

## Development of Inclusive Culture among Teachers in Educational and Sanatorium Type of Institutions

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### **Abstract**

The relevance of the research on this problem is driven by the fact that currently, the Republic of Belarus is actively implementing the ideas of inclusive education. The inclusive approach gives every child, including those with special needs, the right to be included in the general education system at all levels: to research together with their agemates in kindergartens and schools, to attend clubs and studios, to rest in recreation camps. One of the key problems in the organization of inclusive health improvement is that teachers are not prepared to work with children with special needs. Therefore, the preliminary work on the development of an inclusive culture among teachers is the prerequisite for the successful implementation of inclusive practices in summer recreation camps. The aim of the paper is to determine the possibilities of using the diagnostic method “Inclusive culture of a teacher of an educational and sanatorium type of institutions” to research the features of the development of inclusive culture among teachers of educational and sanatorium type of institutions. The ascertaining experiment was the leading method in the research of this problem. The experimental base of the research was represented by the teachers of the National Children’s Educational and Health-Improving Center “ZUBRENOK” distributed into two groups: the first — the experimental group included 46 teachers who in 2018-2019 took part in a series of training seminars on the development of inclusive culture, conducted by the staff of the Institute of Inclusive Education of the Belarusian State Pedagogical University. The control group consisted of 24 teachers who did not take part in the training. The research was conducted in 2019-2020. The paper presents the analysis of the obtained results of the research on the peculiarities of the development of inclusive culture among teachers of educational and sanatorium type of institutions. The materials of the paper can be used when organizing monitoring research at different stages of implementation of inclusive practices in educational and sanatorium type of institutions when developing technology for the development of inclusive culture among teachers and other subjects of inclusive education.

**Keywords:** inclusive education, inclusive health improvement, educational and sanatorium type of institutions, children with special needs, inclusive culture.

# Формирование инклюзивной культуры у педагогов воспитательно-оздоровительных учреждений образования

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## **Аннотация**

Актуальность исследования данной проблемы обусловлена тем, что в настоящее время в Республике Беларусь активно идет практическая реализация идей инклюзивного образования. Инклюзивный подход предоставляет право каждому ребенку, в том числе с особенностями в развитии, быть включенным в общую систему образования на всех уровнях: обучать вместе со сверстниками в детских садах и школах, посещать кружки и студии, отдыхать в оздоровительных лагерях. Одной из ключевых проблем при организации инклюзивного оздоровления выступает неподготовленность воспитателей к работе с детьми с особенностями психофизического развития. Следовательно, в качестве необходимого условия успешной реализации инклюзивной практики в летних оздоровительных лагерях выступает предварительная работа по формированию инклюзивной культуры педагогов. Цель статьи заключается в определении возможностей использования диагностической методики «Инклюзивная культура педагога воспитательно-оздоровительного учреждения образования» для изучения особенностей формирования инклюзивной культуры у педагогов воспитательно-оздоровительных учреждений образования. Ведущим методом в исследовании данной проблемы стал констатирующий эксперимент. Экспериментальная база исследования представлена педагогами «Национального детского образовательного-оздоровительного центра «Зубренок», которые были распределены на две группы: в первую, экспериментальную группу вошли 46 педагогов, которые в 2018-2019 г.г. приняли участие в цикле обучающих семинаров по формированию инклюзивной культуры, проводимых сотрудниками Института инклюзивного образования Белорусского государственного педагогического университета. Контрольную группу составили 24 педагога, не принимавшие участие в обучении. Изучение проводилось в 2019-2020 годах. В статье представлен анализ полученных результатов исследования особенностей формирования инклюзивной культуры у педагогов воспитательно-оздоровительных учреждений образования. Материалы статьи могут быть использованы при организации мониторинговых исследований на различных этапах внедрения инклюзивных практик в учреждениях образования, при разработке технологии формирования инклюзивной культуры у педагогов и других субъектов инклюзивного образования.

**Ключевые слова:** инклюзивное образование, инклюзивное оздоровление, воспитательно-оздоровительные учреждения образования, дети с особенностями психофизического развития, инклюзивная культура.

