



Child with Down Syndrome in a peer group

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The attitude towards people with disabilities has changed over the last century. Both deinstitutionalisation as well as integration and normalisation allowed many people with intellectual disabilities to improve their social situation. An example of such a systemic solution supporting the development of disabled persons are integration groups. The subject of this article is a report from a pilot study on the functioning of a group of children with Down syndrome within an integration group. The objective of this study was the presentation of the reasonability of inclusion within the integration group of children with Down's Syndrome (with the homogeneous dysfunction). Observation and sociometric tests covered children with Down syndrome from two integration groups from kindergarten no. 109 in Wrocław, Poland. I consider the essence of integration, following A. Maciarz, to be the feeling of social bonds experienced by a disabled individual, a sense of belonging to a group, as well as the conviction that one is accepted by it, despite the fact that the standards adopted by their community are not always and not fully met by them. The research was carried out for six months in a kindergarten where I was a special educator.

KEY WORDS: peer group, Down syndrome, integration

Inclusive education is presently one of the most frequently used forms of education implemented in case of disabled children (as well as other children with special education needs). Inclusive edu-

cation is the execution of children's education at a public school, however with the assumption that the school system adapts itself to the individual tempo of studying, the skills and the capabilities of the child, as opposed to integration education that assumes the adaptation of the capacities of the disabled child to the challenges of the education system, similar for all children. Inclusive education stresses diversity and flexibility related to responding to the needs and capacities of the individual pupils. Inclusive education requires a departure from the medical model of disability that assumes perceiving disability as a problem, a lack of standard, and undertaking efforts for the disabled person to function in a manner similar to „normal”, understood as the functioning of fully-able persons. This concept is based on the social model referring to disability as the effect of functioning of barriers created by society (e. g. legal, economic, architectural ones). The assumption of this model shifts the gravity of responsibility for the reduction of the effects of functioning of barriers on to society, as opposed to expecting disabled persons to adapt and learn how to function in a world of barriers¹. In the process of social integration of children, a significant role is played by the establishment of emotional ties between them that result in positive attitudes and positive behaviour. The inclusion of a specific person is effected by members of a group and not by any person from the outside that would make an effort to achieve this. Of importance are ties between the members of the group. The experience of Another takes place, in case of children, through fun and joint activities. Phenomenographers treat experience as being part of what it is to be human in the world. In their opinion, man is a part of reality within which they function and which they at the same time create². Play activity or doing common tasks support development that takes place within the scope of human interac-

¹ M. Jonczy-Adamska, *Edukacja włączająca/inkluzyjna*, <<https://rownosc.info/dictionary/edukacja-waczajaca-inkluzyjna/>> [19.08.2019].

² A. Jurgiel-Aleksander, *Fenomenografia i jej poznawcze konsekwencje w świetle projektu na temat doświadczeń edukacyjnych dorosłych. Refleksja badacza*, „Rocznik Andragogiczny” 2016, no. 23, p. 270.

tion. B. Kaja suggests such a concept, explaining that making a special kind of interaction is superordinate within the process of supporting development: an interaction between two individuals, between an individual and a group or between groups³.

The article analyses the experiences of children within the context of how they enter the functioning of a group, including playing together (the most fundamental form of activity and cognition of the world by a child at preschool age), task-based situations and guided activities. The selection of the topic and direction of research was based on the experience of difficulties and capacities of functioning of children with Down syndrome in a peer group. The role of special educator, hence, daily accompanying of children, gave rise to conclusions that support for development is only possible through ties between children and significant persons, meaning, peers with Down syndrome and fully able peers as well as teachers, and through the choice of appropriate methods of work (adapted to the specific properties of development and individual capacities, and not used on the basis of commonly accepted efficiency).

The functioning of persons with intellectual disabilities is very diverse. It may be determined by several factors: in children with the same intelligence quotient, a developmental delay can have a different gravity; differences between children from the upper and lower limits of ranges are significant due to the dynamics of development and maximum capacities; the image of functioning of a child is additionally modified by disturbances to the dynamics of nervous system processes characterised by diverse characters and intensities. The enormous differences in the functioning and susceptibility to the applied methods of therapeutic work stem from the diverse, frequently multi-factorial etiology of intellectual disability. In case of the moderate, grave and deep levels one should additionally consider the presence of specific clinical forms of disability, whereby the clinical image is frequently complicated, as disabilities may be

³ B. Kaja, *Psychologia wspomagania rozwoju. Zrozumieć świat życia człowieka*, Gdańskie Wydawnictwo Psychologiczne, Sopot 2010, p. 28.

accompanied by additional burdens in terms of illnesses and compounded dysfunctions⁴.

