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The Get-Together Model of Educational and Social Integration:

Research on Social Integration

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As an integrated program for handicapped and nonhandicapped children, the Summer Get-Together provides a valuable setting for the study of social integration and the factors that facilitate or inhibit the social integration process. Wolfensburger's Principle of Normalization (1972) provides a theoretical rationale for the program, and also provides a theoretical base for the research.

Two main types of integration can be distinguished within the context of normalization theory: physical integration and social integration (Wolfensburger, 1972; 1980). Physical integration refers to aspects of the situation, such as access to facilities, physical presence of an individual among others and the opportunity for contact. Social integration is concerned with aspects of the individual's experience as a member of a social group, or more generally as a member of society. It is proposed that there are two important dimensions of social integration: acceptance and participation. Acceptance occurs when an individual is seen to be an equal and valued member of the group. An individual's social status within the group is one indicator of acceptance. Participation refers to

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the individual's direct involvement with other people or in the activities of the group or society. It can be measured in terms of the individual's activity level and the amount of interaction that they have with others.

This study of social integration is primarily exploratory in nature and focusses on naturally occurring variables in the settings. One of the major goals is an attempt to measure the degree of social integration occurring in the programs. The independent variables examined were predicted to have a significant relationship to children's social integration on a theoretical level or on the basis of past research. The main independent variables were: age, sex, presence of handicap, social status, program, and previous contact with handicapped people.

The dependent variables, consisting of teacher ratings of acceptance, participation and social skills, observed patterns of social play, and sociometric status were designed or chosen to measure acceptance and participation, the two dimensions of social integration.

The following hypotheses were made as predictions of some of the expected relationships between the variables.

1. Degree of social integration will be related to the age of the child. Younger children will be more involved in integrated playgroups than older children, and younger nonhandicapped children will be more accepting of the handicapped children than older nonhandicapped children. This hypothesis results from data collected the previous summer which showed that younger handicapped children tended to spend more time in integrated play groups (56% younger children vs. 28% for older children; Karn, 1981).

2. Nonhandicapped children's social status will be predictive of their acceptance of handicapped children. It may be the case that those children who are more secure in their social status may be more willing

to reach out to children who are "different". On the other hand, it could be argued that nonhandicapped children who are isolated by their peers may be more willing to play with handicapped children of similar status to themselves.

3. Nonhandicapped children who have had previous contact with handicapped people, either in an integrated class or in the home will be more accepting of the handicapped children, and will spend more time in integrated play groups.

### Method

The research settings consisted of two summer recreation programs located in the St. Lawrence Market area of downtown Toronto. The nonhandicapped children who participated in the program lived in the neighbourhood and attended the schools where the programs were located. The children with special needs who were involved in the programs have been labelled severe to profoundly handicapped. They live in four group homes, also located in the St. Lawrence neighbourhood. Before the Summer Get-Together programs began, only 3 of the 15 children with handicaps attended the neighbourhood schools. The rest of the children attended segregated schools located outside of the area.

Table 1 presents a breakdown of the number of children and staff involved in each program.

A total of 48 children are represented in the research data.

### Procedure

Methodological triangulation was used in order to obtain a multiple measure of the social integration construct. Triangulation refers to the use of multiple methods and viewpoints to obtain a more accurate reading of the phenomena under investigation (Denzin, 1978). The three methods used, each reflecting a different viewpoint on the phenomena, were:

1. Systematic Observation of free play. This is a measure of participation and yields information on type of social play and social grouping.
2. Teacher Ratings of a) Acceptance and Participation, on scales designed specifically for this study, and b) Social skills using the Kohn Social Competence Scale.

Table 1  
Summary of Research Population by Program

Variable Description	Program	
	St. Michael's	Market Lane
# of handicapped children	8	8
# of nonhandicapped children	19	20
Ratio of nonhandicapped to handicapped children	2.4	2.5
Average age	7.7	7.2
# of males	16	11
# of females	11	17
# of staff		
Full-time (1.0)	6 (x1.0)=6	6 (x1.0)=6
Part-time (0.5)	0	2 (x0.5)=1
Teacher's aide (0.5)	1 (x0.5)= .5	1 (x0.5)= .5
Total	6.5	7.5
Student to staff ratio	4.1	3.7
# of children included in research data		
Handicapped	7	8
Nonhandicapped	18	15
# of children with multiple handicaps (mental & physical or sensory)	6	7
# of children requiring locomotion aid (e.g. wheelchair, jetmobile)	4	6
# of children requiring physical care (assistance with feeding &/or toileting)	7	8

<sup>a</sup>A total of 7 nonhandicapped children and 1 child with a handicap could not be included in the research results due to insufficient data. These children attended the program intermittently or for only a short period of time (e.g. two weeks).

