Friendships of children with disabilities in the home environment

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Abstract
Friendships are a valued aspect of life. Understanding the family and home aspects of friendships can help special educators to develop a broader understanding of issues supporting friendships for young children with disabilities. In this exploratory study, family interviews and home observations were used to examine friendships of children with disabilities (3 to 10 years old) at home. Results suggest many children with disabilities spend limited time with friends or peers in the home environment. In this sample, children with the greatest amount of contact with friends had disabilities that were mainly physical in nature, while children with behavior problems and cognitive limitations were among the children who experienced the fewest peer interactions. Children living in isolated areas and/or off busy roads had more limited contact with friends than children residing in neighborhoods. Living in close proximity of other children, however, did not guarantee frequent peer interactions or friendships. Characteristics of the home and neighborhood and parents’ roles in initiating and supervising friendships are examined. Implications for special educators are discussed for increasing opportunities for children with disabilities to interact with peers and develop friendships in their home and neighborhood.

Keywords
Social interaction, Friendship, Adjustment (Psychology) in children, Exceptional children

Disciplines
Family, Life Course, and Society

Comments
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Friendships of Children with Disabilities in the Home Environment

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Abstract: Friendships are a valued aspect of life. Understanding the family and home aspects of friendships can help special educators to develop a broader understanding of issues supporting friendships for young children with disabilities. In this exploratory study, family interviews and home observations were used to examine friendships of children with disabilities (3 to 10 years old) at home. Results suggest many children with disabilities spend limited time with friends or peers in the home environment. In this sample, children with the greatest amount of contact with friends had disabilities that were mainly physical in nature, while children with behavior problems and cognitive limitations were among the children who experienced the fewest peer interactions. Children living in isolated areas and/or off busy roads had more limited contact with friends than children residing in neighborhoods. Living in close proximity of other children, however, did not guarantee frequent peer interactions or friendships. Characteristics of the home and neighborhood and parents' roles in initiating and supervising friendships are examined. Implications for special educators are discussed for increasing opportunities for children with disabilities to interact with peers and develop friendships in their home and neighborhood.

Friendships and relationships with peers in childhood serve many functions that can contribute to quality of life (Berndt, 1982; Meyer, Park, Grenot-Schever, Schwartz, & Harry, 1998). They can support opportunities for social development, intellectual growth, companionship, social support, and feelings of security and community (Falvey & Rosenberg, 1995; Grenot-Schever, Staub, Peck, & Schwartz, 1998; Guralnick, Connor, & Hammond, 1995). Without social interactions or friendships, people may experience isolation and loneliness (Guralnick et al.; Parker & Asher, 1987, 1993; Turnbull & Ruef, 1997). Parents of individuals with disabilities believe it is important their children develop friendships (Grenot-Schever, Coots, & Falvey, 1989; Guralnick et al.; Hanley-Maxwell, Whitney-Thomas, & Pogoloff, 1995; Strully & Strully, 1985, 1996), and they are concerned about the impact of a lack of friendships on the quality of their children's lives (Hanley-Maxwell et al., 1995; Strully & Strully, 1985, 1996).

Much research has examined friendships and peer relationships of children with disabilities in the school setting (Guralnick, 1999). Children, however, spend a great deal of time in informal peer interactions in the home and neighborhood environments (Ladd & Le Sieur, 1995; Stoneman, 1993). As Stoneman states "It is of little value to facilitate interactions in the classroom if children with disabilities spend the rest of their time socially isolated in their homes and neighborhoods" (p. 242). Therefore, it is important to examine peer friendships of children with disabilities not only in the school setting but also in the home and neighborhood. The purpose of this study is to begin examining the friendships of children with disabilities in their homes and neighborhoods.