Children with Down syndrome are characterised by a certain specific profile of development that significantly influences the participation of children in the life of the peer group, in their engagement in play or task-based situations. Characteristic traits of this profile are hypotonia (weak muscle tension influencing manual and motor skills as well as articulation), sensory deficits (in terms of sight and hearing), deficits in short-term auditory memory, difficulties in terms of speech and language, slower expressive vocabulary development pace, lexical and syntactic shortcomings, shorter attention span, cognitive deficiencies, difficulty making generalisations, tying knowledge with that gained formerly as well as its storage and understanding. Specific positive properties of the development profile include the skill to learn based on the usage of the visual canal, the ability to use and learn signs, gestures, visual cues and writing⁵.

Correct social functioning is related to the fulfilment of many significant needs that may only be satisfied within a social group. These needs include: the need of affiliation (connection with others), security, emotional contact, activity, approval and acknowledgement, self-achievement, subordination and domination. The failure to satisfy these needs gives rise to behaviour disturbances, threatens mental health, brings about very grave effects not only for individuals but also for their social environment⁶.

Reflections of parents of children with Down syndrome frequently show, on the one hand, fear and pain due to these children

⁴ K. Kaczorowska-Bray, *Zaburzenia komunikacji językowej w grupie osób z niepełnością intelektualną*, [in:] *Diagnoza i terapia logopedyczna osób z niepełnością intelektualną. Teoretyczne determinanty problemu*, ed. by J.J. Błęzyński, K. Kaczorowska-Bray, Wydawnictwo Harmonia Universalis, Gdańsk 2012, p. 38.

⁵ A. Żyta, *Życie z zespołem Downa. Narracja biograficzne rodziców, rodzeństwa i dorosłych osób z zespołem Downa*, Oficyna Wydawnicza „Impuls”, Kraków 2011, p. 38.

⁶ A. Strzelecka, *Korygowanie zaburzeń rozwoju społecznego w klasie szkolnej*, Ośrodek Doskonalenia Nauczycieli, Katowice 1987, p. 26.

being threatened by rejection by peers and by isolation, but on the one hand, the will to release the child to function among fully able children⁷.

The dictionary of sociology and social sciences by M. Tabin defines a peer group as „a group of people sharing specific common traits such as age, ethnic background or profession, who perceive themselves and are perceived by others as a separate social group. A peer group has its own culture, symbols, sanctions and rituals. Every new member must get to know them and accept them in the socialisation process, whoever would not adapt to the standards of the group may be excluded from it”⁸. T. Pilch and I. Lepalczyk in turn describe a peer group as a social body distinct from others not only due to the demographic property of age, but also due to the type of bond, close participation characterised by mutual approval. This is most commonly a primary group, however, there exist rich institutional forms of peer groups⁹. Among other definitions of peer groups included in the psychological category, in which the existence of the group is conditioned upon psychological aspects – such as a bond, interaction, values, one can provide the definition by J. Turowski. He believes that “the most significant constitutive component of a social group are common values that the members of the group achieve or aim to achieve through their cooperation”¹⁰.

C.H. Cooley defines a peer group as a primary group: „As primary groups I consider groups characterised by cooperation and direct ‘face-to-face’ contact. They are primary in many respects, foremost, however, due to their fundamental role in the shaping of the social nature and the ideals of an individual. The psychological

⁷ K. Ćwirynkało, A. Żyta, *Dlaczego edukacja włączająca nie zawsze jest najlepszym rozwiązaniem? Doświadczenia i plany edukacyjne wobec dzieci z zespołem Downa w relacjach matek*, „Szkoła Specjalna” 2014, no. 3, p. 194.

⁸ Term: peer group, [in:] *Słownik socjologii i nauk społecznych*, ed. by M. Tabin, Wydawnictwo Naukowe PWN, Warszawa 2004, p. 110.

