AUTISTIC CHILD IN KINDERGARTEN

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Abstract

Contemporary medicine understands more and more about autism. Nevertheless, both etiology and treatment of the disorder remain a mystery. This makes autism an incurable illness. Difficulties include diagnosing children for symptoms of autism and therapy, which requires extraordinary commitment on the part of parents of an autistic child. The disease is so diverse that it is practically impossible to identify two individuals presenting identical symptoms (sings). The diagnosis, treatment, and even the definition of autism are subject to numerous publications and research. Autism is said to be a developmental disorder, typically manifested within the first three years of life secondary to a neurological disorder, which affects brain functioning. In addition, it is often referred to as a spectrum disorder, which means that its characteristic features and symptoms may have multiple and varied interrelations, from minor to major ones. The main symptoms of autism are avoidance of social communication, lack of formation of social bonds, and social isolation (seclusion). Despite the fact that the disease is not related to physical pain, it gives one a much worse type of pain – mental pain. Faces of autistic children do not show any changes indicative of autism. However, an affected child is not understood and perceived as "strange" by most of his environment. Autism affects between 2 and 5 per 5000 children. Even though it is four times more common in boys than it is in girls, developmental problems originating from autism are more severe in the case of the latter. Seventy years of research in autism have allowed one to comprehend the disease in as much as to define it, isolate its kinds and specify types of treatment. Undoubtedly, medicine is closer and closer to finding answers to questions about disease etiology, but therapy and education of autistic children, which should begin as early as possible, are becoming increasingly important, too. The process of teaching and raising autistic children should be carried out both in preschool and at home, i.e. in child's closest environment, because suitable preschool education gives autistic children a great opportunity to develop. Key Polish legislation setting forth the principles of educating autistic children in preschool includes two basic laws. The first is the Law on the System of Education, which provides for a possibility to attend all types of preschools by disabled or socially maladapted children, in accordance with their individual developmental and educational needs and predisposition. Under the Law, disabled children may attend general-access preschools together with healthy children. The second legal act is the Regulation of the Minister for National Education on the conditions of organization of education, upbringing and care of disabled children, socially maladjusted children, and children at risk of social maladjustment. The article presents a case study of an autistic child attending a publicly available preschool in the town of Biła Podlaska, Poland.

Keywords: Autism, child, kindergarten, preschool education.

1 INTRODUCTION

The Convention on the Rights of the Child, which was adopted by the UN General Assembly on November 20, 1989, and which is a valid standard in almost all countries in the world, addresses the following rights of the child.

In accordance with Article 23 of the Convention, the countries which adopted the Convention recognize that a mentally or physically disabled child should enjoy a full and decent life in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in society. These countries recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, the assistance to the eligible child and those responsible for their care. Such assistance will be provided for which application is made and which is appropriate for the child's condition and to the circumstances of the parents or others caring for the child. Recognizing the special needs of a disabled child, assistance will be extended free of charge, wherever possible, taking into account the financial resources of the parents or others caring for the child, and shall ensure that the disabled child has effective access to education, science, health care, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's
achieving the fullest possible social integration and individual development, including his/her cultural and spiritual development.

In order to implement the above provisions, integration kindergartens were established. In Poland, the first preschool integration group was started already in 1989 in a rehabilitation healthcare centre in Warsaw. Shortly afterwards, the first integration kindergartens started to be founded, and just before the Act on the Education System of 1991 was introduced, 12 such institutions, mostly in Warsaw, opened their integration groups. The dynamic formation of preschool integration institutions was recorded after 1994, when the local governments, which supported their creation, took responsibility for supervising education. [1] Such institutions were initially created mostly in large cities, but over time they were also established in smaller towns, which could be seen as an expression of concern for the adequate education of children with disabilities. [2]

Also, the Ministry of Education took additional measures to equalize opportunities for disabled children, which include the following:

- Introducing a new core curriculum for preschool education, in which special attention is paid to assisting children in developing social skills, language as well as fostering interests and emotional and psychomotor development. The core curriculum is a strong indication of the teaching content in regard to the rights of disabled persons at each stage of the educational process. In addition, the law clearly defines the need for individual paths of catering for the disabled child, starting with pre-school education.