## **Introduction**

At present, the practical implementation of inclusive education ideas in the Republic of Belarus is one of the topical areas in the development of general and special education. The inclusive approach gives every child the right to be included in the general education system at all levels. Consequently, a child with special needs should have the opportunity not only to study together with normally developing agemates but also to participate in inclusive clubs, sections, and recreation camps. The organization of inclusive camp sessions, when children with special needs recover together with normally developing

children in educational and sanatorium type of institutions, represents one of the forms of inclusive education. In this paper, we consider inclusive camp sessions as a period of children's stay in an educational and sanatorium type of institutions, during which one or more special and (or) inclusive units function. However, at present, there is limited experience of joint recuperation for children with special needs and normally developing children. The main reasons that hinder the widespread emergence of inclusive sessions are the lack or insufficiency of a barrier-free environment in a broad and narrow sense; unpreparedness of all subjects of the educational and health process (parents, children, teachers) for active interaction; lack of professional competence of teachers to work with children with special needs; lack of a methodological framework for the organization of inclusive sessions. The problem of teacher readiness to work in conditions of inclusive health improvement is the key one. Consequently, systematic and purposeful work is needed to prepare all participants, and first of all teachers, for rehabilitation in conditions of inclusive sessions.

Thus, the problem of the research was defined by the contradiction between the need to develop an inclusive culture among teachers of educational and sanatorium type of institutions and the lack of clear approaches to defining the concept of an inclusive culture and specific psychological and pedagogical tools for its diagnosis.

### **Purpose and objectives of the study**

Purpose of the research is to define the concept of “inclusive culture of a teacher of an educational and sanatorium type of institution” and its components, development, and implementation of a diagnostic technique to research the features of the development of inclusive culture among teachers of educational and sanatorium type of institutions.

### **Literature review**

The introduction of inclusive education is seen as a dynamic process of forming an inclusive educational environment, the key component of which is an inclusive culture. It is possible to distinguish several approaches in definition of the concept of an inclusive culture.

In the first approach, the concept of “inclusive culture” is considered in a broad sense, as part of the general culture of the individual and society, and is presented as a certain level of development of society, which is expressed in the tolerant attitude of people to each other, acceptance of inclusive values and ideas of cooperation (Alekhina & Shemanov, 2018; Kirillova, 2014).

The second approach defines an inclusive culture as a special organizational environment that allows people of different ethnic groups with different types of thinking to work together effectively to achieve organizational goals (Pless & Maak, 2004). Tikhomirova & Shadrova (2015) consider inclusive culture as a system of relations of all subjects of the educational process (administration, teachers, students, their parents, social partners) functioning on the basis of values and principles of inclusion accepted by all and allowing to interact effectively to fulfill the mission of the institution in conditions of diversity.

In the third approach, the inclusive culture acts as one of the components of the implementation of inclusion in the educational and sanatorium type of institution. English authors Booth & Ainscow (2007) distinguish three aspects of inclusion development: the creation of an inclusive culture, development of inclusive policies, and development of inclusive practices. The aspect of “creating an inclusive culture” means defining one that triggers the change in the other aspects and includes two components: building a school community and adopting inclusive values.

The next group of authors considers inclusive culture as a component of professional pedagogical culture, as a personal quality of a teacher reflecting his/her attitude towards inclusive education (Khitryuk & Ponomareva, 2014). The development of inclusive readiness is the initial stage in the development of inclusive culture.

Our information search shows that there is no unified approach to understanding the essence of inclusive culture in modern literature. This concept is defined as a system of relations, an acceptance of inclusive values, and a readiness to work in conditions of inclusion. However, most definitions do not give an essential characteristic of the concept under research.

There is also no unified approach to distinguishing the components of an inclusive culture. Kirillova (2014) cites inclusive values and inclusive norms as the main components of inclusive culture. Tikhomirova & Shadrova (2015) identify the following components in the structure of inclusive school culture: the mission of the organization as a set of goals, values, and principles of inclusion. The authors emphasize that in order to create an inclusive culture it is necessary for the mission and values to be accepted and shared by all participants in the educational process, and the values and principles of an inclusive culture should be the basis for building activities and relationships. Ekushevskaya (2017) considers the ideas about people with disabilities and the system of attitudes towards them, which is formed based on the content of the image as indicators of inclusive culture.

The analysis of the studies presented above shows that there are no unified views on the structure of inclusive culture. Values and principles of inclusion and attitude towards people with special needs and disabilities are singled out as the main components. Tikhomirova & Shadrova (2015) conducted empirical studies of the features of inclusive culture formation.

Analysis of current psychological and pedagogical research revealed the lack of unified approaches to understanding the concept of an inclusive culture and its structure, the limited amount of empirical research on the topic, and the lack of tested diagnostic techniques.

## Methodology

### *Research Methods and Techniques*

In the process of research, the following methods were used: theoretical (analysis; synthesis; generalization); empirical (pedagogical observation, ascertaining, forming, control experiment); methods of mathematical statistics and graphic representation of results.

