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CURRENT PROBLEMS WITH INTEGRATION OF CHILDREN WITH DOWN SYNDROME IN SLOVAKIA FROM THE PARENTS' PERSPECTIVE

Background: Although the integration of children with special needs into mainstream schools has been legalized in Slovakia for 12 years, parents and children with Down syndrome still face many challenges. **Methods:** Research was based on questionnaires and interviews of 60 parents of children with Down syndrome who had experiences with integration. **Results:** Results show that in general, only about 10% of children with Down syndrome are fully integrated. **Conclusions:** Due to the lack of funds, teacher's assistants are not allocated to schools and integration is often hampered by the reluctance of school principals and teachers. Children are often rejected and parents are forced to place them in special schools. Although integration was introduced in Slovakia in 2008, very few schools practice it. Both teachers and assistants lack detailed knowledge of integration, and their education in this area neither has not been carried out nor financially supported in cooperation with the law. According to the results of our research, the Act is only formally applicable in practice, there was no real integration. It would be good to compare our experiences and results with the research on the situation of integration of children with Down syndrome in other post-communist countries.

Keywords: Down syndrome, experiences of parents, integration, school assistant

Introduction

Parenting is a factor that can make a person's life meaningful. It is necessary to re-examine this meaning and remind it when a child with developmental disorder such as Down syndrome is born.

In prenatal screening, gynaecologists often advise mothers of these babies to terminate the pregnancy. Doctors put pressure on women and present the future care of a child with Down syndrome as very difficult, which they can avoid by opting for an abortion. Nevertheless, many couples decide to resist this pressure and a baby is born. Often, such pre-school and school-age children can integrate fully or partially into mainstream schools. In Slovakia, integration has been legal-

ized for 12 years, but its implementation still has many shortcomings. In many successful cases, we only deal more with integration in official forms. People with Down syndrome are mostly integrated in the learning process and in the society, but integration is not carried out according to the standards declared in approved documents in the real life of family education of children with DS.

Parents of children with Down syndrome often face reluctance and obstacles artificially created by educational staff in integrating such children into mainstream school in accordance with their best opportunities, depending on the child's mental and physical condition (Loane et al., 2013).

Down syndrome, also known as trisomy 21, is a genetic disorder caused by the presence of all or part of chromosome 21 (Patterson, 2009). It is usually associated with a retardation of physical development, mild to moderate mental disability, and characteristic facial features (Weijerman, de Winter, 2010). The average IQ of a young adult with Down syndrome is 50, which corresponds to the mental abilities of an 8 or 9 year old child, but the result can vary significantly (Malt et al., 2013).

The diagnosis of Down syndrome can indicate a formerly differences in the diagnosis process at school, so it is not surprising that mainstream teaching of these children has not always met with common consensus among teachers. Attitudes and beliefs are change very slowly. As a result, children with Down syndrome may still be considered by some based on stereotypes often associated to outdated information and approaches. Even though there is now evidence of a wide range of intellectual abilities found among such children, the stereotypes are changing slowly. Today, there are even published reports on their successful integration into mainstream classes (Bird, Buckley, 1994).

The child with Down syndrome is usually very good at copying demonstrated actions. While the child will copy many simple activities, it may be necessary to show him/her several times more complex activity than in typically developing children. After learning an activity, a child will usually not forget the skill and will be very proud of it. Unfortunately, children with Down syndrome also easily notice undesirable behaviours by observing adults and peers, and these can and should be corrected (Haig, 2018, p. 18).

There is no cure for Down syndrome. Education and proper care have been shown to improve quality of life (Roizen, 2003). Some children with Down syndrome attend standard school classes, while others require more specialized education. Some individuals with Down syndrome graduate from high school, and a few attend post-secondary schools (Steinbock, 2011). In adulthood, about 20% of people with Down syndrome in the United States are actively employed in some position. Many are employed in a protected working environment. Support in their work is often subsidized and they often need legal assistance in their lives. With adequate healthcare, life expectancy in developed countries is around 50 to 60 years (Malt et al., 2013).