⁹ T. Pilch, *Grupa rówieśnicza jako środowisko wychowawcze*, [in:] *Pedagogika społeczna*, ed. by T. Pilch, I. Lepalczyk, Wydawnictwo Zak, Warszawa 1995, p. 85.

¹⁰ J. Turowski, *Socjologia. Małe struktury społeczne*, Towarzystwo Naukowe Katolickiego Uniwersytetu Lubelskiego, Lublin 1999, p. 83.

result of direct contact is a sort of unity of individuality into a complete whole, whereby the common life and common objectives of the group become, at least to a certain extent, become the content of an individual. This whole may most likely be simply defined by the pronoun *we*; it assumes a level of affinity and mutual identification, the natural expression of which is the phrase “we”. One lives in a feeling of bond with the whole and this feeling describes their main effort¹¹.

Methodological assumptions of the study

One cannot understand another without understanding the world in which they live¹². Watching integration peer groups, I described for myself the objective of getting to know the role of the group, the value of another, mutual references for the purpose of support for social development of children with Down syndrome. The concept of social competences covers many diverse forms of behaviour and skills. H.R. Schaffer assumes that social competences are “efficiency in interaction”, assessed depending on the age of the child, the culture in which they live, their situation and objectives¹³. A. Matczak defines social competences similarly; she writes that it is a disposition conditioning the efficiency of functioning in social situations, with assessment criteria that could on the one hand be the achievement by the individual of their own objectives, on the other hand – the conformity of their expectations with social expectations. In such a perspective, it is assumed that the core of social competences entails the reconciliation of one’s own interests with

¹¹ T. Pilch, *Grupa rówieśnicza rówieśnicza jako środowisko wychowawcze*, [in:] *Pedagogika społeczna*, ed. by T. Pilch, I. Lepalczyk, Wydawnictwo Żak, Warszawa 1995, p. 85.

¹² B. Kaja, *Psychologia wspomagania rozwoju. Zrozumieć świat życia człowieka*, Gdańskie Wydawnictwo Psychologiczne, Sopot 2010, p. 13.

¹³ R.H. Schaffer, *Psychologia rozwojowa. Podstawowe pojęcia*, transl. by R. Andruszko, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2010, p. 181.

social interests. Social competences are “complex skills conditioning the efficiency of coping in specific social situations, acquired by an individual in course of social training”¹⁴. The concept of “coping” covers the transmission and reception of messages through verbal and non-verbal behaviour¹⁵.

As for the conditions for development of social competences, A. Matczak indicates that training social skills is key. Its “intensity depends on personal and temperamental factors”, and efficiency – on intelligence, in particular social intelligence that constitutes a component of emotional intelligence¹⁶. Kielar-Turska states that pre-school age is particularly significant for the development of social competences, and children who have during this age problems with communicating their needs, recognising fundamental emotions and finding solutions to interpersonal conflicts will also, at a later point, have greater difficulty making relations with others and will utilise the conditions for education created by the school to a lesser extent¹⁷. Participation in the life of a group is fundamental for social development; no therapist or private caretaker will compensate for the significance of a group.

My objective is not any sort of analysis of all skills making up social competences. The functioning of children with Down syndrome will be analysed on the plane of their co-operation with peers during play and task activities.

Following J. Apanowicz¹⁸, who believes that social sciences utilise teleological (objective-related) explanations, I also assume such

¹⁴ A. Matczak, *Kwestionariusz Kompetencji Społecznych. Podręcznik*, Pracownia Testów Psychologicznych, Warszawa 2001, pp. 5–7.

¹⁵ U. Jakubowska, *Wokół pojęcia kompetencja społeczna – ujęcie komunikacyjne*, „Przegląd Psychologiczny”, vol. 39(3–4), 1996, p. 39.

¹⁶ A. Matczak, *Kwestionariusz Kompetencji Społecznych. Podręcznik*, Pracownia Testów Psychologicznych, Warszawa 2001, p. 7.

¹⁷ M. Kielar-Turska, *Średnie dzieciństwo – wiek przedszkolny*, [in:] *Psychologia rozwoju człowieka*, ed. by J. Trempała, Wydawnictwo Naukowe PWN, Warszawa, p. 221.