### *Experimental base of the research*

The experimental base of the research was represented by the teachers of the National Children's Educational and Health-Improving Center "ZUBRENOK" distributed into two groups: the first — the experimental group included 46 teachers who in 2018-2019 took part in a series of training workshops on the development of inclusive culture conducted by employees of the Institute of Inclusive Education of BSPU. The control group consisted of 24 teachers who did not take part in the training.

### *Research stages*

The research was conducted in four stages.

In the first stage, a theoretical analysis of the existing methodological approaches in the psychological and pedagogical scientific literature, thesis papers was carried out; the

problem, purpose, and research methods were selected, and the plan of empirical research was made.

In the second stage, the content of the concepts of “inclusive culture”, “inclusive culture of a teacher of an educational and sanatorium type of institution” was developed, the structure of the inclusive culture of a teacher was defined, its components were singled out.

In the third stage, we developed a diagnostic technique to measure the level of an inclusive culture of the teacher of the educational and sanatorium type of institution. The survey as a type of verbal-communicative method conducted in the form of questioning was chosen as the major one. The questionnaire structure was developed taking into account theoretical and psychometric approaches to the development of psychodiagnostic techniques.

To assess the validity and reliability, the method of expert evaluation was used: 3 inclusive education experts (familiar with the content of the inclusive culture concept) were involved, who were asked to assess the range of representation of all components of the concept under research. After receiving feedback, several questions were reformulated.

Data processing and analysis were carried out in the fourth stage.

## Results

The questionnaire “Inclusive culture of a teacher of an educational and sanatorium type of institution” includes 17 questions, each of which refers to one of four blocks according to the inclusive culture components. The distribution of questions by blocks is presented in Table 1. All questions, except for the first one, were closed and offered options for answers.

The Cognitive Component block is aimed at determining the awareness of the essence of inclusion, and the opportunities and limitations of inclusive health improvement.

The questions of the block reflecting the content of the Axiological Component imply an assessment of the significance of the inclusion principles and values in the professional activity of a teacher.

The Emotional Component block content is represented by questions aimed at diagnosing emotional attitudes toward inclusion and inclusive recreation.

The Activity Component block includes identification of the experience of working with children with disabilities, and the desire and degree of readiness to work in an inclusive health improvement environment.

*Table 1. Distribution of questions by blocks/components of an inclusive culture*

<i>Blocks/components of an inclusive culture</i>	<i>Questions</i>
Cognitive	What is your understanding of “inclusive education”? What do you see as the benefits of inclusive recreation for children with special needs? What do you see as the benefits of inclusive sessions for children without disabilities? What do you see as the benefits of inclusive sessions for teachers? What kind of difficulties do you think a child with special needs will face in an inclusive session environment? What challenges have you faced or do you think you might face when working with children with special needs in an inclusive session environment?

<i>Blocks/components of an inclusive culture</i>	<i>Questions</i>
Axiological	Evaluate how important the following values and principles are in your teaching (a list of key principles and values for inclusion was provided)
Emotional	How do you feel about inclusive education? How do you feel about the idea of inclusive sessions? Assess your feelings and emotions in relation to children with special needs (a list of the main emotional states and categories of children with special needs was given)
Activity	Do you have experience working with children with special needs? Are you ready to work in an inclusive session environment? Would you like to work in an inclusive session environment? Do you have special methods and techniques for working with children with special needs? Are you ready for cooperation and interaction with other professionals in an inclusive education environment? Would you like to improve your competence in inclusive education? Assess your readiness to work with different categories of children with special needs

Qualitative and quantitative data analysis methods (Pearson's  $\chi^2$ -test, Mann-Whitney U-test, correlation, and analysis of variance) were used to process the results of the empirical research. Statistical processing was performed using STATISTIKA 10.0 software package.