Parent – mediated interventions derive from naturalistic observations of the bidirectional nature of adult – child interactions, in which the increase in the child's non-verbal or verbal communication alters the way the adult responds (known as contingent responding), which in turn helps support further communication development in the child (Warren, Fey, Yodor, 2007). This means that both the child and the people in its communication environment change over time and influence each other.

The aim of early intervention is to strengthen family interaction patterns within a transactional development model that can change a child's actual and potential outcomes at an early and prone to change stage of development (O'Toole et al., 2018). Sameroff and Fiese, 2000, p. 139) says that a child's development is "the product of continuous dynamic interactions between the child and the experience provided by his/her family and social context". Children with DS, however, show a lower level of overall QoL than children without DS (Rojnueangnit et al., 2020), with different levels in different QoL spheres. Children with DS are more likely to show high levels of emotional well-being such as positive self-esteem. However, lower levels of physical well-being are reported in this population compared to typically developing children. The researchers found that children with DS show less maladaptive behaviours and better social competences than children with other IDs (Zhu, et al. 2016). However, it has been shown that children with DS have more problematic behaviours and poorer social opportunities. The researchers also found that individuals with DS perceived their relationships with family members as positive and supportive (Lee et al., 2021).

Cross-cultural studies (Ranzato, Tolmie, van Herwegen, 2021) on typically developing populations suggests that the home learning environment in the early years plays a key role in developing a child's literacy skills and math abilities. Parents' expectations, beliefs, attitudes, and demographics have been shown to influence their child's early learning progress (Ranzato, Tolmie, van Herwegen, 2021) and many parents choose an alternative way of learning and teaching for children with DS.

Raising awareness about DS could help to reduce social barriers, such as integrating people with DS in everyday contexts such as school and social events (Levis et al., 2012). A study by Pace, Shin and Rasmussen (2010) found that around one-quarter of adults surveyed agree that people with DS should attend special schools that are separate from other children, and more than 25% believe that including students with DS to mainstream classrooms was distracting. Our research has shown that more than 70% of parents solve problems with integrating their children into standard school without having to choose a special class.

An active and positive attitude of teachers towards children with Down syndrome is essential to create supportive and inclusive school environment. The success of integration depends on the personal and professional development of teachers at school and their attitude towards the learning and teaching process of children with Down syndrome (Sofronoff, Jahnel, Sanders, 2011). There is a lack of knowledge about when deviations in brain development occur in Down syndrome, how they relate to later function, and whether they are further altered by additional congenital defects morbidities (e.g., heart defects). Such information is best monitored by in vivo studies that provide opportunities to follow development in the long term (Baburamani et al., 2019).

The integration of children with Down syndrome in Slovakia has been a subject of attention and since it has been enacted for 12 years, but most children with Down syndrome still attend special schools where children with various disabilities are separated from their peers attending mainstream schools.

There are studies showing that mainstream education may improve some short-term progress in communication, expressive language, or literacy in students with Down syndrome (Buckley, et al., 2006). Another study (Turner, Al-

borz, Gayle, 2008) shows that mainstream education has a moderate beneficial effect on academic performance, regardless of the level of intellectual disability, although no comparison has been made with special education. According to Dutch study (van Wouwe et al., 2014), girls are more likely to attend mainstream schools and stay there longer. As expected, there is a significant relationship between the level of intellectual disability and years of education in mainstream schools: people with moderate disabilities stay in school longer than people with severe intellectual disability. Parental education and sex have no relation to this.

Methods

The aim of this study was to identify those factors that may influence the outcome of full integration of children with Down syndrome in mainstream classes. Using questionnaires (later supported by interviews), we tried to define experiences, expectations, advantages and disadvantages of integration through from the perspective of parents of children with Down syndrome attending mainstream primary schools with multiple levels of integration.

Among the members of the Down Syndrome Association, we managed to find families with experience in integrating children in mainstream schools, but we were not able to create a random sample. It is estimated that 30–60 children with Down syndrome are born every year in Slovakia. The projected number of children aged 6–15 with Down syndrome in Slovakia is about 600 children. Our sample covers about 10% of them.

We used standardized qualitative research tools to collect data, interviewing parents of children with Down syndrome. Data collection took place from September to October 2019. For ease of reference, the data are presented in the tables. They cannot be generalized.