Children with Disabilities and Friendships

A frequent goal of integration of children with disabilities into general classrooms is to in-
crease their exposure to and improve their social relationships with peers (Guralnick et al., 1995). Children with disabilities do interact more with peers in integrated settings when compared to specialized programs (Buysse & Bailey, 1993; Guralnick & Groom, 1988; Guralnick et al.); however, these children interact with typically developing children "less frequently than would be expected in terms of their availability" (Guralnick et al., p. 458). They are also less accepted and more rejected by peers and “have far more difficulty establishing reciprocal friendships than do developmentally matched typically developing children” (Guralnick et al., p. 458). Children with disabilities are often perceived as less socially competent and of lower social status (Guralnick & Groom, 1987; Nabors, 1997).

Teachers, parents, and children themselves report that children without disabilities benefit from their relationships with children with disabilities (Peck, Donaldson, & Pezzoli, 1990; Staub, Schwartz, Gallucci, & Peck, 1994). Research suggests that children without disabilities are more accepting of children with disabilities when they have experience interacting with them (Biklen, Corrigan, & Quick, 1989). Although research is limited on friendships outside the school setting, that which is available finds children with disabilities interact with peers outside the school setting significantly less often than children without disabilities of the same age (Stoneman, Brody, Davis, & Crapps, 1988; Stoneman, Brody, Davis, Crapps, & Malone, 1991). Research is limited on the interactions of children with disabilities in the home and roles parents play in friendships of children with disabilities.

Parents and Friendships

Researchers have become increasingly interested in the role parents play in their children’s social development (Ladd & Le Sieur, 1995). Parents strongly guide the friendships of young children. Parents determine when and under what circumstances their young children come in contact with other children (Ladd & Le Sieur; Stoneman, 1993). Two areas receiving recent attention include parents’ role in initiating peer relationships and monitoring peer interactions of their young children.

Researchers have reported positive outcomes for children whose parents actively initiate informal peer interactions for their children including larger peer networks, more consistent playmates, greater acceptance by peers, and higher levels of prosocial behavior (Bhavnagri & Parke, 1991; Ladd & Golter 1988; Ladd & Hart 1992). Parents also directly influence children’s relationships with peers by the type of supervision or monitoring they provide their children during peer interactions. Research suggests that young children's social competence and the success of play interactions with peers is enhanced by interactive or direct supervision (Bhavnagri & Parke; Ladd & Golter). As children get older (i.e., school age) direct supervision becomes less necessary or beneficial (Bhavnagri & Parke; Ladd & Golter).

Due to developmental delays and/or decreased social competence children with disabilities may require greater assistance from parents in initiating and maintaining peer friendships in the home and neighborhood than children without disabilities of the same age (Turnbull, Pereira, & Blue-Banning, 1999). Turnbull et al. in interviews with four Hispanic families of children with disabilities, found parents (mostly mothers) actively facilitated friendships by finding friendship opportunities for their children and providing interpretations and accommodations to assist those friendships to be successful. Guralnick (1997) found parents of young boys with developmental delays and communication disorders initiated peer relationships for their children with disabilities less often than parents of young boys without disabilities. Guralnick also found mothers provided greater monitoring of peer interactions for their sons with developmental delays in the home environment than they provided sons with communication disorders or sons without disabilities.

Parents of peers can influence friendships between their sons and daughters and children with disabilities, especially for young children. Green and Stoneman (1989) found younger mothers to be more supportive of mainstreaming than older mothers. Green and Stoneman also found parents of children without disabilities felt most comfortable with the classroom integration of children with physical disabilities and least comfortable with
the integration of children with severe mental retardation, emotional disabilities and behavioral disabilities.