¹⁸ J. Apanowicz, *Metodologia ogólna*, Wydawnictwo Diecezji Pelplińskiej BERNARDINUM, Gdynia 2002, p. 32.

an explanation in my research. The author stresses that the teleological explanation entails the indication of an objective, to which an event or a process would or should lead. An auxiliary question for an attempt at a teleological explanation is "Why?". With respect to my own design of research, I would like to find an answer to the question, what conditions facilitate cooperation between children and what particularly simplifies or could simplify contacts between children with disabilities and children within the developmental norm.

Research organisation and area

A pilot project of inclusive education for children with Down syndrome has been ongoing in Wrocław, Poland, since September of 2009. The idea was initiated by parents from the Lower Silesian Association for Persons with Down syndrome *Razem* (Together). The project was approved as a systemic solution in the year 2010 (one group sees the participation of 3–5 children with a homogeneous disability – Down syndrome). The implementation of the inclusive education programme at selected facilities in Wrocław stemmed from knowledge about historic difficult education paths of children with Down syndrome at integration facilities¹⁹. Studies on the capacities of children with Down syndrome and occasional observa-

¹⁹ One may conclude, on the basis of discussions with parents of children with Down syndrome active with the Association for Persons with Down Syndrome that the children who remained in a peer group since preschool were the only disabled children to lose the bonds that could be formed between group members (parents of children as well as their fully able peers) with them moving on to a further stage in education. These children felt very lonely, with age they felt ever more strongly the rejection by the peer group. There are known cases of children who experienced depression in their teenage years and continued individual learning at home. A. Żyta discusses this problem in their research on the memories and experiences of adults with Down syndrome, [in:] *Życie z zespołem Downa. Narracje biograficzne rodziców, rodzeństwa i dorosłych osób z zespołem Downa*, Oficyna Wydawnicza „Impuls”, Kraków 2011.

tion of the functioning of children in peer groups led to conclusions that social skills of children with intellectual disabilities expand through mimicking peer behaviour (diverse studies on this topic are described by Andrzej Twardowski²⁰).

Mr Jarosław Pieniak became the project coordinator (a parent of a child with Down syndrome). It is worth noting that he was the sole Pole to receive in the year 2010 the World parent of the year 2010 award from Down Syndrome International affiliated with the UN, for creating in kindergartens in Poznań of integration groups for children with Down syndrome. Integration groups with homogeneous disability (Down syndrome) were established at two public preschools: Preschool no. 8, address Suwalska 5, and preschool no. 109 at Nowowiejska 80a (facilities picked by parents and the Wrocław Department of Education). The 2009/2010 academic year saw meetings (in which I participated as well) of teaching personnel of preschools and headmasters in the project, parents and representatives of the Department of Education, during which conclusions were discussed from observations of the functioning of children within their peer group. I conducted my studies at preschool no. 109 (May 2011 – July 2012), where I was special educator. The data presented in this article apply to research conducted between May and June of 2011 (90 observations described in sociograms).

The selection criteria for children on the basis of the level of functioning were as follows:

The study included children that fulfilled the following criteria:

- age: four to seven years (data taken from the children's documentation);
- ability to communicate verbally (using words or simple sentences) or the ability to use non-verbal communication (gestures, facial expressions) (data taken from the children's documentation);

²⁰ A. Twardowski, *Kształcenie dialogowej kompetencji komunikacyjnej u uczniów niepełnosprawnych intelektualnie*, Wydawnictwo Instytut Pedagogiczno-Artystyczny, Kalisz 2002, pp. 11–40.

- intellectual development level: minor or moderate intellectual disability or an undefined intelligence level (data taken from the children's documentation);
- child diagnosis: Down syndrome (data taken from the children's documentation: medical certificates, psychological and paedagogical consultation facilities);
- participation in specialist activities as part of early interventions and development support (The Wrocław Facilitation Model Programme).

Selection criteria for children on the basis of the organisational framework they are a part of:

- similar housing conditions of the pre-schools,
- pre-school teachers supported by special educators,
- training offer spanning the specifics of development and work with disabled persons for teachers and special educators,
- financial support provided by the Lower Silesian Association for Persons with Down syndrome (purchase of aids to work with children suffering from Down syndrome).