Sample

The research sample consists of 60 participants, including 54 women and 6 men.

Children with Down syndrome, whose parents participated in our study, attended mainstream primary schools and are 6–15 years of age with an average of age of 13,62 years. Mothers were 25–53 years old with an average of age of 43,62 and fathers were 31–72 years old with an average of age of 46,31.

Table 1. How many siblings does your child with Down syndrome have?

Response	No.	%
No siblings	12	20.0
One	21	35.0
Two	19	31.7
Three	5	8.3
Four	3	5.0
Total	60	100.0

Table 2. In what order was your children with Down syndrome born?

Response	No.	%
He/She is the only child	12	20.0
First	10	16.7
Second	17	28.3
They are twins	1	1.7
Third	11	18.3
Fourth	3	5.0
Fifth	1	1.7
Last in the order	5	8.3
Total	60	100.0

80% of parents have more than one child, and in 20% of cases, the child with Down syndrome was the only child. 17% of parents have more children, even when the first child was born with Down syndrome.

Results

The aim of the study was to analyse the situation of integrating children with Down syndrome in the context of mother's preparation during the pregnancy. The subject of the research were parents struggling with the problems of integrating children with Down syndrome, the data was collected through interviews with Slovak parents, mainly women.

Most of the parents-mothers declared that during their pregnancy they did not know that they were expecting a child with Down syndrome. 10 mothers with information about the diagnosis of the unborn child were prepared. 50 mothers say that they did not know the baby's diagnosis and they did not know it during pregnancy.

The results of the qualitative research identified the categories on which the research was focused:

- Information about the diagnosis during pregnancy.
- Acceptance of the diagnosis of children with Down syndrome.
- Parents staying together after their children's diagnosis is known.
- School integration of children with Down syndrome.
- Problems and barriers of families with children with Down syndrome.

The results of the research showed several aspects related to the integration and education of children with Down syndrome, we decided to include the answers in tables with a specific number of participants' responses.

There are some cases when one of the parents left the household after knowing the diagnosis of the child with Down syndrome, it was declared in 10 cases. 50 mothers said that both parents live together with the child in the same household. As many as 83% of parents were able to survive as partners, only 17% of parents live separately.

Table 3. Summary of open coding of collected data

Category	Codes	Explanation
Information about the diagnosis during pregnancy	Well-informed during the pregnancy Missing information Information given	"I did not have enough information" "Nobody told me what is happening" "I was informed about the diagnosis of my unborn baby"
Acceptance of the diagnosis of children with Down syndrome	Fully accepted Accepted with the problems Not accepted	"Down syndrome is the common part of our life" "I have to learn to live with this diagnosis of my child even it is difficult" "I did not accept it at all"
Parents staying together after their children's diagnosis is known	Functioning of the marriage even after this fact Parents separation/ divorce	"We are both parents trying our best to take care of child with DS" "My husband left when the diagnosis was confirmed"
School integration of children with Down syndrome	Integrated in standard school Special school integration Alternative school Not integrated	"We put a lot of energy to integrate our child with DS in standard school" "We chose a special school for people with learning difficulties" "We decided on an alternative way of schooling" "My child has an individual learning process at home"
Problems and barriers of families with children with Down syndrome	Lack of experienced adults in the field of teaching child with DS Educational problems Financial problems	"People did not understand the learning and teaching process" "Lack of educational approach in the integration and lack of school assistants"
5 categories	Total participants	60

Table 4. Did you know during the pregnancy that your baby had Down syndrome?

Response	No.	%
I was not prepared to have children with DS	50	83.3
I knew about my baby's diagnosis before delivery	10	16.7
Total	60	100.0

Table 5. Do both parents live together in the same household?

Response	No.	%
Yes	50	83.3
No	10	16.7
Total	60	100.0

The results showed the positive and negative aspects of accepting the diagnosis of Down syndrome. Most of the parents satisfied with having a child despite of the diagnosis, only 1 parent admits that they sometimes have problem accepting the diagnosis their child's diagnosis.

Table 6. How do you perceive your child with Down syndrome?