3. Sociometric Interviewing. Nomination and peer rating techniques were used as a measure of acceptance.

1. Systematic Observation

Observations of free play periods were coded according to the Parten Scale of Social Play (1932) which was originally used with preschoolers and has been recently updated and used with autistic children by Wintre and Webster (1974, 1980). Children's play is coded according to six categories: Unoccupied, Solitary Play, Onlooker, Parallel play, Associative Play and Cooperative Play. In addition to coding the type of play the observer also noted whether or not the child was playing with a handicapped child, a nonhandicapped child or a staff member. The latter information yields data on social grouping. A scan sampling technique was used in collecting the observational data (Sears, 1963). The observer looks at the child long enough to decide how to categorize their behaviour according to a simple coding system and record the information. The observer then moves on to the next child in a predetermined order. The observer recycles through the list several times in one session and thus is able to collect a fairly large amount of data on a classroom full of children. Reliability checks on coding of social play showed 85% and 69% agreement with two different observers.

Free play generally occurs for the first half hour of the morning and occasionally after lunch. Therefore the observational data only refers to this unstructured time and does not refer to the structured activities such as small group work going on throughout the day. Observational data was recorded on 17 days throughout the summer for one program, and on eleven days for the second program.

## 2. Teacher Ratings

Teacher ratings were obtained on two instruments. The first, developed specifically for this study, consisted of two 5-point scales measuring acceptance and level of participation. The staff were given the following definitions:

1. "Acceptance" refers to the extent to which the child is liked and accepted by the other students in the program. It includes the friendliness that the other children show toward the child and the efforts that the students make to include the child in their activities.

The points on the scale ranged from "very highly accepted" to "not accepted".

2. "Level of participation" refers to the extent to which the child is personally and actively involved in the daily activities of the program. This includes the effort that the student makes to either participate in the activities or attend to the activities. It also includes the frequency with which the child is found to be in the "centre" of the action as opposed to the periphery.

The points on the scale ranged from "very high" to "very low".

The second rating instrument used was the Kohn Social Competence Scale (Kohn, & Rosman, 1972; Kohn, 1977). The Kohn scale consists of 64 items describing children's social behaviour. The items are rated independently by two staff members on a five point scale describing the tendency of the child to exhibit the behaviour. The Kohn scale measures social skills on two dimensions: Interest-Participation vs. Apathy Withdrawal and Cooperation-Compliance versus Anger-Defiance. The Withdrawal Scale (hereafter referred to as the Participation Withdrawal Scale) was considered to be closely related to the participation dimension of social integration.

### 3. Sociometric Interviews

Two sociometric techniques used were the peer rating techniques of Singleton and Asher (1977) and a peer nomination technique.

The peer nomination technique consisted of a series of 11 questions asking the child to choose who they would like to do a certain activity with. Five of the questions reflected passive activities which don't necessarily require special abilities (like reading or knowing game rules). Therefore a handicapped child could be just as likely to be chosen for these passive activities as a nonhandicapped child (Examples: "Who do you like to sit beside in the circle?" and "Who do you like to walk with on a field trip?").

The "active" activities require more in the way of skills or responsiveness on the part of the person chosen. (e.g. "Who would you like to read you a story?" and "Who do you like to play games with?"). There is a higher probability that a nonhandicapped child would be chosen for these activities.

For the peer rating exercise, the children were presented with a list of all children in the program and asked to indicate how much they like to play with each child. The three point scale consists of: "Like to play with very much", "Like to play with" and "Don't like to play with".

Sociometric interviews could only be conducted with nonhandicapped children; the handicapped children did not have sufficient abilities to respond to this task.



## Results

Preliminary analyses demonstrated that there was no significant effect due to program (Multivariate  $F = 2.23$  df 5, 27,  $p > .05$ ). The patterns of statistical relationships were very similar in the two programs. Therefore, the data for both programs was combined in the subsequent analyses.

Multivariate analysis of variance was performed on the major independent variables of Presence of Handicap, Age and Sex. Presence of Handicap proved to be the only significant main effect ( $F = 15.7$ , 6, 26 df,  $p < .001$ ), and Presence of Handicap with Age formed a significant interaction ( $F = 4.02$ , 6, 26 df,  $p < .01$ ). Table 2 presents the highlights of this analysis.

There are significant differences between the handicapped and non-handicapped children in terms of participation variables such as the Participation Rating and Advanced Social Play (i.e. Associative and Cooperative Play combined). The participation levels of the handicapped children are consistently lower than the nonhandicapped children. The Kohn Participation-Withdrawal Scale (not shown in table 2) also reveals this difference ( $\bar{X}$  for Handicapped children = 17.5, S.D. = 46.5 vs.  $\bar{X}$  for Nonhandicapped children = 84.8, S.D. = 37.3,  $t = -4.9$ ,  $p < .001$ ). However, the measures of acceptance (Acceptance Rating, Sociometric Rating, # of Nominations Received) show either no significant differences between the two groups of children, or higher ratings for the children with handicaps. Overall, the handicapped children are well accepted by the other children.