- Providing early support in the development of children – in kindergartens (including the special care ones), psychological-pedagogical centres (including the specialist ones), which can create teams of early support specialising in the child development. Class support in the early development can be provided from the moment a disability is detected in the child.

- Popularising preschool education among disabled children – education at the kindergarten level, creates proper conditions for stimulating psychomotor development and social learning capabilities in children with different physical and intellectual abilities. The Ministry of Education takes action to popularize preschool education and conducts preschool divisions in small towns and villages, so that the number of children in preschool education increases each year.

- Providing special education for children with disabilities – The Ministry of Education creates conditions for training, educating and mentoring for all children, including the disabled ones; kindergartens of all types and kinds (public, special or integrative), as well as in public institutions. Kindergartens educating children with disabilities organize personalized instruction, which caters for children in need and provides appropriate education. Catering for children with disabilities is based on individual educational and therapeutic programmes, developed by teachers and specialists. In order to improve the effectiveness of such a process, some changes in the regulations were introduced in 2012, which emphasize an individual approach to the child in need of assistance in developing their skills and interests, or overcoming difficulties.

- Subsidizing education, including preschool education; providing for children with disabilities – educating children with disabilities, including those in preschool education, is financed from the budget resources allocated to the educational needs from the general subsidy for local government units. The resources for children with autism are much higher.

- Taking measures to eliminate architectural barriers in kindergartens – the local government units that run public or special kindergartens can subsidize renovations that eliminate architectural or physical barriers in buildings and their immediate surroundings which, due to technical solutions, design or conditions, make the freedom of movement impossible or restricted for persons with disabilities. These undertakings are funded from the budgetary reserve of the general subsidy.

Children who are sick do not need and should not be excluded from normal life. With appropriate help from parents and teachers, they can enjoy their childhood together with their peers. Their individual needs should however be recognized and catered for in the pre-school programme so that such children can build friendly relationships with the environment. How the sick child copes with the disease, both at home and the kindergarten, has a huge impact on his/her treatment outcomes, health status and quality of life now and in the future. Therefore, kindergarten teachers should possess the basic knowledge of how to deal with the sick child in kindergarten, of difficulties involved in his/her functioning, as well as directions and ways of resolving problems.
The following table presents a statistical summary of disabled children attending kindergartens in the school year 2015/2016, according to the Education Information System – as of 30.09.2015. [3]

Table 1. Number of disabled children in kindergartens in the year 2015/2016.

<table>
<thead>
<tr>
<th>Type of institution</th>
<th>Kindergarten</th>
<th>Preschool education team</th>
<th>Preschool points</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>with multiple disabilities</td>
<td>3 662</td>
<td>4</td>
<td>327</td>
<td>3 993</td>
</tr>
<tr>
<td>blind</td>
<td>42</td>
<td>0</td>
<td>1</td>
<td>43</td>
</tr>
<tr>
<td>visually impaired</td>
<td>774</td>
<td>0</td>
<td>15</td>
<td>789</td>
</tr>
<tr>
<td>deaf</td>
<td>287</td>
<td>0</td>
<td>3</td>
<td>290</td>
</tr>
<tr>
<td>with impaired hearing</td>
<td>1 000</td>
<td>0</td>
<td>22</td>
<td>1 022</td>
</tr>
<tr>
<td>with slight mental retardation</td>
<td>1 971</td>
<td>0</td>
<td>64</td>
<td>2 035</td>
</tr>
<tr>
<td>with moderate or severe mental retardation</td>
<td>1 647</td>
<td>0</td>
<td>53</td>
<td>1 700</td>
</tr>
<tr>
<td>with physical disabilities, including aphasia</td>
<td>4 976</td>
<td>3</td>
<td>213</td>
<td>5 192</td>
</tr>
<tr>
<td>with autism, including Asperger syndrome</td>
<td>6 970</td>
<td>14</td>
<td>947</td>
<td>7 931</td>
</tr>
<tr>
<td>Overall</td>
<td>21 329</td>
<td>21</td>
<td>1645</td>
<td>22 995</td>
</tr>
</tbody>
</table>

