

IMPACT ASSESSMENT OF THE INTEGRATED PRACTICE OF INTEGRATED SCHOOL EDUCATION BASED ON “THE BELL RINGS FOR EVERYONE!” PROGRAM

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Summary. The social exclusion as a multidimensional construction includes elements of the human attitudes. Positive attitudes can support the success of inclusive programs, while the negative ones can reverse the intended effect. This study attempts to explore the effect of a partial school inclusion program (“The Bell Rings for Everyone!”) on the attitudes towards disabled children. The examined inclusion program took place in Nyíregyháza (Hungary), in Satu Mare and Carei (Romania), and in Košice (Slovakia), with more than 800 majority children. The research was based on two questionnaire surveys including implicit associative questions and the IDP scale (“The Interaction with Disabled Persons Scale”): one of them was conducted before and the other is after the program. The positive change in the attitudes of the majority children was observed both in the implicit questions and IDP scale dimensions.

Key words: school inclusion, mental disability, impact assessment

Introduction

Social exclusion is a multidimensional construction, but at the same time it can be well simplified and modeled along its observed characteristics. In a simplifying, but not distorting way, social exclusion can be understood as the result of a race or a competition for limited available social resources, which takes place along the lines of a zero-sum game concept, in accordance with the winner-loser dichotomy. Social resources are well described by Bourdieu’s (1986) theory of capital.

Bourdieu described that the different forms of capital can be converted into resources and other forms of economic payoff. In general, the better educated ones have more extensive work experience, and invest more time, energy, and resources

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in improving their skills, thus they are more capable to obtain higher benefits for themselves.

Accordingly, the various capitals also designate the certain areas of competition (that is, exclusion).

The concept of competing for resources is well completed by the approach that captures the relationship between the excluders and those who are excluded. According to Fiske et al. (2002), stereotypes about different social groups are organized in two basic dimensions. One dimension is competence (success) and the other is the socio-moral judgment appearing in the relationship between the parties. Based on this, a model has been developed where the authors identified three types of stereotypes (Table 1) that “authorize” the various mechanisms of exclusion (the fourth stereotype contributes to creating a leader and to self-subjection).

Table 1. Dimensions of stereotypes

		Competence Low
Warm-heartedness	High	PATERNALIST PREJUDICE
		Low status, not competitive Feeling: pity, sympathy Who: elderly, disabled, housewives
	Low	CONTEMPTUOUS PREJUDICE
		Low status, competitive Feeling: contempt, disgust, resentment Who: poor, welfare recipients, gypsies

Source: Fiske et al. (2002).

Promotion of equal opportunities has turned to be the central concept of the new shift in attitudes that underlie the socio-political practice of integration. In EU documents and in the literature that serves as the basis of these EU documents, the requirement of equal opportunities is closely linked to the principle of combating social exclusion and achieving the highest possible level of inclusion. The Salamanca Declaration (1994) states that inclusion and active participation are essential for the preservation of human dignity and for exercising human rights.

In addition to the clear statements and legal frameworks, there is still a lively debate on integration and inclusion, and not just between those who support integration and those who are concerned about it. Integration, like exclusion, is a multi-player process that can and must be studied from multiple dimensions. For this reason, in the scientific and professional discourse it must be taken into consideration which actor or dimension is in the focus of the experts of the topic, how much they simplify or how complexly they study the models of understanding.

This study discusses the issue of school integration of children with mental disability, focusing on the change in attitudes of the majority of the children in the class, which is expected to happen as a result of the attitude-shaping effect of a program providing partial inclusion.

This partial inclusion program is called “The Bell Rings for Everyone!” (BRE!). The program started in international cooperation of some NGOs from Hungary, Romania and Ukraine. Slovakia joined the program later.

The key idea of “The Bell Rings for Everyone! – Integrated Practice Protocol for Early Childhood Intervention and Schooling for People with Disabilities” is to develop protocols that can be used by institutions for children with disabilities in all countries.