The key question for the first block (Cognitive Component) is a question to determine the understanding of the essence of inclusive education. Statistical analysis revealed no differences in teachers' perceptions of the essence of inclusive education in the two sample groups (Pearson's  $\chi^2$ -test was used for all block indicators). Full understanding of the essence of inclusive education was noted in 41% of teachers from the first group and 25% of teachers from the second group. An uncertain and incorrect understanding was respectively noted in 28% and 20% of teachers participating in the training, in 38% and 33% of teachers who did not receive training, and 11% and 4% of respondents found it difficult to answer. There were also no statistically significant differences in teachers' data about the benefits of inclusive recreation for all participant groups. According to the teachers of the two groups, the main benefits of inclusive recreation for children with special needs (it was possible to choose several answers, so the total amount is not 100%) were as follows: increased social contacts (59% and 63% each); the opportunity to feel fully participating in team life (61% and 58% each); opportunity to grow and develop among normally developing agemates (59% and 42% each). The following main benefits of inclusive recreation for normally developing children were named by teachers: expansion of ideas about life (72% and 56%), the opportunity to learn how to help others (70% and 76%), and fostering kindness and tolerance (35% and 56%). The main advantages of inclusive sessions for teachers of both groups were opportunities for professional (80% and 79%) and personal growth (52% and 67%). The desire for material rewards was not a leading factor for teachers but was more significant for teachers of the second group (29%, compared to 15% of the first group). There were statistically significant differences in teachers' perceptions of the difficulties of inclusive health improvement for children with special needs: teachers in the experimental group more often pointed to the negative attitudes of normally developing agemates and their parents (46% each), difficulties in participating in activities (41%) and lack of teacher competence (39%). For teachers in the control group, it also included negative attitudes of normally developing agemates (75%) and difficulty participating in activities (46%), as well as risks of conflict in the children's



team and discrimination against children with special needs (50% each). Only 1 teacher from the first group (2% of the whole sample) pointed out the possible negative attitudes of the teachers. Also, an equal number of teachers (11% each) believed that there should be no difficulties. There were also no differences in the teachers' predicted difficulties: a lack of practical competence (74% and 58%), behavioral problems of a child with special needs (37% and 46%), and a lack of theoretical knowledge (28% and 46%).

In general, teachers who have undergone training see fewer difficulties predicted in inclusive health improvement (indicators exceed 50% only for one of the proposed options – lack of practical competence). Teachers who did not take part in the training more often expressed fears related to the negative influence of the child with special needs (behavioral problems, occurrence of conflicts) and the negative attitude of their agemates.

The results of the second Axiological Component block show that statistically significant differences in the importance of values and principles of inclusion in teachers of the two sample groups are observed for the “Principle of a social model of understanding disability” only. Teachers from the first group assessed this principle as more important in their professional activities compared to teachers from the second group (a nonparametric Mann–Whitney U–test was used). Most teachers in two groups (88% and 74% respectively) indicated a high degree of importance of the proposed principles and values in their pedagogical activities (rating the importance as 4 and 5 points out of a possible 5). Ten percent and 25 percent of the teachers rated the level of professional importance of the proposed statements as medium (3 out of 5 points). The number of respondents who scored low (1-2 points out of 5) was 1-2%. The application of Duncan's test allowed us to determine how exactly the values and principles of inclusion differ in the level of significance. For the teachers in the experimental group, the following values and principles were the least significant: “A person's value does not depend on their abilities” (M=4.00), “Inclusion as a way to combat discrimination” (M=4.12), “Principle of a social model of understanding disability” (M=4.13), and “Learning cultures together enriches everyone” (M=4.26). The remaining values and principles had relatively homogeneous levels of significance. Teachers in the control group also cited the following as least important: “Principle of a social model of understanding disability” (M=3.79), “Inclusion as a way to combat discrimination” (M=3.83), and “Learning cultures together enriches everyone” (M=3.96). Unlike the first group, in the second group, the values that are most significant for teachers can be identified: “All people need support” (M=4.75) and “Everyone has the right to communicate” (M=4.71). The high importance of these values for the teachers who did not participate in the training could be explained by the simplicity of their wording. Relatively low values for the categories “Principle of a social model of understanding disability” and “Inclusion as a way to combat discrimination” may indicate an insufficient understanding of these principles and values by the teachers of both groups.

The third block (Emotional Component) included questions reflecting teachers' emotional attitudes to inclusion, and inclusive health improvement. Statistically significant differences in the data of the teachers of the two groups were revealed (Pearson's  $\chi^2$ -test was used). Among the teachers in the experimental group twice as many participants (about 60%) indicated that they had a positive attitude to inclusive education and to the idea of inclusive sessions. In the control group, it was about 30% of respondents. More than half of the teachers in this group (63%) were characterized by an uncertain attitude towards the possibility of practical implementation of inclusive health improvement, while in the first group there were twice as few (26%) such teachers. It is noteworthy that in both groups only isolated cases of negative attitudes towards inclusive education and inclusive health improvement have been identified. To determine the peculiarities of

