

people who can support and nurture children who are lonely, challenging or in difficulty. Similarly, Brendtro and Ness (1983) discussed this phenomenon in schools and the perceived monopoly by adults:

*The increasing sophistication of human service professionals has given rise to a myth and the belief that only those with high degrees of training can be effective in teaching or treatment. Although it is commendable that the emerging professions have sought to improve the qualifications of practitioners, this emphasis has sometimes obscured the reality that young people can, and usually do, have more influence on one another than do adults.*

Facilitating peer relationships requires building and maintaining supportive and caring relationships in which the person is valued as a separate and unique individual, regardless of the perceived special need. Having friends who value appropriate behaviour and behave as competent role models is essential for most children, adolescents and young adults. In contrast, being isolated from peers is one of the major symptoms of psychological distress. Psychological distress can be the result of isolation (i.e., streaming students) or it can cause the isolation (i.e., students who become lonely because of a lack of social skills). Influencing the peer group may be one of the most important actions adults can take to ensure that children who are distressed have an opportunity to become successful and competent members of their peer groups.

Children with disabilities typically have not had the opportunity to experience or develop a range of social relationships with their peers:

*as a result, they spend inordinate amounts of time in solitary activities; they spend excessive amounts of time with adult family members and paid caregivers who*