Response	No.	%
I am happy to have a child regardless of the diagnosis.	45	75.0
I was struggling to accept it as a fact.	1	1.7
I was shocked and surprised at the time of diagnosis.	14	23.3
Total	60	100.0

Among other statements, it has been said that families accept a child with Down syndrome as a natural part but partially realize that they are getting older and worry about who will take care of the child when their parents are no longer able to do so. According to parents' statements, as many as 91% of siblings have a positive attitude towards a child with learning disabilities which they expressed as a cooperative or sensitive approach.

Table 7. Does your child attend regular school or a special school for children with special needs?

Response	No.	%
My child attends regular school	18	30.0
My child attends a special school for children with special needs	22	36.6
My child started to attend regular school, but later he/she was moved to special school	4	6.7
My child has an individual education	10	16.7
Other answer	6	10.0
Total	60	100.0

Only 30% of respondents said that their child with Down syndrome attended a standard mainstream school and, 16.7% had individual education.

Table 8. Do you use alternative forms of education?

Alternative forms	No.	%
Montessori school	17	28.3
Waldorf school	1	1.7
Other forms	7	11.7
None	35	58.3
Total	60	100.0

Thanks to the active approach of parents, 42% of children additionally benefit from some elements of alternative education, such as Montessori or Waldorf School.

Table 9. Have teachers in mainstream schools tried to convince you that special education would be more beneficial for your child?

Response	No.	%
Yes	38	63.4
No	22	36.6
Total	60	100.0

63% of parents were convinced by the teaching staff that it would be even better to place their child in a special school. (A special school in Slovakia is a primary school which educates only children with special needs. Other children do not attend such a school. Children with special needs are segregated in such a school, they have no possibility to contact with other healthy children.)

Table 10. What problems did you encountered in integrating your child with Down syndrome?

Response	No.	%
Little knowledge of teaching staff	20	33.3
No teacher assistant	12	20.0
Reluctance of the school principal to integrate your child in the school	24	40.0
We had no problems	5	8.3
Other	18	30.0

Among the 30% of other responses, parents report obstacles such as missing or imperfect legislation, the reluctance of teachers and schools to cooperate on integration, but also a severe degree of disability of the child, which limits the possibility of integration. Some parents did not even think about trying to integrate, they place the child in a special school. Parents indicated the reluctance of the teaching staff, the lack of knowledge of the teaching staff and the absence of assistants as the greatest obstacles to integration. Only 8% of parents did not encounter any obstacles in integrating their child in the mainstream school.

Table 11. Is there a teacher assistant present when teaching your child?

Response	No.	%
Yes, throughout all lessons	23	38.3
Only in a few lessons	19	31.7
There is no teacher assistant at school	18	30.0
Total	60	100.0

Only 38% of children can use help of an assistant during each lesson. 30% of parents said that their child's school had no assistant at all. It is not only a financial problem, the problem is the lack of an assistant with critical thinking and education about Down syndrome who is able to work with these pupils in a way based on good communication, cooperation and mutual understanding of the aspect of this disease in terms of medicine, education, psychology, social aspects and everyday problems.

Table 12. According to your experience, what are the positive aspects of integrating children with Down syndrome?

Response	No.	%
Better social integration of the child	46	76.7
Less prejudices	29	48.3
Developing the child's independence	38	63.3
A child with Down syndrome can enrich the lives of other children	31	51.7
Our child teaches other healthy children to accept the difference	32	53.3
Other	3	5.0

Parents see the greatest benefits from integration in better social integration of their child, developing child's independence, eliminating prejudices and judgments of other children, and influencing healthy children to accept children with special needs.

Table 13. How is your child integrated in the mainstream primary school?

Response	No.	%
The child is integrated in the class in all lessons	15	25.0
The child is partially integrated. Only in some lessons, the remaining hours are spent outside of classes with an assistant	13	21.7
The child stays only with an assistant in each class outside the classroom	3	5.0
The child is educated only in a special class with children with special needs	16	26.7
The child does not attend standard primary school	13	21.7
Total	60	100.0

Only 25% of children are fully integrated in classes with other children. Another 22% are integrated only during some classes and spend many hours separately with an assistant. In fact, up to 27% of children study in segregate classes created in mainstream schools.

53% of children use an individual educational plan.

Table 14. According to your opinion, what are the disadvantages of integration?