The other set of significant results in Table 2 are indicated by the Presence of Handicap X Age interaction. Handicapped children 8 years and

Table 2

Group Means for Major Variables and Significant Interaction:  
Presence of Handicap, Age and Sex

Source	Level	n	df	Multi- variate F-value	Accept- ance Rating	Partici- pation Rating	Socio- metric Rating	# Nomin- ations Received	% Advanced Social Play	% Integ- rated Play
Presence of Handicap:**	Hand. Nonhand.	14 25	6,26	15.70	20.5 22.2	14.2* 22.1	2.49* 2.09	6.7 5.8	35.0, ** 62.3	28.9 28.0
Age:	Older Younger	18 21	6,26	1.77	21.1 21.9	19.5 19.0	2.18 2.14	5.2 7.0	52.7 52.3	27.6 28.9
Sex:	Males Females	22 17	6,26	1.99	21.5 21.6	19.9 18.4	2.30* 2.14	7.1 5.0	56.1 47.9	30.8 25.1
Presence of Handicap X Age: **	H-Older H-Younger NH-Older NH-Younger	6 8 12 13	6,26	4.02	16.3 23.5 23.5 20.9	12.0 15.9 23.3 21.0	2.25 2.67* 2.14 2.04	1.2 11.0 7.3 4.7	24.7 42.8* 66.8 58.1	17.7 37.4 32.6 23.7
Overall Standard Deviation for Dependent Variables					(3.3)	(3.4)	(0.32)	(4.6)	(15.9)	(17.5)

\*\*p&lt;.001

\*p&lt;.05

Note: All other interactions (Pres. Handicap X Sex, Age X Sex and Pres. Hand. X Age X Sex) were nonsignificant.

older tended to participate much less than the other children, including the younger handicapped children. Their acceptance measures also tended to be lower than the other children. In contrast, the younger handicapped children were very popular, as evidenced by the fact that they received the highest number of sociometric nominations of all the groups.

The results for observations of social play are outlined in Tables 3 and 4. The handicapped children spent an average of 35% of the time they were observed in associative or cooperative play. Therefore, they were involved with other children over one third of the time. However, they also tended to spend more time "unoccupied" than the other children. In terms of social grouping (Table 4), the handicapped children were involved in an integrated play group (i.e. a mixture of handicapped and nonhandicapped children) about 31% of the time, and the nonhandicapped children were involved with handicapped children approximately 28% of the times they were observed. Table 4 also reflects the problem of handicapped children spending more time alone or unoccupied than the other children.

A wide range of individual differences are apparent in terms of handicapped children's involvement with others. Four children with disabilities spent over 50% of their time in associative or cooperative play, while 3 handicapped children were only minimally involved with others (less than 15% advanced social play). The children who have very low rates of social play tend to be those who are least responsive to the environment. Although children have been observed to approach and greet these profoundly handicapped children, the handicapped child may not acknowledge the other child or even sustain eye contact. Despite

Table 3  
Social Participation During Free Time:  
Comparison of Handicapped and Nonhandicapped  
Students' Play Activities

Students	Type of Social Play									
	Unoccupied	Solitary	Onlooker	Parallel	Associative	Cooperative	Other	Total		
	% (#)	% (#)	% (#)	% (#)	% (#)	% (#)	% (#)	%		(#)
Handicapped Children (n=14)	27.5* (87)	12.7 (40)	13.6 (43)	8.5 (27)	32.6 (103)	2.8* (9)	2.2 (7)	99.9		(316)
Nonhandicapped Children (n=31)	2.3 (11)	14.7 (71)	11.4 (55)	13.0 (63)	38.9 (188)	19.7 (95)	0	100.0		(483)
Total (N=45)	12.3 (98)	13.9 (111)	12.3 (98)	11.3 (90)	36.4 (291)	13.0 (104)	0.9 (7)	100.1		(799)

Note: # refers to number of observations per category

<sup>a</sup> Includes "sleeping."

\* Significant difference between handicapped and nonhandicapped students. (p<.001)

Table 4  
Social Grouping of Children  
During Free Time: Handicapped  
and Nonhandicapped Students

Social Grouping						
Students	Alone or Unoccupied	Staff Only	Onlooker	Integ- rated Group	Segre- gated Group	Total
	% (#)	% (#)	% (#)	% (#)	% (#)	
With Handicaps (n=14)	41.1* (127)	10.6* (33)	13.9 (43)	30.7 (95)	3.6** (11)	99.9 (309)
Without Handicaps (n=31)	16.9 (82)	3.7 (18)	11.3 (55)	28.0 (136)	40.1 (195)	100.0 (486)
Total (n=45)	26.3 (209)	6.4 (51)	12.3 (98)	29.1 (231)	25.9 (206)	100.0 (795)

\*p < .01

\*\*p < .001

overtures of the nonhandicapped child, interaction can't be sustained and these brief encounters have a low probability of showing up in the data.