The data presented in Table 1. show that among the disabled children attending Polish kindergartens those with autism are a dominant group – 7 931, which represents almost 35% of all disabled children in the Polish pre-school institutions.

2 LAWS GOVERNING THE EDUCATION OF AUTISTIC CHILDREN IN POLISH PUBLIC KINDERGARTENS AND PRIMARY SCHOOLS

Treatment of autistic children requires a very individual approach and starting the proper therapy in the earliest period of the child's life, as it is the time when s/he forms his/her potential for future interactions.

The problem is that differences in the developmental process between healthy and sick children are often spotted only at the kindergarten stage. Hence, kindergarten teachers’ competences are of the vital importance as it is them who should see troubling signs in the child's behaviour and be able to work with such a child. However, in the case of Polish kindergartens it is not always the case. Many autistic children have no chance for education in public kindergartens, and even if there is a place for such a child, it often happens that there is lack of understanding on the part of teachers and peers.

Researchers of the autism issue believe that the process of teaching and educating autistic children should take place both in the nursery and in the family home, or in the child’s immediate surroundings. [4], [5], [6]) Therefore, properly conducted pre-school education provides an autistic child with enormous opportunity for development.

The most important legal bills regulating the education of autistic children in public schools and kindergartens are two educational acts.

The first one is the Law on the System of Education published in the Official Journal of Laws in September 7, 1991, which states that disabled youth and socially maladjusted children have a chance to be educated in all types of schools, in accordance with their individual developmental, educational needs and predispositions. [7] Under this law, disabled children can attend public schools and kindergartens together with healthy children.

The other act is the Regulation of the Minister of National Education of July 24, 2015 on the conditions of organizing training, educating and caring for disabled children and youth, socially maladjusted and at risk of social maladjustment. [8] The Regulation introduces new laws concerning additional employees in nursery schools and public areas to provide care for autistic children, including those
with Asperger syndrome, who require special organisation or teaching methods. The laws allow for employing additional personnel:

- teachers or specialists with qualifications in special education in order to co-organize the educational process of disabled students;
- additional employees in the first three years in primary school – a teaching assistant or support teacher.

The decision on the employment of persons who provide support to disabled children / students is taken by the director of the kindergarten or school. An analysis of the autistic child’s individual needs may justify that such support of the aforementioned teacher or specialist is justified. His/her preparation in the field is crucial in supporting the child in everyday functioning in kindergarten or school. However, in case the child needs only basic assistance in carrying out self-service or proper contact, another person, for example, a teacher may be employed.

As one can see, the intention of the Ministry of National Education in Poland is to provide for every child who has a statement of special educational needs that indicates autism, including Asperger syndrome or multidimensional disability, requires support that takes into account his/her individual development needs as well as educational and psycho-physical capabilities.

The main tasks of teachers who work with autistic children include recognizing the children’s needs, adapting teaching methods to their dysfunction, supporting them in the teaching process and ensuring a proper social integration in the peer group. The educator must ensure that the kindergarten environment does not reject a sick child and makes him/her a victim of assault. Exclusion from a peer group may in fact contribute to the development of secondary emotional disorders in children. [9]

Despite the legal regulations presented above, teachers are confronted with many areas that need further clarification. Among those, one may include the following:

- lack of educational programmes for working with an autistic child in a group of healthy children;
- lack of the necessary teaching aids; most of the used ones are prepared by teachers;
- too expensive specialist courses that could enhance the competence of teachers who work with autistic children;
- lack of a structured methodological guidance;
- high turnover among special educators in kindergartens.