teachers' emotional attitudes towards children with special needs in different categories, it was suggested to note the feelings and emotions experienced when communicating with them. Statistical analysis of the data (Pearson's  $\chi^2$ -test was used) showed significant differences between the teachers of the two sample groups only for the emotion "fear". Teachers in both groups indicated compassion as the most typical emotional state (about 40%), and more often in relation to children with sensory and motor disabilities (about 50%). The second most frequently mentioned feeling is pity – on average, 11% of the teachers in the first group and 17% of the second group mentioned it. Teachers in the experimental group more often indicated pity for children with visual impairments (15%), and teachers in the control group indicated pity for children with motor disorders (25%) and mental retardation (21%). It should be noted that the interest in children with special needs was not typical for teachers of the two groups (in the first group 10% of teachers, in the second group 16% of teachers), which could be explained by the lack of experience in real interaction, lack of professional competence, hidden stereotypes, and prejudices towards such children. About  $\frac{1}{4}$  of the teachers in the first group (24% on average) found it difficult to answer. This may indicate either a tendency towards social desirability and avoidance of the response involving negative feelings and emotions or, having no real experience of interaction with children with special needs, teachers have difficulties in marking the possible emotional state. In general, a negative attitude towards children with special needs was not typical for the teachers who participated in the research; among such emotions, the respondents indicated tension (5% and 8% each), fear (3% and 7% each), embarrassment (3% and 4% each), the emotional states of disgust and indifference were not mentioned by the teachers at all. However, it is necessary to note a tendency of fear of children with mental retardation in teachers of the first group (9%), and children with severe speech impairment and locomotor disorders cause more fear in teachers of the second group (13% each).

The content of the fourth block (Activity Component) was aimed at determining the level of teachers' readiness for the practical implementation of inclusive health improvement. An important condition determining the readiness to work with children with disabilities is the teachers' experience of interaction with them. There were no statistically significant differences in the teachers of the two sample groups on this question (Pearson's  $\chi^2$ -test was used). Only 39% of the teachers in the experimental group and 17% of the teachers in the control group had experience working with children with special needs. Almost equal numbers of respondents (35% in the first group and 33% in the second group) indicated that they had only short-term experience working with children with special needs. Half of the teachers in the second group (50%) had no experience in working with children with special needs, which could not influence other indicators of inclusive culture (among the teachers of the first group the percentage of those without experience was 26%). The results reflecting the willingness and readiness of the teachers of the two groups to work in an inclusive recreation environment have statistically significant differences. To the question "Would you like to work in an inclusive session environment?" 35% of the teachers of the first group and only 12% of the second group answered affirmatively. There were significant differences in the percentage of negative answers to this question: 15% and 46% respectively: the percentage of teachers who do not want to work in inclusive sessions was three times higher among non-trained teachers. A significant number of teachers found it difficult to answer: half of the respondents in the first group (50%) and 42% in the second. The question "Are you ready to work in an inclusive session environment?" yielded the following results: 43.5% of respondents in the first group and 17% in the second group considered themselves ready; almost the same number of respondents doubted their readiness: 43.5% and 42% of participants



respectively. Negative assessments of their readiness were given by 13% of the teachers of the first group and 42% of the second group. The responses to the questions “Would you like to work in an inclusive session environment?” and “Are you ready to work in an inclusive session environment?” correlate with each other, which indicates the consistency of psychological and pedagogical components of teacher's inclusive readiness. Teachers in the first group were characterized by higher rates of both willingness and readiness to work in an inclusive recreation environment. Interestingly, teachers in two groups rated their readiness to work in the inclusive health improvement environment somewhat higher than their desire. Almost half of the survey participants were characterized by uncertainty in assessing their level of readiness for inclusive recreation, which can be interpreted as partial readiness. An important indicator of the level of pedagogical readiness to work in the inclusive health improvement environment among teachers is the possession of the necessary competencies. Statistically significant differences in these two sample groups were not found. Only 11% of teachers from the first group and 8% from the second group thought that they knew the necessary methods and techniques, 12% and 13% responded negatively respectively. 37% of teachers in the first group by and 17% of teachers in the second group estimated their possession of necessary methods and techniques as partial. An almost equal number of respondents found it difficult to answer: 26% and 21%, respectively. Most teachers of the two groups believe that they do not have the professional competencies necessary to work in an inclusive health improvement environment, which is consistent with the lack of experience in working with children with special needs and affects the assessment of the desire to practice.

