federation were involved in the monitoring as part of this research. The number of associations of supplementary education personally visited by the authors of this article was 71.

The monitoring, developed and implemented with the direct participation of the authors of the article [22], analyzed the experience of various regions of the Russian Federation. The monitoring was carried out in two stages: a preliminary analysis of the requested documents and information and acquaintance of the experts with the platforms for inclusive practice available in each of the regions, interviewing members of the professional community.
During Stage 1, representatives of education departments in the regions filled out the "Information and Statistics Cards". The questions in these "cards" concerned information about the number of children with health limitations and disabilities enrolled in supplementary education programs, as well as specifics of the educational environment accessibility: the availability of special conditions, equipment, personnel necessary for successful application of these inclusive courses. A fragment of the "Information card" is provided in the table below (see Table 1.).

### Table 1

#### Fragment of the "Information card"

<table>
<thead>
<tr>
<th>No.</th>
<th>Indicators</th>
<th>0 points (is not evident)</th>
<th>1 point (partially evident)</th>
<th>2 points (fully evident)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal and regulatory framework governing the implementation of supplementary education for children with health limitations and children with disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Availability of regional regulations for the implementation of supplementary education for children with health limitations and disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-8</td>
<td>..................................................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Organization of supplementary education for children with health limitations and disabilities at an educational organization

<table>
<thead>
<tr>
<th>1</th>
<th>Availability of regional projects in the system of supplementary education for children with health limitations and disabilities on:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Logistics and equipment,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staffing,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Financial development,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-4</td>
<td>..................................................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Special educational conditions for children with health limitations and disabilities at an educational organization

| 1-2 | .................................................................................. |

### During Stage 2 of monitoring the regions were requested to demonstrate adapted programs of supplementary education, which were implemented in three types of environments:

1. In schools for children with special needs;
2. In general education schools as an inclusive component of the school environment;
3. In stand-alone associations of supplementary education (Arts and Crafts Clubs for children and youth, specially organized centers, etc.)

The key method selected was a survey of the professional community, which made it possible, on the one hand, to study the current state of inclusion of children with health limitations and disabilities in the system of supplementary education in Russia, and, on the other hand, through a semi-structured interview to obtain spot information about the practices and methods of such inclusion [23].
The questions were presented to the respondents in a free order, depending on the context (the specific aspects of the practice under discussion, the professional position of the respondent). The respondents were as follows: representatives of administrative structures (ministries and departments of education, administrations of supplementary education associations), teachers who implement inclusive educational practices. All the questions were grouped into the following topical blocks:

1. Who initiated the establishment of this practice?
2. How can a child with disabilities join and enrol in the program?
3. In what way can a child get an assured access to the program, namely: informational, financial, milieu. Including objective-spatial accessibility, taking into account his/her special needs caused by the state of health, the competence of the teacher.
4. Who is implementing the program? What specialists are involved (teachers of supplementary education, special education teachers, is network interaction used?)?
5. In what way are the parents included? How is communication with the family carried out?
6. What are the criteria for assessing the success of the practice they represent, according to the respondents? For example, the high demand for the program, social recognition (children winning in competitions, including academic competitions, etc.), “delayed results” - positive educational dynamics of the child in general and supplementary education, professional enthusiasm of the teachers, willingness to continue developing the course?
7. What is the outlook for further implementation of the program? (For the specific children and their families, for combining supplementary education, for the region)?
8. What difficulties are the authors of the practice facing? How do they overcome these difficulties?
9. In what ways is the practice under discussion different from any others? In what way is it unique?
10. What else, according to the respondent, is important and needs to be discussed? What aspects of this practice need to be discussed?

Results

The documents analysis resulted in obtaining the following information:

- regional model centers are recognized as the most promising organizational and methodological infrastructure. Thus, only in a significantly smaller number of regions (16.8%), as compared to the total number of the constituent entities of the Russian Federation, such centers have not been established and are not perceived as one of the leading development trends of the entire system;
- the area of education is a significant leader as an environment where adapted supplementary educational programs are implemented. At the same time, many federal level regulatory documents and methodological recommendations recognize the need for network and interdepartmental interaction in the context of development and practical use of such programs.

According to the data received, supplementary education covers about 14% of children with disabilities and health limitations. Participating children fall into the following categories: students with developmental delay (37.6%), with severe speech impairments (18%), with a mild case of mental retardation (14%), with disorders of musculoskeletal system (8%), deaf (7.7%), hearing impaired and postlingually deafened (4%), with autism spectrum disorders
(2%), with moderate and severe cases of mental retardation (2%). Social sciences and humanities, art and physical training and sports are most often brought into play.