For two months (May–June 2011) I observed daily nine children with Down syndrome (selected in line with the criteria above), during free play and organised activities. In order to assess their psycho-social functioning I used the "Progress Assessment Chart" (PAC) survey by H.C. Gunzburg to assess the social development progress²¹.

The analysed children were five years of age (three girls, six boys). In terms of independence, they exhibited a low level. Half of them needed help to use utensils. All children had mastered the ability to move about. Some of them required holding onto a hand rail or the hand of an adult when moving along stairs or covering larger distances, e. g. during a walk. There were also children that reacted with resistance to the necessity of covering a longer distance

²¹ T. Witkowski, *Metody PAC i PAS w społecznej rewalidacji upośledzonych umysłowo*, Centralny Ośrodek Metodyczny Poradnictwa Wychowawczo-Zawodowego Ministerstwa Edukacji Narodowej, Warszawa 1988.

on foot (due to limited motor development, being accustomed to travelling in a trolley/ pram/ car, being carried by parents). A second extreme situation was moving away or running from the teacher, a peer and treating this as play. Toilet help in the area of verbal indications of the need to go and being able to take care of it themselves were exhibited by four children. The remaining children used nappies, they exhibited no set regularity in terms of their natural needs, and needed help when taking care of themselves at the toilet.

In the area of communication, I was able to make eye contact with all children, and it also constituted a communication channel (all children communicated their needs or emotions with looks). Almost all children exhibited an exchanging, co-existing mimic dialogue. At different times, the children were able to share a common field of attention. All children utilised their own vocalisations. The verbal channel (individual words) conditioned better openness to interaction with peers in half of the children. All children reacted with invigoration when hearing their names, utilising complex reactions depending on their psychological and physical capacities: They repeated their names, they pointed to themselves, they smiled, directed their look towards the person calling them. They did not provide their name when asked to do this, they did not use personal pronouns. The majority was able to request activities (e. g. jumping on the ball), request items, e. g. toys that were placed higher (some of them used gestures to indicate, some called out "give" and some children only - or even - directed their gaze onto the item that they wanted to acquire), or alternatively they used gestures. If they did not understand something, they would communicate this with a questioning look. They did not have orientation in terms of relations of space and time. When listening to longer and more complex stories they would defocus quite quickly; they needed images to stay attentive to the story, to understand it and to recall it later.

In terms of social skills, one could observe diverse levels of functioning. All of them had in common the ability to focus their attention on the partner. The children reached out their hands towards the other person if they had the need to attract attention to some-

thing or themselves; they smiled. The children reacted with facial expressions to suit the observed, experienced events (with clear emotionality, e. g. joy, sadness). Responding, the children waved good-bye and in greeting. During play, dominant were forms of parallel play; beside other children, without interaction. The children would frequently stray away from the group to organise their fun alone, e. g. in a corner – the kitchen corner or the book corner. There were also children who would stand beside other children and just watch. Association play emerged (with outside support), when children would play with other children together, however, without subdivision into tasks. Simple home activities, such as e. g. cleaning up toys, throwing trash to the bin, usually took place by way of mimicking a model. All of them also had in common the express expectation of approval for good behaviour. The majority of children expressed satisfaction and invigoration with music (singing and dancing), some mimicked the gestures of their peers or the teacher that accompanied musical and motor play, others sang with their own vocalisations or individual syllables. All would participate in simple play with a ball (rolling it in alternate). Tabletop games, e. g. tiddlywinks, Ludo, were only objects of observation.

During activities, most children exhibited understanding of simple commands, however, their fulfilment can be described as selective. The children were significantly intensely engaged when browsing children's books with a peer or a teacher; at that time, the children used numerous vocalisations and responded to new images emerging on the pages through facial expressions. They reacted with much invigoration to images they knew particularly well (e. g. of animals). Their manual dexterity and motor skills were weakly developed areas. The children weren't eager to reach for crayons or coloured pencils (drawings in the scribbling stage). They preferred painting on large sheets of paper. The children required much more time and many more attempts to start and execute a task than their peers did. Their spontaneous activity was dominated by schematic play with objects, playing with the same vehicle, with the same doll, browsing the same book.