**Characteristics of the Home and Neighborhood**

Parents also directly influence their child’s friendships through the environments in which they raise their children, as well as how they physically organize those environments (Berg & Medrich, 1980; Ladd & Le Sieur, 1995; Wohlwill & Heft, 1987). The type and amount of play space, both inside and outside the home environment can influence the peer interactions of children with disabilities (Beckman, Barnwell, Horn, Hanson, Gutierrez, & Lieber, 1998; Brotherson, Cook, & Parrette, 1996; Cook, Brotherson, Weigel-Garrey, & Mize, 1996). Neighborhoods in which children live can exert a critical influence on their social experiences (Beckman et al., 1998). "Young children, especially, spend much of their time within the confines of the neighborhood, and their opportunities for peer interaction and relationships are likely to be influenced by both the physical and interpersonal features of this context" (Ladd & Le Sieur, 1995, p. 389). Contact with peers is more common in neighborhoods with sidewalks and/or play areas (Berg & Medrich, 1980; Ladd & Le Sieur) in contrast to neighborhoods with many hills and/or busy streets (Beckman et al.; Berg & Medrich). For children with disabilities physical features of the home and neighborhood environments may play an even greater role in building friendships.

**Research Questions**

While there is a significant amount of research examining social interactions and friendships of children with disabilities in the school environment, there is very limited information available on the social lives of children with disabilities in the home and neighborhood. This study begins to explore social experiences of children with disabilities in their home and neighborhood.

The study addressed the following questions. What access do children with disabilities have to friends in the home and neighborhood? What do parents do to encourage friendships in the home and neighborhood? What characteristics of the home and neighborhood support or create barriers to friendships for children with disabilities?

**Method**

This study was part of a larger study that examined opportunities children with disabilities have to make choices, act independently, and interact with others in the home environment. The researchers acknowledge their bias that opportunities for making choices, acting independently, and interacting with others are important for children with disabilities and particular to the study reported here, the researchers acknowledge their belief that children with disabilities should have opportunities for developing friendships at home and in the neighborhood.

**Participants**

The original sample was selected to include children between the ages of three and ten, with a range of disabilities to expand the transferability of findings. Families were recruited with the assistance of professionals working with children with disabilities in public schools in several school districts serving both metropolitan and rural areas of a midwestern state. These professionals shared information about the study with families. If parents had an interest in participating they contacted the research team by returning an addressed envelope. Characteristics that distinguished families who chose to participate from those who did not choose to participate are unknown.

Participants included 26 families with 28 children with disabilities. Mean age for children was 6.0 years and included 16 females and 12 males. Twenty children had moderate to severe physical disabilities and nine children had moderate to severe cognitive disabilities. Information about physical and cognitive disabilities was obtained from parents, as well as researcher observations. Parents completed a questionnaire on which they indicated the degree of limitations their child(ren) experienced. Overall, families were two parent, middle class families who owned their own homes. All but three of the families were Caucasian. All families were paid $50 dollars for their participation.
TABLE 1
Family Demographics

| Total number of families | 26 |
| Mean income range | $35,000-$39,999 |
| Parent education level | |
| Less than high school diploma | 2 |
| High school graduate | 4 |
| Some college | 2 |
| College graduate | 16 |
| Graduate school/professional degree | 2 |
| Marital status | |
| Married | |
| Other | 3 |
| Caregiver(s) present at interview | |
| Mother only | 20 |
| Mother and father | 5 |
| Grandmother (guardian) | 1 |
| Number of children living in the home | Mean 2 (range 1–5) |
| Home Ownership | |
| Own home | 22 |
| Rent | 4 |
| Type of Home | |
| Single family house | 22 |
| Mobile home | 1 |
| Apartment | 3 |
| Number of rooms in home | Mean 7 (range 4–11) |

participation. Family demographics appear in Table 1. Child information appears in Table 2.

Procedure

For this study, multiple methods of data collection were used including family interviews, home observations, and written questionnaires. After a family agreed to participate, an interview date was set. Before the interview a packet of written questionnaires was sent to the family. The questionnaires asked parents to provide demographic information, information about the child’s disability, modifications made to the home, as well as to complete two measurement instruments developed by the research team for this study and referred to as In-home checklist, an inventory examining activities the child regularly engages in different rooms throughout home, and the Parent Attitude Survey, an instrument designed to examine parental attitudes and behaviors regarding opportunities for their child to make choices, exercise control over spaces, and acquire skills of independence.