Response	No.	%
High number of pupils per class	29	48.0
Insufficient class material equipment	18	30.0
None	5	8.5
Other	23	38.5

Sometimes the child is "integrated" only formally but does not receive enough attention to its development and education.

Parents cite teachers' reluctance to participate in integration and the lack of education of teachers in mainstream school as the greatest limitations in their specific integration experiences. This is a common reason why children with DS attend special schools and do not attend mainstream schools. On the other hand, level of disability is significantly related to the number of years spent in mainstream education.

Table 15. Are the appropriate conditions for integration created in the school your child attends?

Response	No.	%
Yes	6	10.0
Rather yes	14	23.3
Rather no	13	21.7
No	13	21.7
Our child does not attend standard primary school	14	23.3
Total	60	100.0

33% of parents believe that schools have appropriate conditions for the integration of their children, 43% of parents say that the school does not have conditions for integration.

Table 16. If you were to choose again, based on your experience so far, would you decide to reintegrate your child into mainstream school?

Response	No.	%
Yes	31	51.7
No	19	31.7
Other	10	16.6
Total	60	100.0

With the current integration experience, 52% of parents would choose to integrate again, but 32% would refuse to integrate.

Discussion

The research is based on the experiences of parents of children with Down syndrome in the context of their integration. The sample consisted of 60 parents who had experience in integrating their children with Down syndrome in mainstream schools. 70% of them were devoted to Christianity in its usual, traditional form. Participants were educated mainly in secondary school, in 47% cases. One third of the participants had a university degree.

Only 20% of children with Down syndrome are the only children in the family. 35% of them have one sibling and 31% have two siblings. 13% of children have three or four siblings. 17% of families have more children, even when the first child has Down syndrome. These numbers are interesting in the context of their religiosity. We interviewed the participants and learned interesting details. 90% of families with more children are Christian. In 17% of cases, families were willing to have more children, even considering the fact that the first child was born with Down syndrome.

17% of parents knew that they expect a baby with Down syndrome during pregnancy. And yet they did not decide to have an abortion, even though the pressure from doctors is often very strong. It would be interesting to find out how many families decide to have an abortion, whether under pressure of doctors or under pressure of themselves. Currently, the number of children born with DS is decreasing compared to the previous 20 years (60 children with DS in 2000: 35 children with DS in 2021).

Aborting children with Down syndrome for other reasons seems even more difficult to justify. Nevertheless, screening foetuses for Down syndrome has become common obstetric practice in many countries as there is no treatment available for detected defects (Friberg-Fernros, 2017). The exact rate of termination is uncertain, although it is clear that a great majority of foetuses diagnosed with Down syndrome are aborted. An early review of relevant published studies suggests a termination rate in Europe is 92%, while a more recent review, considering only studies of the termination rate in the USA, found that the rate was 67–85%.

An examination of 18 European registries reveals that between 2005 and 2009, only 64% of Down syndrome cases were diagnosed on the basis of prenatal testing. This percentage indicates that, considering only the examined European areas, about 1700 infants with Down syndrome were born without parents' awareness prior to birth. Once these children are born, parents have no choice but to keep them, which sometimes is exactly what they would not have done if the disease had been diagnosed before birth (Giubilini, Minerva, 2013).

Despite the widespread acceptance of such an abortion, most people still overwhelmingly reject infanticide of people with Down syndrome (if that diagnosis is made only after birth), which raises the question of how to reconcile these beliefs. I give reasons to doubt whether this can be done, especially defending the claim that the criteria invoked to distinguish abortion from infanticide either cannot justify why abortion of fetuses with Down syndrome is acceptable while infanticide is not or are too implausible to justify abortion of fetuses diagnosed with Down syndrome (Friberg-Fernros, 2017).

83% of parents may have stayed in the same household, even if their children are already of school age. This means that at the moment their marriage, despite the difficulties, lasted for at least 6 to 15 years. We learned from the interviews that it was difficult to convey the message to fathers that they would have a baby with Down syndrome and that they were more likely to consider an abortion. However, when the child was born, it was accepted and loved and father becomes the protector. The birth of a child with Down syndrome can contribute to greater family unity. The high percentage of large families and the ability to accept a child with Down syndrome are in 90% related to the faith practiced. Although faith in these families is often more formal and traditional, the conscience did not allow parents to reject this child. On the contrary, the difficulties they experience help them to revive their faith.