The participants of the project agreed on the principle that the development of the children with special educational needs (SEN) can improve to a greater extent through the stimulating effect of the majority environment. In addition to developing their abilities, knowledge and exchange of experience also allow them to build their confidence, which brings them closer to the possibility of an independent and productive adult life. According to non-governmental organizations working for children with disabilities, the participating teachers and the children belonging to the majority are more open to their disabled peers, even within institutional framework.

During the implementation of the program, the volunteers of the Association visited kindergarten groups and classes of the junior section of elementary schools with children with Down syndrome and autism. For 6–8 weeks one child with Down syndrome or with autism visited a group once a week, and was involved in typically crafting, music, or physical activities. The cooperation between the groups of the healthy children and the visitor child was facilitated by the teacher and the kindergarten teacher of the kindergarten group or elementary school class. She created the framework and the specific purpose of the joint activity. Volunteers accompanying the child with disability did not intervene in the program, they were present as passive observers. Thus, the results of the program were basically achieved by the teachers without any special preparedness, and by the children themselves, who were able to build on their own strength, ingenuity, and social skills.

For clarifying the inclusive expectation of The BRE! the integrated protocol of the program (Down Association, 2017) provides guidance. Accordingly, the program aims to provide enjoyable experience for the targeted members of the majority society in order to:

- 1) be able to revalue, widen, improve their knowledge and attitudes towards children with disabilities,
- 2) improve their skills in participating in joint activities (in case of adults to plan, coordinate and conduct such activities), and
- 3) provide a more solid basis for the “world” of host institutions by these changes (this is the so-called bridge construction, or more precisely, *bridgehead* construction).

The impact assessment of the program was carried out with the above-mentioned expectations among the teachers and the majority students. Studying the changes in students' attitudes is introduced in this paper.

Methods

"The Bell Rings for Everyone!" was implemented in four cities of three countries by the Down Association and the local partner network in the spring of the 2016/2017 academic year. Partial inclusion programs took place in Nyíregyháza (Hungary), in Satu Mare and Carei (Romania), and in Košice (Slovakia). Table 2 shows the size and composition of the sample.

Table 2. The Size of the Children's Sample

	Younger children (kindergarten children and pupils attending the 1st and 2nd classes of elementary school)	Older children (pupils attending the 3rd and 5th classes of elementary school)
Nyíregyháza	183	122
Satu Mare and Carei	285	0
Košice	125	75*
Control group	–	34
Together	593	156 + 75

* by a different method.

There were two questionnaire surveys: one of them was conducted before and the other is after the program. The date of birth and the gender of the respondents were only necessary in order to connect the two questionnaires and they were no longer used afterwards. In the sample of 593 young children questionnaire-pairs were found for 370 children, which is 62.4 percent of the subsample. There was no separate control group in the sub-sample of the young children.

A total of 156 older children participated in the impact assessment by completing a questionnaire appropriate for their age group; 114 children provided data in both cases. The control group included 34 children. Classes where both questionnaires were surveyed, but where the BRE! program was not implemented served as a control group.

In addition to the young children, the Košice sub-sample included 75 pupils who attended the 4th class of the elementary school but the Slovak partners used the questionnaire for younger children in their case instead of the questionnaire for

older children. This questionnaire contains photos in order to support the association of the young children, its content and result is different from the questionnaire for older children. Due to the difference, first the results of the questionnaires of the Hungarian sub-sample will be presented, followed by the results of the Košice questionnaire.

Attitudes towards disabled children based on the social representation theory of Moskovici (1988) were measured. All human interactions presuppose the existence of representations that are closely related to the stereotypes, prejudices, and attitudes that pervade the interactions.

Easily and quickly changeable explicit attitudes fundamentally influencing intentional behavior are available through direct measurements (eg self-report questionnaire). In contrast, implicit attitudes including relationships that are largely unavailable to the consciousness become accessible through indirect measurement tools (eg Implicit Association Test, associative questions).

Slowly changing implicit attitudes basically shape the person's association structures and direct spontaneous behavior (Rydell, McConnell, 2006; Payne, Burkley, Stokes, 2008).