The home visit consisted of an in-depth family interview and a home observation lasting from about 90 minutes to two hours. The interviews were usually conducted with the mother. Sometimes the child and siblings were present and occasionally a father was present. Two or three researchers visited each home. The interview protocol was developed based on the conceptual design of the study, reviews of the literature, and researcher experience interviewing family members. The interview consisted of open-ended questions in the areas of: daily routine of the child with a disability, the child’s activities in the home and neighborhood, opportunities for the child to make decisions and act independently in the home environment and modifications made to/in the home for the child with a disability. Friendships were addressed at several points throughout the interview, particularly during discussions of daily routines, levels of supervision the child needed, and discussion of the child’s neighborhood.

Interviews were audio taped and designed for parents to share their individual experi-
<table>
<thead>
<tr>
<th>Child</th>
<th>Sex</th>
<th>Age</th>
<th>Type of Disability</th>
<th>Physical Limitations</th>
<th>Cognitive Impairment</th>
<th>Behavioral Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>5</td>
<td>Spina Bifida</td>
<td>Moderate</td>
<td>Mild</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
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<td>5</td>
<td>Cerebral Palsy</td>
<td>Moderate</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>3</td>
<td>M</td>
<td>9</td>
<td>Cerebral Palsy</td>
<td>Moderate</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>4</td>
<td>M</td>
<td>7</td>
<td>Dwarfism</td>
<td>Mild</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>5</td>
<td>F</td>
<td>6</td>
<td>Neurological Damage</td>
<td>Severe</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>6</td>
<td>Mental disabilities, Oxygen dependent trachotomy</td>
<td>Mild</td>
<td>Mild</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>8</td>
<td>Physical and mental disabilities</td>
<td>Moderate</td>
<td>Mild</td>
<td>None</td>
</tr>
<tr>
<td>8</td>
<td>F</td>
<td>10</td>
<td>Cerebral Palsy</td>
<td>Moderate</td>
<td>Moderate</td>
<td>None</td>
</tr>
<tr>
<td>9</td>
<td>M</td>
<td>5</td>
<td>Cerebral Palsy</td>
<td>Mild</td>
<td>Mild</td>
<td>None</td>
</tr>
<tr>
<td>10</td>
<td>M</td>
<td>5</td>
<td>Cerebral Palsy, minimal vision</td>
<td>Moderate</td>
<td>Severe/Profound</td>
<td>Yes</td>
</tr>
<tr>
<td>11</td>
<td>M</td>
<td>5</td>
<td>Cerebral Palsy</td>
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<td>Mild</td>
<td>None</td>
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<tr>
<td>12</td>
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<td>Cerebral Palsy</td>
<td>Severe</td>
<td>Moderate</td>
<td>None</td>
</tr>
<tr>
<td>13</td>
<td>F</td>
<td>9</td>
<td>Physical and Mental Disabilities, minimal vision, unknown hearing</td>
<td>Moderate</td>
<td>Severe/Profound</td>
<td>None</td>
</tr>
<tr>
<td>14</td>
<td>F</td>
<td>5</td>
<td>Spina Bifida</td>
<td>Moderate</td>
<td>Mild</td>
<td>None</td>
</tr>
<tr>
<td>15</td>
<td>F</td>
<td>6</td>
<td>Physical Disability</td>
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<td>None</td>
<td>None</td>
</tr>
<tr>
<td>16</td>
<td>M</td>
<td>3</td>
<td>Hydrocephalus, minimal vision</td>
<td>Moderate</td>
<td>Moderate</td>
<td>None</td>
</tr>
<tr>
<td>17</td>
<td>F</td>
<td>4</td>
<td>Holt-Oran Syndrome, hypotonic, scoliosis</td>
<td>Moderate</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>18</td>
<td>M</td>
<td>8</td>
<td>Cerebral Palsy</td>
<td>Moderate</td>
<td>Moderate</td>
<td>None</td>
</tr>
<tr>
<td>19</td>
<td>F</td>
<td>5</td>
<td>Spina Bifida</td>
<td>Moderate</td>
<td>None</td>
<td>None</td>
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<tr>
<td>20</td>
<td>M</td>
<td>4</td>
<td>Cerebral Palsy</td>
<td>Severe</td>
<td>Mild</td>
<td>None</td>
</tr>
<tr>
<td>21</td>
<td>F</td>
<td>7</td>
<td>Down Syndrome</td>
<td>Mild</td>
<td>Moderate</td>
<td>None</td>
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<tr>
<td>22</td>
<td>M</td>
<td>5</td>
<td>Cerebral Palsy—low muscle tone, blind</td>
<td>Severe</td>
<td>Severe</td>
<td>None</td>
</tr>
<tr>
<td>23</td>
<td>M</td>
<td>3</td>
<td>Cerebral Palsy</td>
<td>Moderate</td>
<td>Mild</td>
<td>None</td>
</tr>
<tr>
<td>24</td>
<td>F</td>
<td>4</td>
<td>Autistic, mentally retarded</td>
<td>None</td>
<td>Moderate</td>
<td>Yes</td>
</tr>
<tr>
<td>25</td>
<td>M</td>
<td>5</td>
<td>Hydrocephalus/Mild Cerebral Palsy</td>
<td>Moderate</td>
<td>Mild</td>
<td>None</td>
</tr>
<tr>
<td>26</td>
<td>M</td>
<td>9</td>
<td>Mental Retardation</td>
<td>None</td>
<td>Severe</td>
<td>Yes</td>
</tr>
<tr>
<td>27</td>
<td>F</td>
<td>4</td>
<td>Mental Disabilities, Hyperactivity</td>
<td>None</td>
<td>Mild</td>
<td>Yes</td>
</tr>
<tr>
<td>28</td>
<td>F</td>
<td>5</td>
<td>Moderate brain disability, seizure disorder, Attention Deficit Disorder</td>
<td>Mild</td>
<td>Moderate</td>
<td>None</td>
</tr>
</tbody>
</table>