Participatory observation was my primary research method. The observation of social behaviour, in particular co-operation, was transferred to unordered sociograms. Such sociograms are created for small groups; they help the researcher to fairly quickly find their way within a set of choices²². When constructing a sociogram, I place the child I am observing, marked as X, in the centre of a sheet of paper. Then I draw symbols of persons chosen, neglected or rejected by the person X and vice-versa – persons who had chosen or neglected or otherwise rejected child X when the latter would express initiative. An analysis of this data allowed me to find popular persons who receive the most positive and the least negative choices, rejected persons (the most negative choices), neglected persons (the least positive choices and the least negative choices). The objective of the use of sociograms was to delineate the area of contacts of children with Down syndrome with other children, and to show what it looks like.

Analysis and interpretation of study results

Children with Down syndrome strive to achieve contact with others, in particular with children, just like others, in a manner that is more or less clear for their environment.

The observations and records that were made confirmed the fact that deficits in terms of motor skills and dexterity, emotions and motivations as well as intellectual deficits influenced the functioning within the peer group. In task-based situations, delayed psychomotor development precluded full participation in activities foreseen by the programme for the entire group. Dysfunctions of physical processes such as perception, memory, thinking, associating, speech, decidedly influenced the level of engagement. It was noticeable that children had difficulty understanding the require-

²² A.I. Brzezińska, *Socjometria*, [in:] *Metodologia badań społecznych. Wybór tekstów*, ed. by J.M. Brzeziński Wydawnictwo Zysk i S-ka, Poznań 2011, p. 277.

ments formulated only through verbal messages. Those children who understood the tasks frequently had difficulty executing them due to delayed motor development. This translated to the experience of contacts with their peers (be it in a task-based situation or during free play). If speech (reception and expression) and motor skills were sufficiently developed to allow the children to participate in activities suggested by their peers, then Down syndrome children were attractive partners during play. There were also children who frequently experienced neglect and rejection due to their improper participation during play, e. g. moving too slowly or not reacting correctly in group games (e. g. throwing the ball in the wrong direction or holding onto it tightly, not letting it go). Much behaviour was assessed by the environment of fully-able children as being malicious. And the behaviour of children with Down syndrome was most frequently caused by their specific properties of development: hypotonia (weak muscle tension influencing manual and motor skills as well as articulation), sensory deficits (visual and auditory), deficits in short-term hearing memory, difficulties with speech and language, a shorter attention span, cognitive delays, difficulty making generalisations, storing and understanding knowledge and delayed reaction times²³. Fully able children frequently reacted with emotional stimulation: anger, verbal and instrumental aggression, asking the teacher for help, crying. There were also play activities, to which disabled children were not invited any more, and even if they wanted to participate, they were rejected by fully able children: "no, you can't play with us; no, we don't want you on our team". Spontaneous messages by fully able children towards the observed Down syndrome children were uniquely rare and usually orchestrated by adults. The lack of mutual understanding caused them not to be attractive partners during play and agents in common activities. Interactions concerned mainly situations of care, when the child with Down syndrome took the role of the weaker party. Disabled children usually accepted such

²³ A. Żyta, *Życie z zespołem Downa. Narracje biograficzne rodziców, rodzeństwa i dorosłych osób z zespołem Downa*, Oficyna Wydawnicza „Impuls”, Kraków 2011, p. 38.

aid, smiling, stroking, hugging, looking into the eyes of fully able children. It would seem that through this form of contact they desired, even for a moment, to satisfy the primary longing for another. Properties typical for the character of the undertaken interactions of fully able children towards disabled children were: instability of relations, superficiality, frequent contacts made due to a reward, some sort of interest (e.g. praise or a smile by the paedagogue). Disabled children made more frequent attempts at contact with fully able children. Usually, however, they did this in a manner that is not accepted socially, e. g. snorting or crackling at the peer, pushing them, taking their toy – which brought about the reverse reaction. Social competences in children with Down syndrome, as not fully developed, influenced their sociometric status (the children are rejected or neglected). Such conclusions from research may be found in the study presented in the table 1.

The observation of emotions experienced by the children suggested a comparison with emotions accompanying a person who just missed their bus (despite their best effort, the person running to the bus stop, where a bus had just stopped, is limited by their skills: they cannot accelerate or stop the driver; the emotions accompanying one when the bus departs, are anger, regret, frustration, depression, withdrawal). Such emotions accompanied each child several times throughout the day, e. g. when a peer was faster to get a ball from a shelf to play with it, when they built a higher tower, when they were able to get dressed quickly and without difficulty or respond to a question by the teacher during activity, for which they were later praised by the teacher.