- the most vulnerable is the tourism and local history line of work (1.2%). The respondents are convinced that it is caused by the official restrictions dictated by the safety requirements for children's groups;
- natural sciences field also requires enhanced attention, since it is implemented only in 1.2% of the total number of regions;
- technical activities were announced in 5% of the constituent entities, social and humanitarian – in 18.1%, physical training and sports – in 27.2%. Thus, the artistic activities are formally in the lead (58%).

Comparison of the total number of students in different topical programs as percentage is given in Table 2. (This information was obtained during the study of the IKP RAO (the Institute for Special Needs Education of the Russian Academy of Education), developed and carried out in 2020 with direct participation of the authors of this article).

### Table 2

<table>
<thead>
<tr>
<th>Area of activity:</th>
<th>Hearing impairment (as %)</th>
<th>Vision impairment (as %)</th>
<th>Severe speech impairments (as %)</th>
<th>Musculoskeletal impairments (as %)</th>
<th>Autistic spectrum disordered (as %)</th>
<th>Intellectual disorders (mentally retarded) (as %)</th>
<th>Severe multiple developmental disorders (as %)</th>
<th>Developmental delay (as %)</th>
<th>Children with disabilities without health limitations (severe somatic diseases) (as %)</th>
<th>Total (as %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social and humanities areas</td>
<td>0</td>
<td>14</td>
<td>20</td>
<td>4</td>
<td>8</td>
<td>17</td>
<td>2</td>
<td>26</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Arts areas</td>
<td>4</td>
<td>4</td>
<td>29</td>
<td>6</td>
<td>7</td>
<td>25</td>
<td>0</td>
<td>20</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Natural sciences areas</td>
<td>1</td>
<td>1</td>
<td>32</td>
<td>4</td>
<td>1</td>
<td>11</td>
<td>19</td>
<td>25</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Technical areas</td>
<td>2</td>
<td>10</td>
<td>22</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>43</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>Tourism and local history</td>
<td>1</td>
<td>5</td>
<td>38</td>
<td>5</td>
<td>0</td>
<td>34</td>
<td>0</td>
<td>13</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Physical training and sports areas</td>
<td>3</td>
<td>4</td>
<td>26</td>
<td>1</td>
<td>3</td>
<td>24</td>
<td>0</td>
<td>34</td>
<td>5</td>
<td>100%</td>
</tr>
</tbody>
</table>

This study analyzed information provided by 41 constituent entities of the Russian Federation. 533 associations of supplementary education took part in the survey, including general educational organizations that implement relevant programs, as well as children's creative art studios, sports schools, art schools, educational centers, boarding schools. It should be noted that at the time of the monitoring there were no adapted programs in social and humanitarian areas for deaf children, for children with autism - in tourism
and local history orientation, for children with severe multiple developmental disorders - in art, tourism, local history and physical training and sports. Extremely low assessment of a number of programs, such as: technical ones for children with hearing impairment, with autism, with severe multiple developmental disorders. Children with musculoskeletal disorders, hearing impairments, and autism are practically not covered by any programs of physical training and sports orientation. Natural sciences supplementary programs for children with hearing, vision, musculoskeletal system impairments, with autism have not been sufficiently developed.

Both the supplemental education teachers and the administration are aware of the deficit of professional skills. Members of the professional community see the need for systemic assistance, first of all, for support and development of professional competences and skills of practicing teachers. Figure 1 shows professional support and development activities.

<table>
<thead>
<tr>
<th>Proposal related to staffing</th>
<th>63,8%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposals related to improvement of logistics and equipment</td>
<td>40,4%</td>
</tr>
<tr>
<td>Proposals for enhancing interdepartmental collaboration</td>
<td>27,6%</td>
</tr>
<tr>
<td>Proposals for development of new adapted supplementary education programs for children</td>
<td>21,2%</td>
</tr>
<tr>
<td>Proposals for drafting uniform organizational and methodological requirements</td>
<td>19,1%</td>
</tr>
<tr>
<td>Proposals for working with families having special needs children</td>
<td>17,0%</td>
</tr>
<tr>
<td>Proposals for new technologies implementation (including online education)</td>
<td>17,0%</td>
</tr>
<tr>
<td>Proposals for Increased funding</td>
<td>12,7%</td>
</tr>
<tr>
<td>Proposals for dissemination of positive experience throughout organizations and in mass media</td>
<td>8,5%</td>
</tr>
<tr>
<td>Proposals for humanizing inclusive education process</td>
<td>8,5%</td>
</tr>
<tr>
<td>Proposals for setting up a single electronic</td>
<td>6,3%</td>
</tr>
</tbody>
</table>