* Type of disability as reported by parents.

** Physical Impairment: The degree of physical impairment was determined by written questionnaire information completed by parents concerning a child’s ability to use his or her limbs in combination with information obtained during parent interviews about the child’s physical abilities and observation of the child by research team members. Three researchers independently evaluated degree of physical impairment.

Mild: Child was able to use arms or legs with slight difficulty. For example, the child may walk fairly well but may require a brace.

Moderate: Child had significant difficulty using arms or legs, or child had some difficulty with both arms and legs. For example, the child could not walk without the aide of a walker and may have used a wheelchair; however, the child may have been able to drag him or herself around on the floor; or the child was not able to perform some basic self-care functions such as using the bathroom or brushing hair due to difficulty with arms.

Severe: Child had significant difficulty with arms and legs, very limited mobility. For example, the child was unable to sit up on his or her own and unable to crawl or drag him or herself.

* Information about cognitive impairments was obtained from parents, through both written questionnaire and interviews.

* A child was considered to have behavioral limitations if parents discussed significant behavior issues for their child including aggression, hyperactivity, self-injurious behaviors, damage to property, tendency to run.
ences. Throughout the conversation, parents were asked questions to help the interviewer clearly understand the meaning of information shared. Families were asked in advance if photos could be taken, and they were asked again at the time of the interview where photographs could be taken. Pictures were taken in the home for a visual record of home characteristics, modifications that had been made for their child, accessibility issues, and outside characteristics. In addition the researcher(s) observing the home provided written comments using an observation assessment tool designed to examine the extent the physical environment helped meet the sociopsychological needs of children identified by Miller (1986) including identity, territoriality, privacy, nurturance, stimulation, manipulation, and sociability. For this study observations and photographs helped researchers to assess spaces and materials that might be used during play with friends. Specifically researchers examined the amount and type of play space and play materials available, the accessibility of these spaces and materials to the child with a disability, and any modification made to play spaces or play equipment. Following each interview, researchers discussed the interview and the home observation to identify the most salient issues and changes needed in the interview protocol. All data were collected and analyzed by the authors with one additional research assistant.