These conclusions connected with religiosity did not come from the questionnaires but from further interviews with parents that helped us to understand deeper issues.

When it comes to integrating all children, only 30% of our sample attended mainstream schools, as many as 36% enrolled directly in special schools without trying to integrate, and almost 7% of the remaining children were later transferred to special schools after the integration attempt. In the past, special schools were designed for children with special needs. Segregated children were then not allowed to grow up with healthy peers.

Almost 17% of children have individual education. We are aware that not all children with Down syndrome can integrate to the same extent. Sometimes a severe disability requires individual education. However, we wanted to find out if the children were integrated in the most possible and accessible form.

According to Dutch study, school entry started between the ages of 4 and 6 years. Most enrolled in mainstream at the age of 4, 5, 6 and 7 years (48–63%). The dropout rate was high: from the age of 7 each year, 3–6% of children started special education. At the time of transition from primary to secondary school (age around 12–13 years), the dropout rate was greater (6–10%). Only 17% of the children attend mainstream schools at the age of 13. The 7% group stayed in primary and secondary schools until the age of 17.

Slovak research data has shown that among 30% of children attending mainstream schools, not all are automatically integrated. In many cases, there exist only so called

„pro-form“ integration. Children with Down syndrome are officially integrated in school records, but in the real life they are segregated from the classmates. There, integration only takes place at the official level, but not on the practical one. The child often belongs to a segregated class in the mainstream school. Children with special needs are placed in these special classes without contact with other children. The most common problem faced by parents is the reluctance of the teaching staff to any integration of a child with Down syndrome in the classroom. Parents face the problem that their child has been educated in the special class, and teachers are reluctant to integrate in standard schools. Some parents have been unable to find a mainstream school to admit their child with DS.

The majority (60%) have been in mainstream school for at least 3 years; girls more often and they stayed longer. Boys were, on average, 5.5 years old in mainstream school, girls were 7.0 years old ($p = 0.001$). Boys were, on average, 8.9 years old in special schools, girls 7.1 years old ($p < 0.001$). Until the age of 13 years, 17% attended mainstream primary school, which is a higher estimate for children with DS who graduated from primary mainstream school (van Wouwe, et al., 2014).

In Slovakia there are usually many pupils in the classroom and teachers are unable to take care of children with special needs in the classroom. While the law guarantees that a child with special needs has the right to a teacher's assistant to assist with their integration, the reality is often quite different. The school must apply for assistants every year and only meets a small part of these requirements. It often happens that school gets an assistant a year later and loses it a year later due to lack of funds in the school system.

The teaching process itself is little controlled, sometimes it happens that the child is alone with the assistant in a separate classroom and the assistant does not take care of the child as it should, assistant only gives the child a task to draw alone and does not work on personal development. The child is not interested in such education (Casey et al., 1998). In our research, some parents also look for alternative ways of teaching, approaches (in 28% cases).

Most of the parents in our sample were able to cope with the fact that their child had Down syndrome and learned to live with it. The siblings of these children are equally capable of taking their sibling with Down syndrome as a normal part of the family, helping them, protecting them and having a nice relationship with them.

Many parents are often persuaded by educators that it is better to place a child in a special school and do not realize that, under favourable conditions, integration can help the child develop better than a special school (Bird, Buckley, 1994). An adult can also encourage socialisation by teaching a child with Down syndrome the simple play habits adopted by children in the classroom (Haig, 2018).

At transition to high school, more children choose special education. The transition could be difficult as parents can reconsider the optimal place for their child during adolescence. Secondary schools are clustered and some became large institutions with different levels and large number of pupils (van Wouwe et al., 2014). It requires social skills to travel to and from school alone. Only a fraction of adolescents with DS seem to master such practical skills. The vast majority (90%) of adolescents with DS experience significant problems in social functioning (van Gameren-Oosterom et al., 2013). Children with DS are socially vulnerable and may require a special environment, especially before entering adolescence (Lightfoot, Bond, 2013).