The exploration of the implicit attitudes towards children with mental disabilities was conducted through the social representation of the partially integrated child. In younger children, the association's method of assessing changes in cognitive representation was captured by *photographs* that were shown to the children by kindergarten teachers and teachers in the junior section. While showing a photo, children were asked: "What comes to your mind when you look at this photo?", then the answers were recorded individually. The procedure was repeated three times for each child, so the children could express their association of each photo with three words.

In the questionnaire for older children, association questions referring to social representation were conducted without photos, mentioning the term "Child with Down syndrome". In addition, the respondents also had to fill in "**The Interaction with Disabled Persons Scale**" (IDP) (Gething, Wheeler, 1992).

Results

Results of the questionnaires for younger children

When transcoding social representation into **homogeneous groups**, it had to be taken into account which mention was encoded (the whole method takes the first mention into consideration with greater weight than the second mention, while the third one has less weight). Categories used:

- a) Descriptive: description of life situation or condition (including lack of ability);
- b) Positive: positive characteristics, attitude, etc.;
- c) Sorrow: expressions related to sorrow and sadness;
- d) Negative: expression of all other negative emotions, negative characteristics;
- e) Lack: lack of contact and/or knowledge typical to the respondent;

- f) Expression of otherness;
- g) Compassion, empathy (this can also be paternalistic, e.g. "bad for him");
- h) Other, everything else.

Contents that distracted the association (elements that were present in a photo with the child, e.g. a dog) were all categorized as "other". In the case of young children, this category included a large number of associations, so now only the first seven categories will be analyzed. The eighth category, which contains mainly misleading associations, is excluded from the analysis.

This group includes not only terms such as "dog" and "furry", but also terms that can only be interpreted in the presence of the dog although they have other meaning, too, for example the verb "caress", which can be considered positive (positive, joyful action), although it was clear that the presence of the dog and the interaction seen in the picture triggered the association. On the basis of the same principle the expression "happy with the dog" and its variations got into the "other" category (and thus were excluded).

Table 3. Grouped associations given to the photo of a Child with Down syndrome before and after the BRE! program (%)

	Before	After
Descriptive	34.57	32.78
Positive	50.03	60.12
Sorrowful	.47	.17
Negative	.42	.89
Lack	.16	.00
Otherness	9.73	5.16
Empathy	4.63	.89

N = 338 persons.

The results show that the most dominant category is the category of the positive associations, that is, the children had basically positive impressions of the photo of the child with Down syndrome. In the second survey following the program, the category of positive associations became even more dominant. The second largest response category consisted of neutral descriptive responses. The previously ten percent association referring to otherness decreased to 50% of the previously measured data after the program while the empathic responses dropped to the one-fifth of the previously measured data.

Although as a result of the BRE! program, the weight of positive associations was strengthened in case of younger children, the paired t-test did not show significant difference.

Results of the older children's questionnaire

To transcode social representation into compact groups, the categories that had already been used for younger children were chosen. In the Nyíregyháza sub-sample oral instructions were given to the children ("I say 'a child with Down syndrome'... what comes to your mind?"), while in the Košice sub-sample photos were shown to the pupils. The associative responses that were given three times were taken weighed into consideration (the first mention was taken into consideration with greater weight than the second mention, while the third one had less weight). The percentages are summarized in Table 4.

Table 4. Encoded associations given to "Child with Down syndrome" (%)

	Nyíregyháza* (N = 122 persons)		Košice** (N = 75 persons)		Control Group (N = 34 persons)
	Before	After	Before	After	Before
Descriptive	9.7	5.3	3.9	17.0	.9
Positive	28.2	34.8	47.2	73.3	8.0
Sorrowful	2.0	2.0	1.0	.0	.9
Negative	3.0	2.0	2.3	2.7	.0
Lack	19.6	.5	.3	.0	73.5
Otherness	35.9	46.0	30.1	6.4	14.2
Empathy	1.7	9.4	15.3	.6	2.7

* by oral question; ** by photo.

Compared to younger children, older children gave less descriptive associations. Positive associations were already significantly present in the first survey among the participating children, whereas such responses were provided by the control group only in small proportion. The initial positive attitude of the participants was probably due to the fact that they were already looking forward to the program and the child with disability. At the time of the survey, participating teachers were familiar with the BRE! program, some of them had already taken part with their formal classes in the previous waves of the program.