Data Analysis

Data were analyzed using the constant comparative method of Glaser and Strauss (1967). The constant comparative method involved coding, classifying, and comparing emerging categories as a means to generate themes in the data. The research team met regularly to discuss key issues and to generate initial conceptual coding categories based on issues forming in the data (Glesne & Peshkin, 1992; Taylor & Bogdan, 1984; Tesch, 1990). This study focuses on the issue of friendships. Data were also analyzed to examine other issues related to self-determination (Brotherson et al., 1996; Cook et al., 1996; Weigel-Garrey, Cook, & Brotherson, 1998) and examination of additional issues is in process.

All interviews were transcribed verbatim. Initially each transcript was read twice and statements relevant to friendships and peer relationships were highlighted. From this a preliminary list of categories emerged and each highlighted statement was coded into emerging categories. Longer passages were sometimes shortened into “synthesis statements,” but the majority of statements were used verbatim. This same process of reviewing each coded statement was used to establish subcategories. Two persons of the research team then reviewed all coded statements and discussed agreements and disagreements in order to reach consensus. When disagreements occurred, researchers reviewed the transcripts, written questionnaire data completed by parents, and observational data to reach consensus on categories and subcategories.

As a final check, all transcripts were reread with the identified categories and subcategories to make certain no data was missed and to clarify interpretations. A third member of the research team then reviewed all coded statements and discussed agreements and disagreements in order to reach consensus. When disagreements occurred, researchers reviewed the transcripts, written questionnaire data completed by parents, and observational data to reach consensus on categories and subcategories.

Further steps were taken to assure that data collected and analyzed accurately reflected the experience of the participants. The following techniques of verification were used to address credibility and transferability of this research (Brotherson & Goldstein, 1992; Guba, 1981).

Triangulation. Multiple researchers and methods of data collection were used to increase understanding of the friendships of children with disabilities. Four researchers participated in data collection and analysis. This use of observational and written questionnaire data in addition to the interviews allowed the researchers to use several sources of data to reach consensus in coding.

Research backgrounds undoubtedly shaped interpretations in this study. The research team consisted of persons with four backgrounds, including early childhood special education, housing, early childhood education, and child development and family studies. One author is also the parent of two children with disabilities.

Finally, through use of multiple methods and multiple researchers, “thick” descriptive
data about the children, families, and home environments involved in this study were gathered. Results include substantial contextual information about the families and the children in this study to provide readers with a greater understanding of the context from which these data were drawn, thus allowing for greater transferability of our findings (Guba, 1981; Patton, 1990).

Peer debriefings. In order to increase credibility of the analysis, peer debriefings followed each interview and took place at periodically scheduled research meetings (Guba, 1981). These debriefings allowed researchers to explore perceptions and interpretations of data. Use of photographs, transcripts and notes from interviews helped the researchers get to know and reflect on each of the families. The research team reviewed interpretations to assure they were consistent and supported in the data.

Member checks. To further ensure the interpretations accurately reflected the families and their experiences, four families were contacted to review the information summarized in this study, and to provide feedback on the accuracy and clarity of the data and results. Parents were called to ask if they would participate in a member check, and then sent a summary in the mail followed with a telephone discussion regarding the findings. All four families confirmed the accuracy of the data collected during the initial interview. In addition, these families made additional comments relating to the peer relationships of their child with a disability; this additional information was incorporated into the data analysis.