*Figure 1* The main proposals for professional support
Through the analysis of regional platforms for supplementary education several basic models could be identified (see Table 3) The basic principle of generating such a model should be regarded as the way of including a child with health limitations and disabilities in participation in supplementary education courses, identified on the basis of a semi-structured interview with representatives of the professional community of each of the regions participating in the monitoring. As a result, 5 models were identified: it is taken into account who initiates the program of supplementary education, how the child with health limitations is included in participating in the course, what is the substantive specificity of the model, and what pedagogical problems the model is focused on solving.

**Table 3**

Variants of models for the implementation of adapted supplementary educational programs in the constituent entities of the Russian Federation

<table>
<thead>
<tr>
<th>Model specifics</th>
<th>Implementation specifics</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adapted programs with diverse activities are a component of an individual comprehensive development plan for a special needs child. They are implemented within the framework of medical-psychological-teaching centers.</td>
<td>The teaching concept is formed on the basis of the logic of developmental education for children with special needs. And first of all the implementing teachers must be specialists possessing relevant competences to work with special needs children.</td>
<td>The inclusion of a special needs child begins at the level of preschool education, the family promptly receives information about available attractive programs while undergoing the examination by psychological, medical and pedagogical commission (CPMPC). There is a high level of motivation of children, since a studio or a sports section is selected based on a specific request.</td>
</tr>
<tr>
<td>2. Adapted supplementary education programs must also cover homeschooled children within the framework of general education.</td>
<td>It is the general education school that initiates and actively includes children in these activities, helps parents to choose a club, a sports section or a studio and act on it.</td>
<td>The objectives of social adaptation of the child and his/her family are fulfilled. Flexible organizational and educational forms are used (remote technologies, e-learning, mixed formats)</td>
</tr>
<tr>
<td>3. Integration of general and supplementary education through the official inclusion of the adapted program in the child's curriculum.</td>
<td>The school legitimately invites a teacher of supplementary education to work as part of a school Psychology and Education Council. The competencies mastered by the student in a studio, a club or a sports section are harmoniously fostered during classes and training sessions.</td>
<td>In the opinion of special education teachers, school psychologists, parents, such co-organization of programs allows to enhance learning results and the health-saving effects.</td>
</tr>
<tr>
<td>4. Using the resource of early professionalization: the inclusion of motivated children in arts and sports classes.</td>
<td>The high degree of variability of such programs allows flexibility in building various trajectories: from introductory to participation in competitions, festivals.</td>
<td>From the very start families see the socializing potential of supplementary education and the real life prospects for the child.</td>
</tr>
<tr>
<td>5. Organization of events, development of child-adult communities.</td>
<td>Field camps, festivals and contests, creative and sports competitions are organized in such a way that they allow families, specialists and children with varying interests to participate effectively and achieve their goals.</td>
<td>Support of parent-child communities helps families and professionals exchange information and experiences, develop a work culture with an eye toward the future of a special needs person and his family, and society as a whole.</td>
</tr>
</tbody>
</table>
Therefore, in our opinion, networking with regional model centers should become one of the leading trends in the work of schools when implementing joint programs.

This requirement is especially relevant in connection with the need to develop and implement working education programs for children with health limitations and disabilities, in which integration of general and supplementary education can play a leading role. As a result, in 6.4% of constituent entities cultural institutions (museums, theaters) act as active partners of associations of supplementary education, which, in our opinion, is a significant positive sign. In addition, there are some examples of successful and long-term cooperation of sports federations, academic and other organizations, social initiatives that form network-based partnerships with associations for supplementary education to create high-quality adapted programs and to actively include children with health limitations in them (among them: geriatric centers, registry offices, educational treatment centers, medical centers, drug control service).

The data obtained are supported by the VORDI survey [19], where 70% of parents answered that for them the departmental affiliation of the organization for supplementary education is not important, the most important factor is that it has created the necessary conditions for the child, taking into account his/her special needs. In our opinion, this does not mean that interdepartmental interaction while implementing the programs is irrelevant; this means that parents are open and ready to approach any option of added supplementary education flexibly.

