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Integration of Children with Developmental Disabilities in Social Activities

Abbie Solish, Patricia Minnes and Anthony Kupferschmidt

Abstract

The current study examined the integration of children (n=35) with developmental disabilities (DD) in social activities, the supports received, and caregiver satisfaction with supports. Caregivers completed measures of demographic information, the AIMS interview, and the Child Behavior Checklist (CBCL). Results indicated that 97.1% of children were integrated according to the AIMS acculturation framework, as their needs were identified and supported in a way that facilitated their participation in community activities. Although children were receiving support in social activities, the majority of support was provided by caregivers and paid workers. Whether interaction only with other adults should be considered social integration and directions for future research are discussed.

Parents and advocates of social and educational inclusion argue that opportunities for interaction are essential if social integration is to take place (Center, Ward & Cecily, 1991; White & Dodder, 2000). In addition, recent research has highlighted the benefits of integration for children with developmental disabilities (DD) (e.g., Cook, 2001; Odom, 2000). However, achieving social integration for children with DD involves more than merely providing these children with opportunities to interact with nondisabled peers.

Many children with DD have difficulties in creating and maintaining peer relationships. For instance, children with DD often have behavioural difficulties that can result in experiences of academic failure and impaired peer relations (Merydith, 2001). Furthermore, many children with DD have trouble with communication skills. Communication lags can become increasingly apparent as children age and may have a negative impact on the development of friendships (Hall & Strickett, 2002). As a result of these and other problem areas, children with DD often require external supports to facilitate any participation in social activities.

Recent research concerning the social interactions of children with DD has focussed on the nature of their social activities. For example, a study by Hall and Strickett (2002) found that half of the children with DD in their sample spent more time interacting with adults than typically developing same-aged peers during free time periods at school. Children with DD were found to experience difficulties in creating and maintaining peer relationships, both with children with or without disabilities. Geisthardt, Brotherson and Cook (2002) found that children with disabilities are often perceived as less socially competent and of lower social status, and that children with behavioural problems and significant cognitive limitations spent the least amount of time with playmates at their homes of all children studied. Many parents of children with DD, in this study, felt that other parents were hesitant to encourage interaction between their child and a child with a disability because of the extra attention and supervision that children with DD require.

Integration for purposes of this study was considered as acculturation (Minnes, Buell, Feldman, McColl & McCreary, 2002). This view of integration is that children have their needs identified and supported in a way that facilitates their participation in broader community activities. Odom's (2000) idea of integration is similar. He explains that the key in educational integration is to place children with disabilities in inclusive classrooms, while simultaneously supporting their special needs.

The current study explored the integration of children with DD in social activities, factors facilitating and impeding participation, and caregiver satisfaction with supports provided to their children in social activities.

Method

Participants

Participants were 35 caregivers of children with DD (5 males; 30 females, *M* = 43.94 years, *SD* = 8.47). The children included 7 females (*M* = 14.07 years, *SD* = 3.60) and 28 males (*M* = 11.16 years, *SD* = 4.04) ranging in age from 6-18 years. Participants were obtained through the South Eastern

Ontario Geographic Registry in Developmental Disabilities (GRIDD), Extend-A-Family, Queen's University Mental Health Team in Developmental Disabilities in Kingston, and informal contacts.

Materials

1) *Demographic information.* Caregivers of the participating children with DD filled out a short questionnaire that indicated the age and gender of their child and their child's formal diagnosis, as well as their own age, education level, and type of employment.

2) *Child Behaviour Checklist* (CBCL: Achenbach & Rescorla, 2001). The CBCL was used to examine behaviour profiles of the children as reported by their caregivers. Data was collected on 118 problem items, yielding standardized Internalizing, Externalizing, and Total Problem Behaviour scores. Although the CBCL has been standardized on children without disabilities, recent findings have found the CBCL also to have adequate psychometric properties when used with children with DD (Berman, Solish, Nachshen & Minnes, 2002).

3) *AIMS Interview-Child Version* (Minnes et al., 2002). The AIMS Interview measures community integration from an acculturation perspective. Based on whether needs are identified and supported in a way that facilitates community participation, an individual can be considered either Assimilated, Integrated, Marginalized, or Segregated. (For a more complete explanation of the AIMS Interview, see Minnes et al., 2002). The AIMS interview has been shown to have sound psychometric properties including concurrent, content, and construct validity when used with adults with DD (Minnes et al., 2002). The current study expanded the use of this measure for use with children, after a pilot study demonstrated good face and content validity as well as inter-rater reliability (.92-.97).

Procedure

The caregivers of children with DD voluntarily participated in a one-hour telephone interview with the researcher. All participants completed the measures listed above, and were ensured that any information provided was confidential.