Results and Discussion

Eight major categories related to peer friendships emerged from the data and these categories were grouped into four themes: 1) Contact with peers, 2) Attitudes influencing friendships, 3) Parents' focus on friendships, and 4) Physical environment influencing friendships. A discussion of the categories related to each theme is presented with examples and quotes to enhance understanding of the experiences of these children and their families. In order to enhance understanding of how emerging issues were related to specific children, each with his or her unique abilities and limitations, and to increase transferability of results, following each issue reference to the child(ren) whose parent(s) reported the issue to be their child’s experience are identified in parentheses. Information about the specific disabilities of each child can be found in Table 2. Table 3 provides a summary of findings.

Theme 1: Contact With Peers

The amount of access children had to peers varied greatly. Peers included friends from the neighborhood, cousins, and peers outside the neighborhood, and friends of siblings.

Opportunities for Contact with Peers

Friends in the neighborhood. There was great variability in how often children in this sample had neighborhood children over to play. Three children (C2, C7, C19) played with neighborhood children almost daily with much of that time being in their own homes either indoor or outdoor. Seven other children (C1, C5, C13, C14, C23, C25, C27) had neighborhood children over to play occasionally. For these children the frequency of visits varied ranging from approximately once every few weeks to once every few months. Visits from neighborhood children for these children tended to unplanned and often occurred when they were playing outdoors and neighborhood children happened by.

For example, one mother talked about a neighbor girl who came over when she saw her son playing outside:

She came out and played with him, and he had a blast with her. That is probably the first time since we moved here that he has shown an interest in playing with somebody outdoors. I think a lot of that is really coming . . . We are not going to be dealing with the sickness we did last year so he will be out and about more (C25).

Another mom described how neighborhood children would occasionally come by and push her child (13) in the adaptive swing or take her for a walk in her wheelchair.

Fourteen children (C3, C4, C6, C8, C9, C10,
### Summary of Findings by Themes

<table>
<thead>
<tr>
<th>Themes and Categories</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1: Contact with Peers</strong></td>
<td>The amount of time children with disabilities spent with other children varied from no time, to time spent on a regular basis with most children spending limited time.</td>
</tr>
<tr>
<td>• Opportunity for Contact with Peers</td>
<td>Children with disabilities spent less time with peers than did their younger or older siblings.</td>
</tr>
<tr>
<td>• Characteristics of the Disability Influenced Contact with Peers</td>
<td>Parents reported their children with disabilities spent less time with peers than did other children their age.</td>
</tr>
<tr>
<td>• Children who spent the greatest amount of time with peers in the home environment were children whose limitations were primarily physical in nature.</td>
<td></td>
</tr>
<tr>
<td>• Children with behavioral problems and significant cognitive limitations were among the children who spent the least amount of time with other children in the home.</td>
<td></td>
</tr>
<tr>
<td><strong>Theme 2: Attitudes Influencing Friendships</strong></td>
<td>Parents believed other children were more accepting of and interacted more with their children with disabilities when they had greater exposure to their children with disabilities.</td>
</tr>
<tr>
<td>• Peer Exposure and Attitudes</td>
<td>Parents of children with disabilities believed other parents were hesitant to invite their child over to play because these parents thought children with disabilities would require a lot of extra assistance.</td>
</tr>
<tr>
<td>• Attitudes of Parents of Peers</td>
<td>Parents reported selecting homes in neighborhoods with lots of children, getting to know the neighbors, involving the child in community groups (i.e., girl scouts), inviting other children to parties, arranging play dates for the child with classmates, and advocating to have the child placed in neighborhood schools as ways they assisted in developing friendships for their children.</td>
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<tr>
<td>• Even though some parents identified ways they initiated friendships for their child, many parents did not report doing anything to increase their child’s opportunities to interact with peers. In fact, several parents seemed to accept their child’s lack of friends as inevitable.</td>
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<tr>
<td>• Direct parental supervision of children with disabilities while playing with peers was generally for safety of the child. Otherwise parents relied on indirect supervision of peer interactions (i.e., only intervened when deemed necessary such as during a disagreement).</td>
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<tr>
<td><strong>Theme 3: Parent’s Focus on Friendships</strong></td>
<td>Play spaces in the home were difficult to access for a number of children with disabilities, primarily due to difficulty negotiating stairs.</td>
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<tr>
<td>• Parents as Initiators of Peer Friendships</td>
<td>Many children had indoor and outdoor play spaces available and had age-appropriate toys that were easily accessible, although a few children lacked toys and/or could not get any of their toys on their own.</td>
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<tr>
<td>• Parents as Supervisors of Peer Friendships</td>
<td>Many children lived in subdivisions with many other children around. However, living in close proximity to other children did not guarantee peer interactions.</td>
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<tr>
<td><strong>Theme 4: Physical Environment Influencing Friendships</strong></td>
<td>Children living in more isolated areas (e.g., in the country) or off busy roads had limited peer contact.</td>
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<tr>
<td>• Home Environment: My Home as a Place to Play</td>
<td>Neighbors’ homes than had neighbor children over to play. Parents of four children (C1, C2, C5, C29) who did visit the neighbors’</td>
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homes described walking or carrying their child to another child's home. These parents emphasized leaving their child only after knowing the other parent was willing and would provide supervision.

