# Examining Social Acceptance & Rejection

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FPG Snapshot

Are children with disabilities accepted by their classmates in inclusive classrooms? HE RIGHT OF YOUNG CHILDREN with disabilities to be cared for and educated with typically developing peers is one of the most radical and profound outcomes of federal disability legislation. As a result, the number of three to five year olds with disabilities in regular classrooms has been on the rise for the past decade—increasing by 32 percent between 1992 and 2001, according to the U.S. Office of Special Education Programs.



This practice is known as inclusion.

Putting children in the same classroom may guarantee access to similar educational experiences, but does it guarantee similar social experiences? Are children with disabilities accepted or rejected by their classmates? A study published in the November 2006 issue of the *Journal of Educational Psychology* examined two sets of related questions:

- 1) Are individual children with disabilities socially accepted by peers in the classroom? If so, are there shared characteristics of social participation for children who are accepted? Do children with certain types of disabilities appear to be socially accepted?
- 2) Are individual children with disabilities socially rejected by peers in inclusive preschool classrooms? If so, are there shared characteristics of social participation for children who are rejected? Do children with certain types of disabilities appear to be socially rejected?

# **Measurement Tools**

To answer these questions, the study employed the following measurement tools:

- **Observational assessment.** Observers noted how children with disabilities socially behaved with peers including, talking, greeting, sharing, touching, and calling a child by name. They also observed negative behaviors to peers including hitting, pushing, kicking, biting, negative remarks, and crying to another child. A content analysis of these observations identified 14 social acceptance themes and eight social rejection themes.
- **Peer rating assessment.** Typically developing children sorted pictures of children in their class into three boxes—one with a happy face, one with a neutral face, and one with a sad face.



#### CONTINUED FROM PAGE 1

- Teacher and parent friendship questionnaire. Parents and teachers identified the number of mutual friendships for each child with disabilities.
- Qualitative observations. Researchers observed interactions with teachers and other children in the class to identify patterns.
- **Interviews.** Teachers, service providers, and the child's family members were interviews regarding their perspective of the inclusive program.

emerged from the analysis of the assessment information were:

- Speech language-communication problems
- Conflict with peers
- Lacks social skills
- Disruptive in class
- Socially isolated or withdrawn
- Physically aggressive toward peers
- Lacks play skills
- Prefers adult interactions

### **Social Acceptance**

Some children with disabilities (28 percent) were socially accepted by their peers. Social acceptance consisted of three types of characteristics: social awareness and interest in peers, communication and play, and friendship making-social skills. More specifically, the 16 social acceptance themes that emerged from the analysis of the assessment information were:

- Social skills
- Close friendships
- Displays positive affect (smiles and laughs at appropriate times)
- Communication skills
- Pretend play skills
- Accurately interprets other children's behavior
- Expresses affection physically
- Perceived dependence
- Easy going/personable
- Follows class rules and routines
- Imitation
- Interacts with peers
- Tuned into social interaction
- Peer entry (gains access to ongoing peer play situations)

#### Study Participants

80 children in 16 inclusive preschool programs in four regional locations— California, Maryland, Tennessee and Kentucky, and Washington State.

60% were boys.

Between 3 and 5 years of age; Average age was 3.9 years.

All met their state's criteria for receiving special education and had an individualized education plan.

#### **Conclusions**

Socially accepted children tended to have physical and speech disabilities, whereas children who were socially rejected were more likely to have developmental delays. None of the children with autism-pervasive developmental delay or socialemotional, behavioral, or attention-deficit disorder were in the accepted group. Conversely, relatively few of the children with speech or orthopedic impairments were in the rejected group.

Social status may optimize or mitigate the possible developmental benefits of inclusive preschool settings. Friendships play an important role for preschool children and are associated with positive transitions to school, ongoing social participation, academic performance, and longterm social adjustment. On the other hand, early rejection by peers tends to persist throughout school and produces poor outcomes even into adulthood.

The findings of this study suggest that a substantial proportion of children with disabilities may be well accepted in these settings. However, at least an equal proportion of children with disabilities may be at risk for social rejection by peers. For these children, identification early in the

preschool years and evidence-based intervention to promote their social competence and social acceptance with peers is needed.

## **Social Rejection**

Social rejection refers to the active exclusion of children from peer group activity. Several children with disabilities (28 percent) were socially rejected by their peers. They shared the characteristics of social withdrawal and problems with conflict and aggression. The absence of an effective system of communication was strongly associated with social rejection. Specific social rejection themes that

#### **To Learn More**

Odom, S. L., Zercher, C., Shouming, L., Marquart, J. M., Sandall, S., & Brown, W. H. (2006). Social acceptance and rejection of preschool children with disabilities: A mixed-method analysis. *Journal of Educational Psychology*, 98(4), 807-823.



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