If there would only be one disabled child in a group or more children with various disabilities (e. g. autism and Down syndrome), the musings would stop at the reflection that one can doubt the reasonability and effectiveness of integration groups, with the sceptical variant of integration being the case. W. Dykcik²⁴ described

²⁴ W. Dykcik, *Problemy autonomii, integracji społecznej i normalizacji życia osób niepełnosprawnych w środowisku*, [in:] *Pedagogika specjalna*, ed. by W. Dykcik, Wydawnictwo Uniwersytet im. A. Mickiewicza, Poznań 2001, p. 29.

Table 1. Social functioning of children with various sociometric status levels

Group properties	Popular children	Rejected children	Neglected children	Controversial children
Sociometric choice pattern	– many positive selections – few negative selections	– few positive selections – many negative selections	– few positive selections – few negative selections	– many positive selections – many negative selections
Aggression	low	high	low	high
Withdrawal	low	high	high	low
Social competences	high	low	low	high
Cognitive competences	high	low	low	high
Characteristic properties	– ability to cooperate, mutuality of contact – high readiness to learn and ease of learning – as a result, high level of diverse competences ensuring achievement of successes – very limited destructive behaviour – very limited tendency to seek solitude	– conflict between a strong tendency towards aggression and a similarly strong tendency towards withdrawal – much aggressive, destructive behaviour, causing the child to be isolated by peers – as a result, few opportunities to gain social competences – strong vicious cycle mechanism in social interactions causing ever more intense rejection of the child by peers	– low level of engagement in social interactions – few opportunities to learn – as a result, low social and cognitive competences – children not known by peers, causing them to neither be selected nor rejected – high-risk group for various behaviour disturbances	– aggressive behaviour is seldom destructive, frequently a clear expression of the child's will – tendency towards aggression compensated by high level of cognitive and social competences – extensive contacts with adults are protection against rejection and exclusion from the peer group

Source: A. I. Brzezińska, *Socjometria*, [in:] *Metodologia badań społecznych. Wybór tekstów*, ed. by J.M. Brzeziński, Wydawnictwo Zysk i S-ka, Poznań 2011, pp. 253-254.

bed such attempts at the process of integration as too difficult, belittling, frustrating and degrading. In this variant, they show that full overcoming of psychological barriers and the understanding by others may take place in groups composed of people with similar experiences and life problems (hence the idea of special facilities, hostels, work cooperatives, protected employment facilities, social aid houses, etc.).

So, is the idea of integration groups with a homogeneous disability (inclusive education programme) a good solution? The assumption is that the integration group is supposed to function primarily based on bonds between its members. This is difficult between fully able children and disabled children, the more so that bonds cannot be imposed from the outside, and that inclusion must be effected by the group members themselves. The relations should be borne as a result of common and shared experiences, mutual aid. Development is only possible beside another, development can only be supported by another, by a relation, a bond. No therapeutic programme or systemic solution will replace meeting another, beside whom the child will feel themselves, will feel as a subject.

Participatory observation and the execution of group research, where beside fully able children, children with a homogeneous dysfunction were present, have shown that this may be a key solution for the support of social development of children with developmental difficulties. Within the group that presented patterns of correct social behaviour, a group of children with Down syndrome began to function. Everyday experiences of interactions between children with Down syndrome and their peers with the same dysfunction led me to the conclusion that the developmental potential for these children hides in the fact that they have their colleagues beside them who are similar to them. In their behaviour, the children let [others] feel that they are aware of their similarities. Children with Down syndrome clearly exhibited high levels of openness, made verbal and nonverbal messages. The children noticed that they are similar in many respects. They noticed and indicated between them mutual physical similarities - they indicated common items of

looks, e. g. glasses, if a child had their glasses cleaned by a paedagogue, they would immediately go and take glasses from another child with Down syndrome, bringing them to the teacher to have them cleaned. The children also indicated the same colour of clothing of their peers with Down syndrome. Children with Down syndrome frequently mimicked the behaviour of their peers with Down syndrome, often uncritically, as if like a domino effect: "I want to behave just like my friend does" (even though this had no substantiation in context). They presented similarities in behaviour, in particular when mimicking stubbornness or hugging – perhaps due to similar emotional development levels.