Further, these factors, mainly of methodological and programmatic nature, are additionally burdened with teachers’ stress, burnout and emotional exhaustion. Children’s condition does not often allow for creating a proper contact and reaching an agreement. Those working with autistic children often feel frustration and sense of helplessness. According to specialists, work with such children becomes a big psychological burden, hence the high turnover among special educators. [10]

Despite the cited legal regulations, autistic children’ access to public kindergartens still remains a controversial issue.

Fearing that providing a proper upbringing for the autistic child might turn out to be difficult, some kindergartens do not agree to admit such a person, usually arguing that it will lead to peer, or even teacher, relation difficulties, or that the institution is not really ready to cater for the needs of the sick child. In such a situation, parents do not have a choice but to enrol their child in a special care or integration kindergarten. Autistic children’s children are very often forced to send their children to kindergartens or special schools (often far away from home), while many of these children, especially with mild autism, could successfully attend a public kindergarten or receive education in a public school.

This sort of phenomenon in Poland was described in the studies by Gabriela Jagielska and Dorothy Sikora, who referred to the refusal to admit a child into the institution as a lack of empathy and "laziness". [9], [11]

For many autistic children, tuition in the family home is medically contraindicated, as it perpetuates and strengthens disorders in their social sphere. At the same time, it must be said that autistic children usually like school or kindergarten. They see the lesson as a ritualized form of dialogue, in which the child assumes a socially-defined role – the status of the student. Autistic children need "predictable" situations and the ritualized lessons provide them with such needs. That is why, children not only tolerate but actually seek such situations. Further, it is extremely important that the teacher is an
accepted person. There can be no fear, because the child refuses to cooperate. Teaching an autistic child, both at school and in kindergarten, requires specific rules of conduct.

3 BEHAVIOUR AND THE PERCEPTION OF AUTISTIC CHILDREN

Autism belongs to a category of the so-called comprehensive neurodevelopmental disorders, which involve specific school difficulties and specific developmental disorders of motor function. These disorders are characterized by the lack of age-appropriate skills that affect the brain maturation. Autism can take many forms, ranging from a milder one, also referred to as Asperger syndrome, to a severe one, where the child does not establish any contact with the environment and requires constant care.

In case of childhood autism, disorders in the child’s development affect many spheres of his/her progress and functioning:

- disturbances in social interaction;
- disturbances in communication (two-way verbal or nonverbal communication);
- repetitive, restricted and stereotyped patterns of behaviour, interests and activities. [9]

Further, autistic children are characterized by “social blindness”. The result of the defect is being confused in social situations, being unable to recognise cause-effect relationships between situations and in other people’s behaviour. By ignoring the fact that other people may have different knowledge, feelings and aspirations, autistic children can be unwilling to share their experiences, desires or feelings. It may also be the reason for disregarding the others’ interests, committing blunders and behaving in such ways which unintentionally makes others feel bad. When compared with healthy children, autistic children understand and explain functioning of the inanimate world better, where mechanistic thinking is required, than social situations in which the so-called emotional intelligence is needed. The problem with autistic mind is that it functions differently, it perceives the world as fragmentary, focusing on details, not the whole, which results in an inability to make generalizations in regard to the context (i.e. disorders of the central coherence). Besides, there appear difficulties with executive functions such as planning ahead, creating new competitive ideas, initiating and maintaining measures for a particular purpose, remaining focused on the task as well as stimulating cognitive abilities required for its implementation, like the ability to change the direction of attention (switching between tasks). The disorders of these functions may lead to impulsiveness, lack of inhibition of one’s reaction, behaviours determined by stimuli, inability to perform complex tasks without being prompted, tendency to repeat the same actions (perseveration) and stereotyped, rigid patterns of behaviour. In addition, disorders in receiving stimuli are also problematic and are manifested by hypersensitivity or reduced sensitivity to visual, auditory, olfactory or tactile stimuli that affect the child. This may cause behaviours such as: making stereotyped movements or noises. [9]

Parents may observe the following symptoms in their child:

- lack of speech development,
- characteristic behaviour in performing activities,
- characteristic movements; repetitive, useless and often rhythmic; rocking the entire body, turning and nodding the head, curling hair, clapping hands,
- no response when being called.