In their case, it can be presumed that, at least on the level of communication, the class was already prepared for the visit of the child, and the teachers, even with their metacommunication confirmed the prior positive expectations in the children. This effect is absent from the control group, whose teachers were not involved in the program of the Down Association, thus they did and could not talk about it before the program. However, pupils involved in the program gave a much

higher rate of positive associations after the program than before it, which indicates the intended impact of the program.

During the first survey, among the participants in Nyíregyháza the proportion of the ‚lack‘ category was high. It means the respondents did not associate but instead, they said they did not know anything about children with Down syndrome, they had not met such children before the program. In comparison, after the program, in the second survey this response category disappeared. In Košice the presence of this association was negligible, while in the control group, this association represented the vast majority of all responses.

Recognition of otherness in this age group is strong, however, children in the two sub-samples responded differently to the experience of the program: the proportion of this type of association increased in Nyíregyháza in the second survey, but decreased significantly in Košice. The number of associations expressing compassion and empathy changed similarly: it increased in Nyíregyháza and decreased in Kosice. In addition, their content is radically different from the associations typical to younger children. Instead of the paternalistic, regretful empathy of the young pupils, the older children show genuine compassion and empathy for the child, they tried to realize his situation (e.g. “he needs more time”).

The effect of the program can be measured in the more positive associations, however, the paired t-test did not show significant difference between the previous and the follow-up results.

The “Interaction with Disabled Persons Scale” (IDP) was compiled by Gething and Wheeler (1992) using 20 items. The original 6-point response options were reduced to a more manageable 4-point response options for children (not true at all; rather not true; rather true; very true).

The IDP Questionnaire was originally developed for impact assessment purposes to measure whether the attitudes of the respondents toward people with disabilities have changed after some forms of intervention. The IDP scale is generally applicable, however, it can observe several dimensions of attitudes. In addition to removing the overlapping of the original dimensions, two smaller dimensions were included in the impact assessment of the BRE! program, as suggested by Forlin, Fogarty and Carroll (1999). Thus the IDP dimensions that were based on an independent decision and were used in the Impact Assessment of the “BRE!” program, were the following:

- **Discomfort.** (9., 11., 12., 16., 17., 18.); It was the dimension that was measured the most strongly by the test. Inconvenience in social interactions, which contains elements related to the potential behavior of the respondents and their reaction to people with disabilities;
- **Solution.** (1., 2., 3., 13.); A dimension measured secondly by the test. Coping strategies that prevent the individual from being a compulsive sufferer of the events;
- **Information.** (6., 10.); Having the knowledge related to disability;

- **Vulnerability.** (7., 20.); To what extent feels the respondent vulnerable when interacting with people with disabilities;
- **Sympathy.** (8., 14., 15.); Open sympathy for people with disabilities;
- **Vulnerability-2.** (4., 5.); Other elements affecting the person's vulnerability;
- Independent item. (19.); Was not studied.

The emotional orientation of each item may be different. Nine items clearly express a positive attitude towards the disabled (e.g. admiration, recognition, being well-informed), and nine ones express a negative, rather a dismissive attitude (e.g. discomfort, fear). Each dimension is homogeneous with respect to emotional orientation, except for the Information dimension, where an item with positive and one with negative orientation can be found.

After excluding incomplete questionnaires and questionnaires that could not be connected to others by gender and date of birth, the effect of the program was determined by examining the mean and the median of each dimension. An overview analysis of the responses to the items of the IDP test as a tool for measuring attitudes towards people with disabilities shows that the BRE! program had a measurable impact on the attitudes of the participating children towards persons with disabilities. Positive attitudes were strengthened and negative attitudes moderated (Table 5). In contrast, the results of the control group lack this pattern, they are accidental: two dimensions changed as had previously been expected, two changed in the opposite way, and two did not change significantly (Table 6).