In terms of the sociometric results, the children did make a distinction between their choices for active versus passive activities. In the St. Michael's program, 78% of nominations for passive activities were handicapped children, and 78% of nominations for "active" activities were nonhandicapped children. Similarly in Market Lane, 56% of passive activity nominations were for handicapped children, and 84% of nominees for "active" activities were nonhandicapped children. Four out of 14 children at St. Michael's and five out of 10 children at Market Lane chose a handicapped child as their "best friend" in the program.

## Discussion

Partial support for Hypothesis 1 predicting a relationship between integration of children with handicaps and age was demonstrated by findings that younger handicapped children were more easily accepted and participated more than the older handicapped children. However, in terms of the nonhandicapped children's acceptance of the handicapped children there was no statistical evidence that older or younger children reacted differently to the children with disabilities.

Hypothesis 2 predicting a relationship between acceptance of handicapped children and the individual's social status was not supported. The attention that children were seen to give to others appeared to be more related to individual differences in personality and expression of nurturance rather than status in the group. Some of the most popular and respected children developed special friendships with the handicapped children, and some of the quieter, more introverted children were also seen to devote time and attention to a handicapped child.

The relationship between previous contact with handicapped people (e.g. family, friends or classmates) and involvement with the handicapped children in the program (Hypothesis 3) did not prove to be significant. Unfortunately, there were only a small number of children ( $n = 15$ ) from whom information on previous contact was available, which may not have been enough to provide an adequate test of the hypothesis.

The major implications of this research are that severely and profoundly handicapped children can be well accepted and successfully integrated into a recreational program. Acceptance isn't a problem but it can be expected that the child with a severe disability will not

participate to the same degree as a nonhandicapped child. There is a potential for the handicapped child to spend a lot of time unoccupied if little structure exists in a program. It appears that structure is needed to support the integration process, particularly if some of the children with very severe disabilities can't or won't initiate activities or social contact on their own.

Structure at the Summer Get-Together consists of planned activities throughout the day, led by or set up by the staff (e.g. group discussion, music games, experiments, drama, reading, art, research projects).

Many of the activities are conducted in small groups, and some children receive either constant individual attention, or occasional support from a staff member depending on their needs.

There are a number of highly popular activities at the Summer Get-Together that have been found to facilitate integration. Two of these activities which can be adapted to any educational or recreational program are music and water play.

Music, both in terms of playing instruments and singing, is a very powerful tool for encouraging integrated groups and for increasing the participation or attention of the handicapped children. Musical instruments such as the piano, drums, xylophone, cymbals and guitar draw crowds of children around them. Both the handicapped and nonhandicapped children are fascinated by these instruments and they enjoy listening to someone play or playing the instruments themselves. The reaction of some of the profoundly handicapped students to music (e.g. smiling, body orientation, less repetitive movement) also indicates a greater awareness of the environment than is initially apparent. In one instance, a discussion and vote was being conducted as to which of two songs the children wanted to



sing. One severely handicapped boy, who appeared to be paying little attention to what was being said, started singing one of the songs, and his "vote" was counted.

Water play (in a basin or tub) is almost always an integrated activity for the students.

Children of different ages and abilities are attracted to the water, often sharing equipment with or helping a handicapped child. This is where the children come closest to playing on an equal level, since many of the handicapped and nonhandicapped children are capable of doing similar activities with the water (i.e. filling, pouring and splashing). (This level of integrated activity does not hold true in the swimming pool however, since most children are preoccupied with learning to swim themselves and the handicapped children require one-on-one physical support and attention in the pool.) Other activities that <sup>note</sup>provide integration are circle discussions (including discussions of people's rights and respect for individual differences), field trips and cooperative games.

One of the questions raised by the results is "Why were the older handicapped children not as well integrated as the younger children?" One possible explanation may concern the physical size of the older children. If they are larger in physical size then they can't be physically supported and have less chance of receiving the physical affection that is given to the smaller children. It may also be the case that an older, 10 year old child may find it difficult to relate to another 10 year old who can't talk back to them. A ten year old student may be better able to deal with a severe disability in children much younger than themselves.

The next steps in this research program on social integration lead

towards the design and experimental testing of various intervention strategies to increase participation and social contact of those children who tend to be less involved. These strategies could involve other children as peer teachers and make use of popular integrative activities to increase responsiveness and social skills of some of the children with disabilities.

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