Sometimes, it happens that parents are wrongly reassured by others that everything is all right, or they develop the so-called defence mechanism of denial and “do not notice” abnormalities in the child’s development, adapting to the daily rituals or the needed routine. Besides, vigilant parents remain unaware of the situation, especially if the child is the only one, or was born as the first and the parents cannot compare his/her performance with peers. Therefore, quite often the first persons to observe abnormalities in the child are kindergarten teachers. [9]

Thus, the autistic child in the kindergarten:

- may not be interested in other children and in establishing contacts; remains isolated;
- may make contact, but does so in an inadequate manner, showing no understanding of the others’ needs and feelings; requires routine response to his/her routine questions, does not
keep proper distance with others, can make contact but does so in an intrusive way, even with complete strangers;

- displays characteristic movements, rigid patterns of behaviour and stereotyped interests;
- acts in accordance with their needs, not taking into account the existing norms and principles;
- insists on keeping the same behaviour patterns each day, reacts badly to changes in the environment or in routine activities, shows resistance to the introduction of new activities;
- often carries on monologues and bores others with partial interests;
- manifests difficulties regarding reciprocal communication, does not give others an opportunity to comment (speaks rather than talks to someone), cannot sustain conversation and social interaction;
- may not be interested in other children’s pastimes, and his/her uncreative, characteristic of an autistic child games are not attractive to other children;
- manifests a lack of the so-called functional activities, based on imagination, imitation, comparison, which involve using objects in a purposeful way (for example, catching and rolling balls, building towers and bridges) as well as a lack of cooperation in the activities.

During this period, anxiety can also be induced by excessive motor activity, attention deficit disorder or low physical activity, tantrums, aggression and self-harm. Some children display imitative play (e.g. a child may play hide and seek with an absent cousin, in which s/he pretends to be a cousin), and this sort of behaviour is repeated routinelly. Further, there is an excessive concentration on detail, which deprives the child an opportunity of gaining a comprehensive knowledge of the world. Autistic children usually begin to refer to themselves by "I" at the age of six. [9]

Autistic children live in ‘their own’ world, which they organise according to their own rules. It is as if they chose living in a different reality, in which one does not have contact with others. A child who initially seems to develop normally, suddenly ceases to grasp objects or follow their eyes to toys. There appear typical of autism rigid, characteristic movements, including, for example, hitting the hand against the wall. The child ceases to smile, does not respond to a close person and/or does not speak. Sometimes, it also starts to move in an uncoordinated manner. Any attempt to establish contact, i.e. hugging or patting, are seen as violating his/her private world. The child stays in its shell, "hidden" from everyone. The more one tries to hug them, the more defensive the child becomes – pushes and scratches. Sometimes, s/he punches another person in anger. [12]

Teddy bears do not arouse any interest in such a child, who can play with one chosen toy, focusing on the details of its structure. The child does not play at running a house, shop or school – it rejects activities that imitate adults’ behaviours, because they cannot understand social roles and behaviours. Even if the child learns such "imitation activities," s/he is not able to play spontaneously, merely repeating the formerly learned pattern. The child separates himself/herself from what is incomprehensible and unknown – and creates his/her own rules. If s/he speaks, it is an invented language. Autistic children like to repeat one phrase over and over again, e.g. a fragment of a television commercial. Another typical symptom of autism is sticking to rituals. The child moves along the same route in the apartment, says the same sentence every morning and dresses according to a fixed plan. [12]

The above mentioned symptoms visible in an autistic child’s behaviour are not typical of all sick children, as each of them develops and behaves differently. However, the above description shows how much the sick child’s perception of the world differs from the one exhibited by healthy children. [13]

Autistic children’s behaviour has a huge impact on the way they are perceived. While the level of public awareness of autism has increased significantly thanks to media, a fear of taking responsibility for shaping the child’s psyche, which remains inaccessible, is still problematic for many directors of educational institutions. The unwillingness on the part of such institutions to take action often prevents autistic children from entering the state educational system.