Table 5. Shift in the IDP dimension as a result of the program among those involved

	Orientation	Average	Median	Does the change meet the expectation?
Discomfort before	negative	13.0099	13	yes
Discomfort after		12.3738	12	
Solution before	positive	13.6700	14	yes
Solution after		13.9907	15	
Information before	positive	5.5941	5	yes
Information after		5.9065	6	
Vulnerability before	negative	6.5941	7	yes
Vulnerability after		6.2897	6	
Sympathy before	positive	9.8317	10	yes
Sympathy after		10.4112	11	
Vulnerability – 2 before	negative	6.2871	7	yes
Vulnerability – 2 after		6.1402	6	

N = 107 persons.

Table 6. Change experienced in IDP dimension in the control group

	Orientation	Average	Median	Does the change meet the expectation?
Discomfort before	negative	13.0333	12.5000	no
Discomfort after		13.6452	14.0000	
Solution before	positive	14.4333	15.0000	no
Solution after		12.0323	13.0000	
Information before	positive	5.9667	6.0000	no change
Information after		5.7419	6.0000	
Vulnerability before	negative	6.6333	7.0000	yes
Vulnerability after		6.2581	6.0000	
Sympathy before	positive	10.1333	10.0000	no change
Sympathy after		10.0000	10.0000	
Vulnerability – 2 before	negative	6.1667	6.0000	yes
Vulnerability – 2 after		5.7097	5.0000	

N = 30 persons.

Discussion

Studying the school integration of children with mental disabilities, the attitudes of the majority (healthy) children cannot be ignored. Positive attitudes can support the success of inclusive programs, while the negative ones can reverse the intended effect; frustration and rejection can be strengthened instead of an open society approach. It was the reason why the Down Association of Nyíregyháza developed its partial inclusion program, “The Bell Rings for Everyone!” that was implemented in international cooperation. One of the main aims of the program was to raise awareness, that is, to make the teachers and the majority children participating in the program more open to their disabled peers, even within institutional framework.

While preparing for the program, the big question was how to measure the initial attitude and the impact on this attitude in case of very young children who could not read or write. For the sake of measurability, a photo of a boy with Down syndrome was shown to the young children. Unfortunately, the photo was not taken in a neutral environment, it was taken in a family circle, thus a great part of the associations deviated from the subject because of the dog – these associations did not represent implicit attitudes towards children with disabilities. From a methodological point of view, using a photo taken in front of a neutral background is recommended for similar studies.

In addition, the associations that could be included in the study showed positive change both in case of young and older children in the “BRE!” program.

There was also a positive change in the attitudes of the majority children in the IDP scale dimensions. It also confirmed that the partial inclusive practice of “The Bell Rings for Everyone!” has a positive impact on the attitudes of the children involved, thus it contributes to the development of a more open society where the exclusion of the mentally disabled due to the competition for resources can be decreased.

The analysis of certain associative content also shows that paternalistic (regretful, over-anxious) prejudice (Fiske et al., 2002) decreased as a result of the fact that the majority children engaged in activities with a disabled child once a week.

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OCENA SKUTKÓW WPŁYWU ZINTEGROWANEJ EDUKACJI SZKOLNEJ NA PODSTAWIE PROGRAMU „DZWONKI DLA KAŻDEGO!”

Streszczenie. Wykluczenie społeczne jako konstrukcja wielowymiarowa zawiera elementy ludzkich postaw. Pozytywne postawy mogą wspierać sukces programów włączających, podczas gdy negatywne mogą odwrócić zamierzony efekt. Niniejsze badanie jest próbą zbadania wpływu częściowego programu integracji szkolnej („Dzwonki dla każdego!”) na postawy wobec dzieci niepełnosprawnych. Program ten był realizowany w Nyíregyházie (Węgry), w Satu Mare i Carei (Rumunia) oraz w Koszycach (Słowacja), na próbie ponad 800 dzieci. Badanie opierało się na dwóch ankietach, obejmujących niejawne pytania asocjacyjne oraz skalę IDP („Skala interakcji z osobami niepełnosprawnymi”): jedna została przeprowadzona przed programem, a druga po programie. Pozytywną zmianę w postawach większości dzieci zaobserwowano zarówno w przypadku pytań niejawnych, jak i skali IDP.

Słowa kluczowe: integracja szkolna, niepełnosprawność umysłowa, ocena wpływu

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