There was a slight difference in the results for the question “Would you like to improve your competence in inclusive education?” Among the teachers of the first group about  $\frac{2}{3}$  (74%) who took part in the survey noted that they would like to continue training, and were ready to improve their competence in inclusive education (46% among the teachers of the second group). 9% and 13% of teachers do not think it is necessary to improve their competence in this matter, respectively. 17% of teachers in the first group and 42% in the second group found it difficult to answer. One of the conditions for the practical implementation of inclusion ideas is the teamwork of specialists. The results of answers to the question “Are you ready for cooperation and interaction with other professionals in an inclusive education environment?” showed the statistical significance of existing differences. More than a half (57%) of the trained teachers expressed full readiness to cooperate (only 17% among respondents from the second group), the majority of respondents from the second group (83%) were ready for partial interaction (37% of teachers in the first group). Only two teachers from the first group (4%) thought that such interaction was unnecessary, and one participant (2%) found it difficult to answer. Diagnostics of the level of psychological readiness to work with children with special needs were also conducted. Participants were asked to assess their degree of readiness to interact with different categories of children with disabilities (with visual, hearing, locomotor, speech, intellectual disabilities, autism spectrum disorders, mental retardation): from completely ready to completely not ready. It was found that the teachers of the two groups statistically significantly assessed their readiness for interaction with children with special needs differently: the indicators of psychological readiness in teachers from the first group were higher for all categories of children with special needs (nonparametric Mann–Whitney U–test was used). On average, it was noted that generally, 52% of the teachers of the first group and 20% of the second group were ready to work with children with special needs. The analysis of variance with repeated changes showed that the teachers of the first group were, to different degrees, ready to work with different categories of children with disabilities: the most highly evaluated their readiness to interact with children with

sensory impairments and, above all, with hearing impairment (67% indicated that they were ready), and the lowest with children with delayed mental development (40%). There is no statistical significance of differences in the results of teachers of the second group in their readiness to interact with children with special needs: they equally low rated their readiness to work with all of these categories of children with special needs (20% indicated that they are ready and 31% indicated that they are not ready). A significant part of the teachers ( $\frac{1}{3}$  in the first group and about  $\frac{1}{2}$  in the second group) found it difficult to analyze their readiness to interact with different categories of children with disabilities, which could be explained by the lack of experience working with them.

For the subsequent analysis of the data for each of the stated components of an inclusive culture, criteria were allocated allowing to distribute of the data obtained at five levels: from elementary to optimal.

1. Optimal. A full understanding of the essence of inclusive education, its values, and its principles is typical. There is a high level of acceptance of the values and principles of inclusion. There is a positive attitude towards inclusive education, the idea of joint learning, and inclusive health improvement. Teachers have experience in working with children with disabilities, they express their desire and willingness to work in inclusive sessions; they have the necessary competencies, are ready to cooperate, and want to improve their skills in the field of inclusive health improvement.

2. Acceptable. A partially correct understanding of the essence of inclusive education, its values, and its principles is noted. The level of acceptance of values and principles of inclusion is high. Generally positive attitude towards inclusive education, the idea of joint learning, and inclusive health improvement with an indication of insufficient knowledge. Teachers have only short experience of working with children with special needs, and express willingness and readiness to work in the inclusive session environment; however, they note that they do not know enough special techniques, are ready to cooperate, strive to improve qualifications in the field of inclusive health improvement.

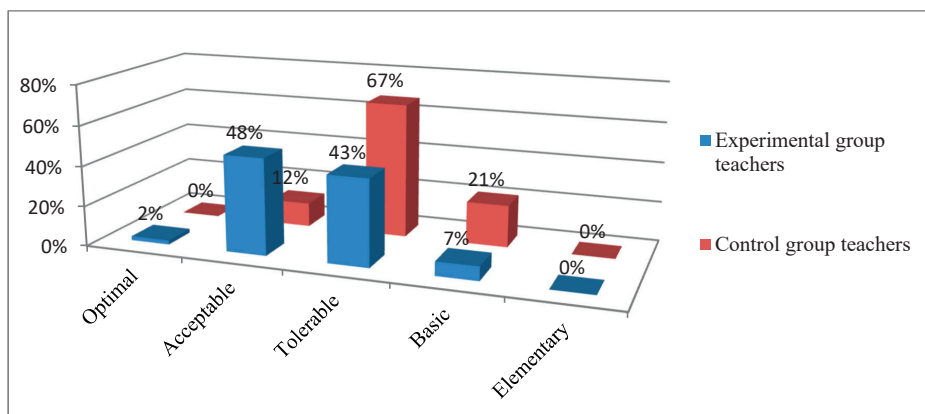
3. Tolerable. Understanding the essence of inclusive education is partially correct. The average level of acceptance of inclusive principles and values is typical. Uncertain attitude to inclusive education, the idea of joint education, and inclusive health improvement. Experience in working with children with disabilities is short-term or absent. Teachers express desire but note insufficient readiness to work in the inclusive session environment; insufficient knowledge of special techniques, difficult to determine their readiness for professional development; ready for partial cooperation and interaction.