It is very important to detect the first signs of autistic childhood in the first-stage of children’s development. An early initiated and intense Omni-therapy, thanks to the so-called brain plasticity (an ability to undergo a permanent change in the development process which may compensate and enable the child to learn through the creation of new connections between nerve cells and causing unnecessary the ones to wither), creates the conditions for a significant improvement in the
functioning of the child. It is assumed that a therapeutic intervention should be taken before the child is 3 years old. [9]

An important issue is recognising and protecting children against emotional or physical violence from other children. Different behaviour is easily noticed by peers and may be used to manipulate, ridicule or provoke the autistic child. Such situations create room for educational work with children in order to stop violence in kindergarten, promote attitudes of tolerance and support for people affected by a variety of problems. Also, adults’ behaviour plays an important role in such situations. If children observe such positive signs as understanding, respect, support and acceptance from the teacher, it is very likely that they display similar attitudes. It is also crucial to work on eliminating prejudices and negative opinions expressed by parents of other children displaying rejecting attitudes.

Further, the teacher’s task is to observe whether the autistic child is not isolated or rejected by the rest of the group – if it is the case, the teacher should take measures to prevent such situations.

The presence of an autistic child in a group may become a huge challenge and an opportunity for the teacher to alter positively the life of such a child. The teacher who actually guides the child’s development may perceive his/her talents and skillfully develop and support them. S/he may help the child to overcome the encountered difficulties. The autistic child can achieve educational success and improve their social functioning. [9]

4 AN AUTISTIC CHILD ATTENDING A PUBLIC KINDERGARTEN – A CASE STUDY

It is difficult to write about autism and characterize the group of such sick persons as each case is different. That is why, it seems right to present in the form of a case study the story of one child named Tom, who attended a public kindergarten.

Tom was born in 2010 seemingly as a healthy child. The first 12 months of his development proceeded smoothly. The boy crawled and walked as a typical healthy toddler at that stage of his life. Parents were only worried by Tom’s poor eye contact, no response to commands, unusual mobility and hyperactivity as well as disregard of the imminent danger. With time, there appeared other worrying for parents signs. Tom did not speak, did not play with other children, and even showed no interest in them. His contact with adults was also very weak. The boy could not and did not want to play in the way typical of his age, but showed characteristic autistic behaviours.

The boy was diagnosed with the disorder quite late, in 2013, in the Specialized Centre of Diagnosis and Therapy for Autism. As Tom’s parents remarked, Poland still lacks a system to support such children that would guide parents to centres and institutions dealing with disabilities. It was parents themselves who sought specialist centre to diagnose their son. The specialists working in the centre used the following test methods to assess the development of the boy’s sensory integration processes:

1 Clinical observation,
2 Questionnaire on sensory-motor development,
3 Observation of the child’s free behaviour,
4 Development scale of the child psychometric development (0-3),
5 Interviews with parents.

The examination showed that Tom has a slightly higher than average threshold of responsiveness and sensitivity to proprioceptive sensation. There were visible discreet manifestations of gravitational insecurity, as evidenced by the boy’s reluctance to swings. Besides, Tom avoided being touched, reacted defensively, and tolerated only stronger tactile stimuli. Such a behaviour resulted from sensory integration dysfunction. There was also diagnosed sensitivity of the visual system (which is reflected in an increased excitability and disorganized attention), olfactory (which resulted in the elimination of certain foods from the diet) and auditory one (sensitivity to auditory stimuli, plugging ears, avoidance to certain sounds and panic). Further, the study revealed postural dysfunctions and postural reflections, resulting in problems in image stabilization, getting proper field of view and developing visual perception. Additionally, Tom had problems in motor control and could not mimic or reproduce any motor tasks. The diagnosis was that Tom’s behaviour is affected by sensory integration dysfunction, and possibly autism.
Further, in 2013, another opinion was issued on the need for an early support of the child development. The doctors’ board confirmed that Tom was characterised by hyperactivity, developmental delay and autism. Parents were given some guidelines concerning the method and form of exercise. It was recommended that he participate in systematic work at home and in speech, pedagogical and psychological therapy, as well as classes in sensory integration.