Reported benefits of mainstream schooling for children with DS are more academic and language skills; especially some improvement in communication, expressive language and literacy skills. However, adolescents with DS have limited abilities to perform relatively more complex tasks and experience serious difficulties in social functioning. In addition to health, growth, development, and cognition, paediatricians and other caretakers should discuss school choice from this perspective. Their advice should aim at achieving optimal social competence and independent living skills, as well as the need for a focus on improving behavioural behaviour in general and on the detection and treatment of specific psychopathology. Such an approach can improve the self-esteem of adolescents with DS (van Wouwe et al., 2014).

Conclusions

The integration of children with Down syndrome has been legalized in Slovakia for 12 years. In fact, integration has started 10 years ago, but there is still many challenges ahead. Only about 10% of all children with Down syndrome are really integrated. Most schools still adhere to the old idea that such children are a burden on mainstream education and that special schools are better for them. Teachers are not properly trained and cannot work with children with special needs according to the latest trends that have proven successful in countries with a long tradition of integration.

Often, in our current system, there are a large number of children in the classroom and the teacher has almost no space for special needs activities. While such children are legally entitled to teachers' assistants, in practice assistants are unavailable due to lack of government funding. The emphasis here is on the strengths and competences of children with Down syndrome and on building relationships with them in connection with a multidisciplinary approach and increasing integration in the school environment.

An even bigger problem is that the state declared the integration of children with special needs in the Education Act in 2008, but this did not actually create the conditions for real integration. Not only is the system underfunded to pay for school assistants and up to 50% of the assistants requested are not funded, but neither teachers nor assistants have ever been trained in this regard. Even if there are assistants in mainstream schools, they do not have enough professional knowledge to perform real integration.

If integration has been successful, parents also played a key role to put their energy into breaking barriers in schools, departments or society. The parents toned to be listened as they know best the needs and limitations of a child with the Down syndrome, and on the other hand, to cooperate with the professionals from various fields to achieve successful integration and changes in the system of social and health care model about people with Down syndrome.

It would be very useful to examine the situation in the integration of children with Down syndrome in other post-communist countries, as well as to examine trends in the integration of children not only with Down syndrome, but also with other defects. Research can help overcome prejudices and reluctance to integrate as many children as possible in mainstream schools, of course always with child's best interests in mind.

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AKTUALNE PROBLEMY Z INTEGRACJĄ DZIECI Z ZESPOŁEM DOWNA NA SŁOWACJI PRZEDSTAWIONE Z PERSPEKTYWY RODZICÓW

Abstrakt

Kontekst: Chociaż integracja dzieci ze specjalnymi potrzebami w szkołach ogólnodostępnych została uprawomocniona na Słowacji 12 lat temu, rodzice i ich dzieci z zespołem Downa wciąż stają przed wieloma wyzwaniami. **Metody:** Badania przeprowadzono na podstawie ankiet i wywiadów z 60 rodzicami dzieci z zespołem Downa, którzy zetknęli się z integracją. **Wyniki:** Wyniki pokazują, że na ogół tylko około 10% dzieci z zespołem Downa jest w pełni zintegrowanych. **Wnioski:** Ze względu na brak funduszy w szkołach brakuje asystentów nauczycieli, a integrację często utrudnia niechęć dyrektorów szkół i nauczycieli. Dzieci są często odrzucane, a rodzice zmuszani do umieszczania ich w szkołach specjalnych. Chociaż kwestia integracji na Słowacji została uregulowana w 2008 r., bardzo niewiele szkół ją praktykuje. Zarówno nauczycielom, jak i asystentom brakuje szczegółowej wiedzy z zakresu integracji, a ich kształcenie w tym zakresie nie było realizowane ani wspierane finansowo przy współpracy z prawem. Zgodnie z wynikami naszych badań, ustawa ma jedynie formalne zastosowanie w praktyce, podczas gdy do rzeczywistej integracji nie doszło. Bardzo przydatne byłoby porównanie naszych doświadczeń i wyników z badaniami dotyczącymi integracji dzieci z zespołem Downa w innych krajach postkomunistycznych.

Słowa kluczowe: zespół Downa, doświadczenia rodziców, integracja, asystent szkolny