Our monitoring showed a low level of development in some areas of supplementary education:

1) *Tourist and local history line of work.* At the same time, a deep tradition of carrying out this activity, understanding its uniqueness when working with children with health limitations or disabilities, from the point of view of fostering a conscious respect for their own health, as well as for the nature, the history, the culture of their native land, gives hope to the survey participants that active work in this area will be resumed. This is confirmed by individual examples of well-organized inclusive activities: many years of experience in summer kayaking (a special school for children with visual impairments, Ryazan; Children's Arts House, Kstovo, the Nizhny Novgorod region);

2) *Natural sciences line of work.* But in spite of the low formal numbers, there are modern initiatives. An illustrative example is a program put together by the Kaliningrad Institute for Education Development that uses remote technologies and e-learning which is very much in demand among children and their families. This project has been in place for more than 10 years, and it is about helping children to create an individual natural sciences exploration or research project. The Institute provides the necessary equipment for conducting experimental work to the participants, these tools are designed so as to take into account the psychological and physical specifics and capabilities of children (keyboards for students with cerebral palsy, headphones for absorbing excess noise for ASD children, applications that help students with visual impairments to study texts, etc.). Also among the new initiatives we can mention active use of "phyto-farms" in classrooms, during extracurricular activities and in supplementary education studios in a number of schools for special needs children, as well as launching work to enlist children with health limitations in the "Centers
for Children’s Modern Competencies Development" (for example, the Michurinsky Agrarian University in the Tambov Region);

3) Physical training and sports line of work. In our opinion, the “failure” in this area demonstrates the lack of a systemic approach to the social mandate and educational requirements of families raising children with persistent health problems. It is exactly classes in physical training and sports that can provide support to every child with health limitations, make a significant contribution to the strategy of his/her health preservation. And from a formal point of view, approaches to design any developmental program for a special needs child from birth to 18 years of age must mandatorily contain a set of adaptive supportive physical activities. Thus, the potential of this area is extremely poorly used. At the same time, individual platforms for inclusive practices of supplementary education demonstrate a high level of coverage of children, the use of modern psychological and teaching technologies, such as: tutoring, mentoring, organization of objective spatial environment using the necessary tactile, auditory markers, visual support to meet the needs of children of various nosological groups, specialized high-tech equipment for training (adaptive rock-climbing centers in Nizhny Novgorod, sports centers in the Tambov region). Some regions demonstrated examples of scrupulous educational work in this line of activity, personal participation of teachers-trainers in informing families or organizations at the child’s place of residence, in building variable “routings” depending on individual requests, needs and abilities: from adaptive physical training covering the maximum number children to inclusion of a special needs child in the system of highly professional competitions, sports days and contests at the regional, federal and international levels (Republic of Tatarstan, Tambov region).

We must especially emphasize that educational offers are limited for some categories of children with developmental health limitations. The lowest quantitative indicator is in programs for children with mental disorders (mentally retarded) and with autism spectrum disorder (2% for each category). This is a serious "deficit", since it is the very categories of persons who, for objective reasons, need prolonged programs, continuous support and assistance in employment or daytime attendance, in organized activities for the duration of their lives. From the point of view of content and flexible organizational forms, it is the network of supplementary education that can serve as a natural environment for such activities, continuous and diverse (from adapted programs for children to the creation of similar programs of supplementary education for adults and, in case of possible employability, to adapted vocational supplementary education). At the same time, in the environment of schools for children with special needs, the traditional system of activities – clubs and sports sections – was preserved, harmoniously embedded in the general lifestyle and traditions of the school (14% of the constituent entities demonstrated such practices: pottery workshops, theatrical activities, dance studios, the development of traditional and modern trends in needlework).

Options for the hearing-impaired and the late-onset deaf were developed in 4% of constituent entities, for the deaf – in 7.7%, there were slightly more options for children with musculoskeletal disorders (8%), with severe speech impairments – in 18%, and the analysis showed that this was largely thanks to involving educational psychology specialists for special needs students (for example, speech therapists) in development of adapted programs. Educational options for students with arrested development are in the lead (37.6%).

In our opinion, this state of affairs, first of all, indicates a lack of coordination between general and supplementary education, since in each of the versions of the adapted basic
educational programs, extracurricular activities are mandatory, half of them should be intervention courses, and the other half should be general developmental courses.