In 2014, Tom received a certificate of disability, and two years later – an opinion on providing him with the necessary special education.

Currently, Tom is 7 years old, and the effort that his parents and doctors put into his treatment resulted in a significant improvement of his self-reliance and development. Tom has no difficulties in auditory exercises and does very well in performing manual tasks. He is still a very agile child and he finds it hard to focus on one thing for a long time or maintain interest. Besides, despite the speech therapy, he still has the defect pronunciation problems. He tends to be aggressive, responds inadequately to stimuli, screams, and acts out of control. What is surprising though is that he is a cheerful and energetic child, fond of puzzles, and figure games.

The boy's menu is limited due to the fact that he does not tolerate many dishes and does not want to try them.

Further, he does not like changes. The way to the kindergarten is always the same as any change of route is not possible, due to the boy’s protests.

Tom was born as the second child in the family and his brother is three older than him. The other boy is completely healthy and there have never been a child suffering from autism or in any other impairment in the immediate family.

Tom’s family situation is very good. The boy's parents are well off and at present both of them are working. The boy's mother did not come back to work right after giving birth, but devoted her time to educating and treating her son. She took up employment only when Tom started his pre-school education. After initial problems with “ignoring” the parents and the lack of a deeper emotional contact with his loved ones, presently Tom is closely related to his parents and brother. The boys like playing together, which however often ends with quarrelling, shouting and aggression on the part of Tom.

The parents receive much help from the boy’s grandparents, especially grandmother. Living next door, grandparents participate in the child’s therapy and collect the boy from the kindergarten. Tom accepts and likes them.

As for the boy’s care, both parents share their responsibility. Because both of them work, these duties are distributed evenly. Parents support each other and are involved in their children’s upbringing and taking care of Tom.

Tom’s preschool education began at the age 5, when he did a year long preparatory school course in the kindergarten. The statement of his special education needs indicated that the most proper form of his teaching would be a special education course in a public school or day-care integration institution. However, the boy’s parents had not followed these guidelines. Tom was enrolled in a public kindergarten, which he attended together with healthy children. It turned out that his acclimatization proceeded without major problems. The boy did not get hysterical, did not rebel before going to the kindergarten and he liked to learn.

Throughout the whole period of his pre-school education, Tom received additional teacher support, who provided him with assistance, planned and organizing his learning process and supported his functioning in the group. Thanks to the efforts, the boy could easily adapt to the group and to feel part of it.

In April 2016, the kindergarten prepared information about the child’s readiness to be involved in primary school education. The diagnosis was based on the recommendations of the curriculum followed in kindergarten. [14] The diagnosis covered the child's main areas of development and abilities, i.e.:

1. social-emotional skills,
2. mathematical skills and willingness to learn reading and writing,
3. fitness and visual – motor coordination,
4. independence and self-service,
the child’s development needs – abilities, aptitudes and interests.

In terms of social-emotional skills, it must be admitted that Tom did relatively well. Despite some problems with understanding social situations, he was liked by other children. He participated in activities, did not take other children’s toys and did not exhibit aggressive behaviour. He paid attention to the other children and did not ignore them. He could also ask for help when needed. However, he showed some typical autistic behaviours: liked to be alone and it was hard to persuade him to work in the group. Further, he did not necessarily want to cooperate, and caused many problems when being persuaded to overcome difficulties. Further, the boy got easily discouraged and often gave up after experiencing even a small failure. He required encouragement to get involved in activities. To dare the boy and facilitate his contact with the peers, the teacher arranged activities in small groups (3 to 5 persons), praised him, and encouraged to additional work by rewarding him.