The attitude of paedagogues or therapists in the form of making play or task groups with children with Down syndrome facilitated the establishment of bonds between them. The lower level of physical, psycho-emotional (less developed theory of mind) or social development hindered the establishment of satisfactory relations with fully able peers. At times, fully able children who functioned worse in the group would join the play or tasks of children with Down syndrome.

Children with Down syndrome also performed categorisations. Children with Down syndrome would more frequently pick other children with Down syndrome to play with than their fully able peers. For 40 sociograms created during free play, one can see that for the first choice, five selections are made towards a fully able peer, ten towards a peer with Down syndrome, 12 selections are invitations for a teacher or paedagogue to play, and 13 choices are solitary forms of play (selection of a toy or building blocks). One could say that a certain culture of play in children with Down syndrome developed. It was dominated by clear, simple rules that could be explained by gestures. The rules of play can also be understood with the help of the aids prepared, e. g. topical play – birthday: the children would prepare a table, set it, draw a cake on a sheet of paper, pretend to be playing "Happy Birthday" on the guitar (when a birthday was celebrated in the group, the teacher would usually play "Happy Birthday" on the guitar – the children

would replay this scene during play very faithfully). Another form were theatre scenes, whereby they would re-enact situations that they once saw, or used puppets for this purpose. And despite the fact that there were no verbal roles, the children attempted as best they could to convey the meaning of the show by facial expressions, vocalisations, proxemics and gestures. They were very emotional in this and could replay the emotions of the protagonists. They also prepared a place for an audience, and invited to watch, and then applaud, through gestures.

During organised activities progressing under specific rules (90 observations transferred to sociograms) one could also notice that 30 interactions took place with a fully able peer (however, in 19 cases, the selection was made because the child did not engage and the teacher selected their partner for the task or play). Despite the fact that the organised activity was common activity in the group, there were 16 children who modified the play to suit their needs and played alone, and 16 children selected a peer with Down syndrome as their partner. I noticed that the level of engagement in activity organised in the group influenced the understanding (or lack thereof) of the rules of the task or play, the ability to focus and to communicate.

Children with Down syndrome who had difficulty with verbal speech, communicated during free and organised play with their peers with Down syndrome using paraphonic sounds, vocalisations, gestures or images. And these were messages that were used spontaneously. This observation led to the conclusion that an integration group, beside the preschool curriculum implemented by the teacher with the entire group²⁵, needs a programme/ project of additional tasks/ modes of play modified in terms of 1) adaptation of the level of requirements to the capacities of every child with Down syndrome, 2) the use of alternative and supporting communication methods.

²⁵ Cz. Cyrański, M. Kwaśniewska, *Program wychowania przedszkolnego MOJE PRZEDSZKOLE*, permit no: DKW-4013-3/01, Wydawnictwo MAC EDUKACJA, Kielce 2003.

Summary and conclusions

Making friends with other children, participating in group play, common activities, preparing shows, works of art, the children learn to respect their own and others' work in a group, and learn to negotiate. Gradually, the children move from child egocentrism to activities requiring effort, discomfort and forgoing their own needs for the general good. Irrespective of whether these are children in the so-called intellectual norm or intellectually disabled children, preschool age is a time of transition from alienation to participation in a peer group. Preschool age is a time of formation of personality, creativity, a time of establishment of faith in one's own strength, a time of recognition and trying out one's capacities, finally - a time of getting to know oneself as a member of society. Every child, including a disabled one, should have the opportunity of contact of peers in a group. It is during relations with peers, and not in relations with adults, that the child learns to make social contacts, cooperate, voice their ideas, defend their interests, negotiate, arrive at compromises, take on the role of leader and subordinate themselves to the leadership of others. Hence, it is so important to redefine the term of peer group with respect to children with development dysfunctions. This is not a group, in which the dominant criterion is the age of the children, but equal access of every child to this group, expressed by the engagement of every child in the life of another. The peer group is a space for growth through mutual sharing and gaining, but also through mutual acknowledgement and acceptance of weaknesses.

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