According to official documents, when organizing extracurricular activities for children, schools can use the capabilities of organizations of supplementary education, cultural and sports organizations. And in order to achieve a sustainable result of education and upbringing in conditions of psycho-physical limitations of a child, it is all the more necessary to make the most of the entire available inventory of educational resources. For example, classes in adaptive physical training, which are a "special educational need" for all children with health limitations and disabilities and a mandatory component of adapted basic educational programs, must be coordinated with the child's home load, with the requirements for a well-organized health-preserving environment, with his/her daily routine, with the formation of independent living skills and household independence, with family household chars. In this regard, we consider it promising to coordinate programs of supplementary and general education, integrate a course of physical training and sports into a single educational module within the framework of the working program of education, which will permeate the entire environment of school life for a child with disabilities. Or in the course of tourism and local history, you can plan the format of "targeted walks", co-organize this work with courses of in-class and extracurricular activities as part of the implementation of one of the variants of the adapted basic educational program, for example, for children with autism spectrum disorder. This activity requires joint efforts of the administration and the specialists of both supplementary education and intervention areas of expertise (see Table 2).

Conclusion

Thus, this study made it possible to identify insufficient coverage of children with health limitations and disabilities by supplementary education, difficulties in developing adapted programs adequate to the child's capabilities, insufficient parental information, difficulties in setting up correct teaching tasks, including those associated with supporting special needs children who have shown outstanding abilities in science, creativity, sports [24]; there is low coordination of interagency interaction. At the same time, a high level of professional community readiness to include special needs children in participating in various activities programs, the prevailing importance of the human factor and competent management strategies were revealed.

In order to be able to use the resource of supplementary education in building a unified educational trajectory for a child with health limitations, teachers and administration need to understand what are the most ubiquitous models for including a student with health limitations in supplementary education programs. Using information about already existing models, in our opinion, will help to initiate the creation of new original models, relying on resources, traditions, experience of regional systems of supplementary, inclusive and special interventional education.

The models shown in the Table 3 for including a child with health limitations in supplementary education programs can also be considered from the point of view of educational tasks that are solved in the course and as a result of this inclusion. We are talking about personal educational outcomes, which, according to the system-activity approach declared in the Federal State Educational Standard for Students with Disabilities (approved
by Order No. 1598 of the Ministry of Education and Science of the Russian Federation dated December 19, 2014), are a combination of three components:

1. mastering socially significant knowledge by a child with health limitations;
2. forming positive attitudes towards the possibility and the necessity of applying this knowledge;
3. creating conditions for acquisition of social experience, based on the acquired knowledge and formed positive attitudes towards the relevant activity.

Thus in Model 1, when supplementary education programs are closely intertwined with interventional work and are implemented by special needs teachers, the main emphasis will be placed on the ability to provide "the formation of positive attitudes" to the acquired socially significant knowledge. It should be noted that positive attitudes can be formed only in a specially organized environment that is familiar to the child and is consistently benevolent to him and his activity. Therefore, it is precisely classes in studios or hobby groups within the framework of this model that will provide an opportunity for a child with health limitations to demonstrate the productive result of his/her educational activity and receive comprehensive psychological and pedagogical support.

In the second model, organized among others using remote technologies and electronic resources, supplementary education courses will provide an opportunity for a homeschooled child and his family to gain experience in the application of socially significant knowledge. We are talking about the inclusion of a student in the group forms of final classes, events, festivals of a "reporting nature", etc. Socially significant experience is acquired if the activity takes place in an environment unfamiliar to the child. However, in a homeschooling setting (for example, in a situation of long-term medical treatment), such a strategy is the only available and, in our opinion, expedient.

In Models 3 and 5, tasks of any of the three levels can be flexibly solved (socially significant knowledge, positive relationships, experience in the implementation of socially significant activities), depending on the individual characteristics of the child, the characteristics of the developing environment, the family atmosphere, the level of professional skill of the teachers. For one student, due to the specificity of his/her educational needs and health limitations, harmoniously included classes of supplementary education or participation in event forms will create optimal conditions for acquiring social experience; for another student it will contribute to the development of socially significant knowledge (for example, about the rules of communication, about social everyday orientation, etc.)

Model 4 is focused on the consistent acquisition of social experience and entry into the future labor or professional activity of the child with health limitations.

The described models of successful inclusion practices require further study and dissemination. The inclusion of supplementary education courses in specially organized integrative modules of educational work at schools will help teachers build a system of educational work focused on the extremely individual needs of children with health limitations and the expectations of parental communities. In addition, the integration of general and supplementary education systems should be considered as a means of developing an open variable educational environment, including children of different nosological groups, capable of technological and prompt response to the needs of the child-adult community in the context of inclusion.

It is necessary to develop conceptual foundations for “inclusive” supplementary education for children, based on humane values and meanings, based on modern scientifically-based psychological and teaching approaches in the area of education.
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