As for the area of math skills and willingness to learn to read and write, teachers noticed that Tom liked to play with figures. He could convert mathematical values up to 10, gave correct number of elements and was able to classify them. Besides, he had knowledge of geometric figures and their names. He could recognized printed letters, and even read simple words. Tom could spell and divide words into syllables. However, he had difficulty in understanding stories, although he liked listening to them. He had difficulty in understanding spatial relationships and differentiating right from left. To overcome these problems, the boy’s educators organized additional games and nerve activity exercises. Tom generally liked to learn, especially math, which gave him much pleasure while playing with figures or numbers.

Among the play forms in which the boy gets involved eagerly are physical activities. It is evident that he needs much exercise. He is energetic and physically active, looking for opportunities of running and jumping as soon as on the field. The boy generally shows good motor efficiency, but without good visual-motor coordination. He has problems with maintaining proper balance while performing squats or jumping on one leg. The movements of his hands are uncoordinated, which makes him distort lines while drawing, hold a pencil properly or lay hands while drawing. Tom’s artworks are typical of younger children’s drawings. That prompted the preschool educator to point out that it is necessary to work with the boy more often, to provide repetitive hand movements, i.e. cutting out, moulding clay, and painting with crayons, paints or highlighters. The kindergarten teachers encouraged him to exercise hands: e.g. build with blocks, clay mould, play with dough, cut, thread beads, draw trails, etc. An additional problem is the child’s mobility, which often distorts his attention and which makes the boy stop concentrating both himself and other children.

The boy seems very independent and copes well with self-service activities. He can dress by himself, even though it takes quite a long time. He does not require assistance in carrying out hygiene. The only problem is eating, which he sometimes refuses to do. He needs encouragement, and sometimes demands help from the teacher.

By staying in the kindergarten, Tom learned to cooperate in a group and socialised himself to a large extent. His former contact with peers was insufficient, basically limited to the children in the family and the playground. Preschool education had enhanced his social contacts. The boy accepted several social norms and rules prevailing in the peer group. He learned to play and communicate so that he started to be understood. Presently, he does not seem isolated by other children; on the contrary – they join him in his activities.

One may also notice a great progress in the boy’s motor skills. During the year he spent in the preschool institution, he acquired numerous skills. Above all, however, he began to see other children and gradually learnt to communicate with them. The kindergarten education, peers’ presence and home therapy brought some tangible results. Having finished his preschool education, the boy was ready to attend a public school.

CONCLUSIONS

It is difficult to generalize and claim that all autistic children are able to cope in a public kindergarten. Much depends on the type of autism and the child’s behaviour as well as the teachers’ commitment and attitudes. In the case of Tom, it can certainly be said that the stay in a public kindergarten with healthy children had a positive effect on the boy’s development. By analyzing his behaviour in the kindergarten, one may draw the following conclusions:
1 A child with a mild form of autistic disorder can cope in a kindergarten group; however, she needs special support on the part of an assisting teacher.

2 Teaching an autistic child together with healthy children conducted in a professional manner may result in positive effects in the child’s emotional and social development.

3 If a public kindergarten creates proper conditions for supporting the autistic child’s development, s/he is able to learn the norms and social rules prevailing in the peer group.

Autistic children with mild intellectual disabilities can, to a large extent, cope in the peer group, and most importantly, socialise through the observation of healthy children by following the principles of coexistence. Education in public kindergartens and schools is a great opportunity for many autistic children. Tom’s case, presented in the above article, is an example which demonstrates that such a thesis was justified. Maybe, not every autistic child can handle kindergarten/school experience as well as Tom, but it is important that s/he is given a chance.

REFERENCES