4. Basic. There is a distorted understanding of the essence of inclusive education or a lack of ideas. The level of acceptance of the principles and goals of inclusion is below average. Uncertain attitudes to inclusive education, the idea of joint learning, and inclusive health improvement are typical. There is a lack of experience in working with children with special needs. Teachers find it difficult to determine their willingness and readiness to work in the inclusive session environment; note the lack of necessary competencies, ready for partial cooperation.

5. Elementary. There is a lack of ideas about inclusive education. Teachers do not emphasize the importance of values and principles of inclusion. Negative attitudes to inclusive education, the idea of joint training, and inclusive health improvement are typical. There is no experience in working with children with special needs. Teachers express a negative attitude and lack of readiness to work in the inclusive session environment; they do not know special techniques, do not strive for professional development, and are not ready for cooperation and interaction.

All respondents were distributed according to the levels of inclusive culture (Table 2). The teachers in the experimental group were characterized by acceptable (48%) and

tolerable (43%) levels of an inclusive culture. At the same time, teachers from the control group had tolerable (67%) and basic (21%) levels. There was a single case (2%) of the highest, optimal level among teachers of the first group, and in two groups there were no teachers with an elementary level of an inclusive culture.



*Fig. 1. Comparative analysis of the levels of inclusive culture development in teachers of the experimental and control groups*

Next, we compared the mean values of the indicators in the teachers of the two groups (a nonparametric Mann–Whitney U–test was used). The results showed that there were statistically significant differences between the sample groups in terms of indicators determining attitudes toward inclusive education and inclusive health improvement, experience, readiness and willingness to work with children with special needs, and psychological readiness to work with different categories of children with special needs. This is consistent with the results presented above.

A correlation analysis (Spearman correlation coefficient) was also performed separately for each group. A different number of statistically significant relationships between the data on individual questions of the questionnaire for the teachers of the two groups was revealed: the teachers of the first group had more such relationships than the subjects of the second group.

## Discussions

The problem of forming an inclusive culture in all participants of inclusive education is multifaceted. In the context of the practical implementation of inclusive approaches in the rehabilitation of children with disabilities, the development of inclusive culture in teachers of educational and sanatorium type of institutions acquires relevance. On the one hand, it is necessary to clearly define the concepts of “inclusive culture”, and “inclusive culture of a teacher”, to highlight its structure. On the other hand, the inclusive culture of a teacher acts as a component of the inclusive educational environment, and the problem of developing criteria and diagnostic tools to assess the effectiveness of the implementation of inclusive approaches in education is significant.

We have not found unity in our approaches to understanding the essence of the concept of “inclusive culture”, a clear definition of the content, and appropriate diagnostic

tools for evaluation. The conducted research allowed us to formulate the following concepts:

The inclusive culture of an educational and sanatorium type of institution is a set of social perceptions and attitudes of the subjects of the educational process reflecting their attitude to inclusion, the degree of acceptance of inclusive values, and willingness to be included in inclusive practices.

The inclusive culture of a teacher of an educational and sanatorium type of institution is a set of social perceptions and attitudes of the teacher reflecting his/her attitude to inclusion, the degree of acceptance of inclusive values, and readiness to be included in inclusive health improvement.

The structure of the inclusive culture of the teacher includes the following components:

- Cognitive – awareness of the essence of inclusion, its principles, and values;
- Axiological – acceptance of the values and principles of inclusion;
- Emotional – positive attitude to the idea of inclusion, inclusive education, tolerant attitude to others, to children with special needs;
- Activity – readiness to work in an inclusive education environment.

The relationship between the components can be represented as follows: based on an understanding of the essence of inclusion, its principles, and values, a teacher forms his/her value acceptance, which is reflected in a positive attitude to inclusive processes, to people with disabilities, which provides motivation for the development of professional competencies necessary for the practical implementation of inclusive education.

The questionnaire “Inclusive culture of a teacher of an educational and sanatorium type of institution” allows us to determine the peculiarities of development of all components of inclusive culture in teachers and determine its level in general.