Results

The majority of children in this study, 97.1% (34/35), were rated by their caregivers as Integrated in social activities, meaning that their disability-related needs were identified and supported in a way that facilitated involvement in the community. Only one child (2.9%) was rated as Marginalized, meaning that she did not participate in any social activities. No children were scored as Segregated on the Social domain, (i.e., no children were involved exclusively in social activities with three or more people with disabilities). Finally, no children were rated as Assimilated in social activities, meaning that all children who did participate in social activities received support in some capacity.

Although the children were rated as socially Integrated, it is important to consider who is providing support and who is including them in social and community activities. Caregiver ratings of satisfaction with supports in the Social domain received a mean score of 4.07 out of 5, indicating that a majority of caregivers were "Mostly" satisfied with the support their children were receiving in social activities. Nevertheless, it is important to note that 48.6% (17/35) of children received support in this area from their caregivers exclusively, and at least 34.3% (12/35) of caregivers reported that they and a worker provided the support for their child.

Furthermore, according to a question on the CBCL asking how many close friends, excluding brothers and sisters, a child has, it appears that the children in this sample were not as well integrated as suggested by the AIMS findings. In fact, according to caregiver reports 45.7% (16/35) of children had no close friends, 8.6% (3/35) of children had one close friend, 20.0% (7/35) had two or three close friends, 22.9% (8/35) had four or more close friends, and one parent reported that since her child was nonverbal she could not judge how many close friends he had. Furthermore, examining the number of hours that the children spent with their friends outside of school hours, again they seem not to be adequately socially integrated. In this analysis 45.7% (16/35) of children spent less than one hour a week, 20.0% (7/35) spent 1 or 2 hours a week, 17.1% (6/35) reported spending three or more hours, and 17.1% (6/35) said that this question was not applicable because their child had no friends. Finally, results of a correlational analysis showed that the number of friends a child has is negatively correlated with the Externalizing problem behaviour subscale on the CBCL ($r(34)= -.360$, $p=.036$).

Discussion

The results of this study are positive in that 97.1% of the 35 children of participants were rated as Integrated in the Social domain of the AIMS interview. This finding implies that the needs of these children in social activities, such as club participation, shopping, and sporting events, were identified and supported in a way that facilitated community participation. However, a closer examination of the data regarding those involved in social activities with these children yields less optimistic results.

It is important to distinguish between physically integrating children with DD and socially integrating these children. Physical proximity alone does not ensure that students with DD will actually be included socially in peer activities and interactions. Many studies have shown the benefits of having friends. It has been said that friendships and relationships in childhood serve many functions that can contribute to quality of life, and support opportunities for social development, companionship, intellectual growth, and social support (Geisthardt, Brothers & Cook, 2002). For children without disabilities, especially as these children become adolescents, many of their social activities include friends. Normally developing children begin to label one another as friends in preschool and by the time they finish elementary school they have developed close and personal friendships (DeHart, Sroufe & Cooper, 2000). However, the study by Geisthardt et al. (2002) illustrated that of 28 children with disabilities 14 rarely or never had neighborhood peers over to play. The present study showed that 16 children did not have even one close friend with whom they could engage in social activities. Although children scoring Integrated in social activities may appear to be included in social activities, closer analysis indicates that they may not have been receiving the same benefits from social interactions as their peers.

The present study also illustrated how problem behaviours can affect peer interactions, as there was a relationship between having higher externalizing problems and fewer friendships. It appears that children who are outwardly difficult to get along with may be rejected by normally developing and other disabled peers.

Although caregivers in this study reported relatively high satisfaction with supports for their child in social activities, with an average score of "Mostly" satisfied, more careful examination of the data raises additional questions. Of the 34 children who scored Integrated in the social domain, 16 caregivers reported that they were the ones providing the support needed for social activities to occur, and an additional 12 caregivers reported that the support was provided only by them and paid workers. Thus, in the majority of cases, the caregivers' satisfaction rating of the support offered to their children in social activities was actually a measure of how satisfied they were with the support that they themselves provided, as opposed to support received from peers or from recreational and activity coordinators. Whether the caregivers would feel as satisfied with the social support provided to their child by individuals other than themselves requires additional research.

Deeming a child or adolescent who interacts in social activities exclusively with parents and paid workers as integrated socially appears problematic. Because this study was only exploratory, conclusions would be premature. Nevertheless, we believe that it is a first step in exploring the full nature of integration of children with DD in social activities from an acculturation perspective.

Further research will be conducted to obtain larger samples controlling for factors such as gender and age of the child with DD, as well as caregiver characteristics such as age, gender, and marital status. The *AIMS Interview Child Version* is also being expanded to obtain more in-depth information about children's social activities and the supports that are provided by family members, friends, and workers in each activity. In addition, more detail regarding caregiver satisfaction with their child's social activities and supports will be gathered.

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Correspondence

Patricia Minnes
Department of Psychology
Queen's University
Kingston, Ontario
K7L 3N6
minnesp@psyc.queensu.ca