Social Integration of Deaf Children in Inclusive Settings

- Dr. Loes Wauters, Institute of Signs, Language and Deaf Studies was available from 3/17/08 to 4/6/08 to answer questions and share ideas concerning their research and its implications for parents of children who are deaf/hard of hearing, their teachers and other professionals who work with them.
- You are encouraged to read the research summary below and review the attached discussion.

**Abstract:** This article examines social integration of deaf children in inclusive settings in The Netherlands. Eighteen Grade 1–5 deaf children and their 344 hearing classmates completed 2 sociometric tasks, peer ratings and peer nomination, to measure peer acceptance, social competence, and friendship relations. Deaf and hearing children were found to be similar in their peer acceptance and friendship relations, but differences occurred in social competence. Deaf children scored lower than hearing children on prosocial behavior and higher on socially withdrawn behavior. Structural equation modeling showed peer acceptance, social competence, and friendship relations to be stable over time, and the structure of interrelations between variables at two measurements were found to be the same for deaf and hearing participants.

**Background:** Nowadays, most deaf children are educated in mainstream settings where social integration is one of the major challenges for these children. They often have few friends, have less interaction with hearing peers, and are more often rejected or neglected than their hearing peers (Stinson & Antia, 1999). Children in co-enrollment settings – where deaf and hearing children are co-taught by a general education and a special education teacher – seem to have less social integration difficulties and to integrate more with their hearing peers. Deaf children in co-enrollment classes do not feel lonely or isolated, do not have a lower self-esteem, and do not differ from their hearing peers in how much their peers like them. However, these children too are more neglected than their hearing peers and seem to have fewer friends.

The present paper studied the social integration of deaf children in both co-enrollment and mainstream programs in the Netherlands, a country where only 13.5% of profoundly deaf children are educated in mainstream education. The study focused on peer acceptance, social competence, and friendship relations. Peer acceptance refers to the degree to which children are liked or disliked by their peers. Social competence consists of three dimensions, prosocial behavior (such as cooperating, helping, or being considerate), antisocial behavior (such as bullying or victimizing), and socially withdrawn behavior, that characterize children from an early age and pervade many areas of functioning (Güro?lu, van Lieshout, Haselager, & Scholte, in press). Children with different degrees of peer acceptance, social competence, and friendship relations have been found to show differences in their behavioral development. “Friendship relations” refers to the number of mutual friends (number of mutual antipathies is also taken into account). Having at least one friend may diminish the negative influence of being rejected by most of your peers (Gifford-Smith & Brownell, 2003).

**Participants, instruments, procedure:** Eighteen deaf or hard-of-hearing children and their 344 hearing classmates between the ages of 7 and 11 years participated in the study. Nine of the children with a profound hearing loss had a CI, the other nine deaf or hard-of-hearing children used conventional hearing aids.

All deaf children were in an inclusive setting. Four were in a co-enrollment program with 21 hearing classmates. Two teachers were involved in this program, a general education teacher and a deaf education teacher – who used sign-supported Dutch in the classroom. The two teachers were equally responsible for the instruction. The other 14 deaf children were individually integrated in mainstream education being the only deaf child in a classroom with 25-30 hearing classmates. Three deaf children were in the same school, the other 13 were the only deaf child in the entire school. The language of communication and instruction in these schools was spoken Dutch. Only one child used a sign language interpreter, the others used FM equipment to perceive the communication. The children were tested two times, over the period of two school years. Two sociometric instruments were used to measure
peer relations: peer ratings and peer nomination. In the peer ratings task children rate how much they liked to play with each classmate on a three-point scale: do not like to play with this classmate, no specific preference or dislike towards this classmate, or like to play with this classmate.

The peer nomination task measures peer group functioning through 15 questions on which children can nominate a maximum of three classmates. Examples of questions are: “Which three classmates do you like most?”, “Which three classmates often bully other children?”, or “Which three classmates always offer to help you?”.

Findings: Based on the peer ratings and peer nomination tasks children received a social impact and social preference score. Social impact refers to the visibility of a child in the classroom and social preference refers to how much a child is liked by his classmates. Children were also categorized in social status groups: popular children, rejected children, neglected children, controversial children, and average children (children who do not belong to any of the other groups).

Based on two questions from the peer nomination task, children were classified into a relationship network: (a) only friendship, (b) friendship and antipathy, (c) only antipathy, or (d) without friendship and antipathy. Based on eight other questions, children were classified in one of three dimensions of social competence: (a) antisocial behavior, (b) prosocial behavior, or (c) socially withdrawn behavior.

Deaf and hearing children did not differ in the number of like or dislike nominations, social impact or social preference, number of friendships or number of antipathies, distribution in social status groups, and distribution in relationship networks. Differences did occur on individual questions of the peer nomination task. Deaf children were less often nominated on the items ‘cooperates’ and ‘agreeable to work with’. On the items ‘seeks help’ and ‘is bullied’ deaf children were nominated more often than hearing children. Related to these differences deaf children scored lower than hearing children on prosocial behavior, but higher on socially withdrawn behavior. No differences occurred on antisocial behavior.

For the hearing children, a model was specified of the relations among variables over the two school years. Because of the small group of deaf and hard of hearing students, no model could be specified for them. Instead, we studied the similarity of the relations with the model for the hearing group. The relations for the deaf group were mainly the same as for the hearing group, except for the relation between prosocial behavior at the first measurement and the second measurement and prosocial behavior at the first measurement and popular status at the second measurement. No such relation was found for the deaf children, whereas the relation existed for the hearing children.

Conclusion: The results on peer acceptance agree with other studies on co-enrollment programs in that the deaf children do not differ from their hearing peers in peer acceptance. The results on social competence are somewhat difficult to interpret. It is unclear whether deaf children are nominated less on ‘cooperates’ and ‘helps’ because they are indeed less cooperative and helpful or because the hearing children are simply not feeling comfortable to ask a deaf child to help them. Anyway, it seems important that both possible interpretations receive attention from teachers in inclusive settings. They should be addressed during classroom discussions with deaf and hearing classmates, focusing on helping and supporting each other and, in doing this, showing appropriate behaviors.

The results of this article provide a positive image of the social integration of this group of deaf children in inclusive settings. Deaf and hearing children are found to be similar in their peer acceptance, social status, and friendship relations. Furthermore, the structure of the interrelations between sociometric measures in two school years is similar for deaf and hearing children, whereas the structure for hearing children is mostly in agreement with findings in previous studies. Over a period of 2 years, the relations for hearing students are similar to relations found within one time of measurement in previous studies. Differences between the deaf and hearing children occur in social competence and the stability of prosocial behavior and probability of impact.

Even though future research is necessary, this article shows that it is important to keep differences between the deaf and hearing children in mind when deaf children are included in general education. Teachers need to be sensitive to the behavior of both the deaf and the hearing students when it comes to social competence. Not only does the deaf child have to learn these behaviors but also the hearing children have to give him or her the opportunity to display the appropriate behaviors. Teachers
should be aware of this. Training of deaf children in aspects of social competence seems plausible as well as focused classroom discussions including hearing and deaf classmates about issues of mutual cooperation and support.

Reference:

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