The analysis of the results revealed statistically significant relationships between the data both within and between the components of an inclusive culture. For the teachers of the first group the following correlations were revealed:

- strong direct correlations ( $r > 0.70$ ) between questions about readiness and willingness to work in an inclusive session environment;
- mean direct correlations ( $0.50 < r < 0.69$ ) between questions about attitudes toward inclusive education and readiness to work in inclusive sessions;
- moderate direct correlations ( $0.30 < r < 0.49$ ) between questions about attitudes toward inclusive education and attitudes toward inclusive recreation; attitudes toward inclusive education and willingness to work in inclusive sessions; attitudes toward inclusive recreation and willingness to work in inclusive sessions; about attitudes toward inclusive recreation and willingness to work on inclusive sessions; about having experience working with children with special needs and willingness to work on inclusive sessions, between the question about psychological readiness to work with children with special needs and questions about willingness and desire to work in inclusive sessions.

The presented data testify to the consistency of components of inclusive culture in the minds of teachers of the first group, and the validity and reliability (as internal consistency) of the developed diagnostic methodology.

In contrast to the results of the teachers of the first group, the second group revealed considerably less statistically significant correlations:

- strong direct correlations ( $r > 0.70$ ) between questions about readiness and willingness to work in an inclusive session environment;
- mean direct correlations ( $0.50 < r < 0.69$ ) between questions about understanding the essence of inclusive education and experience working with children with special needs;

– moderate direct correlations ( $0.30 < r < 0.49$ ) between questions about attitudes toward inclusive education and about psychological readiness to work with children with special needs.

The results indicate the inconsistency of the components of inclusive culture at the initial stages of its development.

The following areas are relevant for further discussion and research perspectives: definition of concepts, structure, and features of the development of an inclusive culture of other participants in the educational process (parents, children); possibilities of using the developed questionnaire to diagnose the level of development of inclusive culture in teachers of other educational and sanatorium type of institutions; expansion of diagnostic methods and techniques of researching the features of inclusive culture (observation, educational supervision, expert evaluation); development of techniques for formation of inclusive culture if a teacher of an educational and sanatorium type of institution.

## Conclusion

Experimental research on the features of the development of inclusive culture in teachers of educational and sanatorium type of institutions was conducted in two groups of subjects: experimental (teachers who participated in the training) and control (teachers who did not participate in the training). The questionnaire “Inclusive culture of a teacher of an educational and sanatorium type of institution” is designed to study the features of the development of an inclusive culture of a teacher and includes four blocks corresponding to the four components of an inclusive culture. The analysis of the obtained results indicates that the initial stage of work on the development of inclusive culture caused changes in its components in teachers but in varying degrees. Despite the not entirely accurate understanding of the essence of inclusive education, teachers highlight the benefits and risks of inclusive recreation for all participants. It should be noted that teachers who have undergone training predict fewer difficulties. Also, the teachers of the two groups highly evaluate the importance of the principles and values of inclusion in their professional activities. However, the participants of the survey do not fully understand the essence of all principles and values. The conducted training influenced the teachers' attitude towards inclusive education and inclusive health improvement: the participants of the experimental group are characterized by a positive attitude towards the practical implementation of inclusive approaches in education, unlike the teachers of the control group. The spectrum of feelings and emotions in relation to children with special needs is diversified: from compassion and interest to fear and embarrassment, with the predominance of sympathy and uncertain emotional state.

Even in the absence of regular experience in working with children with special needs, the ongoing work to develop an inclusive culture allows us to develop readiness to work in inclusive sessions, the desire to improve professional competence, readiness for cooperation and interaction, readiness to interact with different categories of children with special needs.

The data obtained show that specially organized training influences the features of teachers' inclusive culture: it makes its structure coherent, causes changes in all components, and primarily in the activity-based one, increases its level in general.

The developed questionnaire “Inclusive culture of a teacher of an educational and sanatorium type of institution” corresponds to the proposed structure of inclusive culture among teachers and can be used for its diagnosis.

The conducted research made it possible to substantiate the proposed concept of “inclusive culture of a teacher of an educational and sanatorium type of institution” and its structure; to test the developed diagnostic methodology and confirm its validity; to

prove empirically that specially organized training has a positive impact on the process of development of an inclusive culture of a teacher. The results of the research can be used in the organization of monitoring research at different stages of the implementation of inclusive practices in educational and sanatorium type of institutions, in the development of technology for the development of inclusive culture in teachers, and in other subjects of inclusive education.

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