

Review Article

Interventions utilising contact with people with disabilities to improve children's attitudes towards disability: A systematic review and meta-analysis

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Abstract

Background: Children with disabilities are often the target of prejudice from their peers. The effects of prejudice include harmful health consequences. The Contact Hypothesis has previously shown to promote positive attitudes towards a range of social groups.

Objective: To conduct a systematic review and meta-analysis on the effectiveness of school-based interventions for improving children's attitudes towards disability through contact with people with disabilities.

Methods: A comprehensive search was conducted across multiple databases. Studies were included if it evaluated an intervention that aimed to improve children's attitudes towards disability and involved either direct (in-person) or indirect (e.g., extended) contact with people with disabilities. Data were synthesised in a meta-analysis.

Results: Twelve studies met the inclusion criteria. Of these, 11 found significant effects: six used direct contact, two used extended contact, two used parasocial (media-based) contact and one used guided imagined contact. One parasocial contact intervention found no significant effects. Three meta-analyses showed direct contact ($d = 0.55$, 95% CI 0.20 to 0.90) and extended contact ($d = 0.61$, 95% CI 0.15 to 1.07) improved children's attitudes; there was no evidence for parasocial contact ($d = 0.20$, 95% CI -0.01 to 1.40).

Conclusions: Direct, extended, and guided imagined contact interventions are effective in improving children's attitudes towards disability; there was no evidence for parasocial contact. © 2016 Elsevier Inc. All rights reserved.

Keywords: Attitudes; Contact; Disability; Children

Children with disabilities are often the target of prejudice from their peers.¹ Prejudice and discrimination can have harmful health consequences, increasing victims' loneliness and anxiety, and reducing their self-worth.² Recent research has demonstrated that many schools in the UK do little to promote positive attitudes towards disability in pupils, and that teachers may require more

resources to support them in developing strategies to encourage positive attitudes.³

The 'contact hypothesis' describes the positive impact that direct face-to-face interactions can have on people's attitudes towards members of different social groups (e.g., race, age).⁴ Allport (1954) proposed that increased positive interactions between members of different social groups would lead to a decrease in prejudice and an increase in positive attitudes towards each other. Subsequent research has found evidence for the contact hypothesis in the context of children's attitudes towards disability.^{5,6} A systematic review of 35 studies found there was a positive association between school children who have contact with people with disabilities and their attitudes towards them.⁵ A recent cross-sectional survey of over 1800 children supported the findings from the review and found that the contact-attitude link, in the context of disability, was mediated by empathy for and anxiety about interacting with people with disabilities.⁶ Beyond associations, a systematic review

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explored interventions aiming to improve children attitudes towards disability and this included seven effective direct contact interventions (i.e., increased contact led to improved attitudes towards people with disabilities).⁷ However, the review did not consider indirect contact interventions, so while there is clear evidence for direct contact effects, it is less clear how attitudes may be improved in school contexts where contact is not possible.

In addition to direct contact, indirect contact has emerged as an effective intervention. One reason that prejudice arises, according to the contact hypothesis, is due to a lack of contact.⁴ It can be difficult to create contact between two social groups when one social group is a minority or in situations where direct contact is not always possible. Indirect contact includes (1) knowing a fellow ‘in-group’ member has a close relationship with an ‘out-group member’ (extended contact)⁸; (2) imagining a positive interaction with an out-group member (guided imagined contact)⁹; and (3) being exposed to out-group members through their portrayal using media such as video (parasocial contact).¹⁰ There is debate as to whether such ‘indirect’ contact yields effects on attitudes as strong as direct contact.¹¹

The aim of this study was to synthesise studies evaluating school-based interventions to improve children’s attitudes towards disability using direct or indirect (imagined, extended, parasocial) contact methods.

Method

Inclusion and exclusion criteria

Studies were included in the review if they:

- Focused on children aged under 18 years
- Evaluated changes in children’s attitudes towards disability using quantitative outcome measures
- Evaluated a school-based intervention with a component that included either direct or indirect contact with people with disabilities

Studies were excluded if they:

- Were not reported in English language
- Were not published in a peer-reviewed journal
- Did not include a control group

Identification of studies

Four databases were searched systematically: MEDLINE (using the Ovid interface), Applied Social Science Index and Abstracts (ASSIA) (using the Proquest interface), PsycInfo (using the Ovid interface) and Educational Resources Information Centre (ERIC) (using the Proquest interface). Databases were searched in June 2015 and used blocks of search terms aimed at locating relevant papers (i.e., variations of the terms ‘child’, ‘attitudes’ and ‘disability’).

Retrieved references were stored in reference management software (Endnote X4) and duplicates were removed. Forward and backward citation searches were conducted to help ensure that all relevant studies were located.

Study selection

One reviewer (MA) screened the title and abstract of the search results to identify relevant studies. A second reviewer (KW) screened 10% of the search results as a quality assurance check. After screening, the first reviewer retrieved full text copies of the studies and emailed the leading author of each paper to request further information regarding the intervention and its implementation, as well as the raw data set. MA and KW then independently reviewed the full text version of the studies for inclusion in the review and any discrepancies arising were resolved through discussion. Studies not appropriate for inclusion in a meta-analysis were still included in this review and were narratively synthesised.

Data extraction and synthesis

The authors created a data extraction form to capture key features of the studies, including authors, date, setting, participants, research design method for measuring attitudes, intervention components and results. Extracted data included the means and standard deviation of children’s attitudes towards disability scores for both the intervention and control groups, if these were available. Two reviewers (MA/MT) independently extracted all data and resolved discrepancies by discussion. Studies were synthesised narratively and appropriate studies for inclusion in a meta-analysis were additionally synthesised using this method.

Quality appraisal

Two reviewers (MA/MT) independently assessed all studies using principles published by the National Health Service Centre for Reviews and Dissemination and the Cochrane Collaboration.¹² Discrepancies were resolved by discussion.

Meta-analysis

To calculate effect sizes of the different types of contact (direct, extended, imagined, or parasocial), the interventions were categorised according to the type of contact and a separate meta-analysis conducted for each. If the study evaluated more than one intervention (e.g., two interventions and a control group), the intervention with the contact component was included in the analysis.

Meta-analyses were conducted in Review Manager 5.0.¹³ A random-effects approach was used which assumes that variation in effect sizes are not just due to sampling error but, rather, other factors within the studies; therefore, studies are assumed to be measuring different, but related, intervention effects.¹⁴ To examine statistical heterogeneity in the meta-analysis, the Q statistic and I² were used. Following

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