_Cousins and peers outside the neighborhood._ Parents of seven children (C6, C9, C10, C13, C14, C18, C24) discussed the importance of cousins as playmates for their children. Four children had contact with their cousins in their home and/or their cousins' home often. One mom discussed her twin boys (C9, C10) access to their cousins: “They do have a lot of cousins. I have a lot of nieces and nephews that I baby-sit. They are around them all the time.” Another child played with his cousins close in age. Mom said, “He participates just like the other ones do. And they are real good with him. They have grown up with him” (C18). The other three children (C6, C14, C25) had occasional visits with a cousin or cousins.

Three parents (C11, C18, C25) and a grandparent (C6) reported their child played with a child of a close friend who lived outside the neighborhood. The only real peer contact for one five-year-old boy (C11) was the 2-½ year old child of his mom’s friend.

Eight children (C3, C4, C11, C12, C17, C18, C21, C22, C23) had occasional contact with other children from their school or daycare. For most of these children such contact did not occur regularly, but rather for a special occasion such as a birthday party or specially planned visit. The mother of one girl (C21) spoke emotionally about this:

She has been invited to five parties in the last two weeks. This year all of a sudden the kids love her in school. And one kid invited her to a birthday party, then it seemed like all the other kids wanted to invite her . . . All this time she never got invited to parties, and it was kind of sad; why can’t anyone think of Cassie? But now all of a sudden she is going. Now she knows what birthday parties are. She is so proud to take a present.”

Another child who had not received any invitations to other children’s homes will invite children from preschool or ballet over to birthday and Christmas parties. One child’s (C12) social contacts involved regular visits from friends from church. In a somewhat unique situation, another mother shared her son’s (C22) contact with friends from school:

One of them calls him on the phone, and it’s a riot . . . She asked at school if she could call him. The nurse brought that home to me, and I thought, “She knows he can’t talk.” But she kept asking and asking, and finally I said to give her the number. I said it will give new meaning to the phrase, “I’m sorry, Sam can’t talk right now.” So she calls him, and the nurse holds the phone up to him. He squalls and kicks and giggles. You ask him if he is going to see Alice today, and he gets a big grin on his face.

_Siblings’ role._ With the exception of the three children who had daily contact with friends in the neighborhood, children with disabilities spent less time with peers than their older (C9, C10, C11, C16, C22, C23, C24) or younger (C13, C28, C21, C26) siblings. In addition, several parents reported the type of interactions were different. For example one mother stated:

When he (C23) is outside he will play with other kids. He parallel plays a lot. If they are all in the sandbox he will play in the sandbox. But it’s not the same as my other kids, who go find a friend to play with. If they are out there, he’ll be out there too.

Two families (C21, C24) shared that while their children with disabilities did not have any friends of their own over to play, they were exposed to and sometimes interacted with friends of their siblings. One of these children would occasionally play with the friends of her younger sister. The other mother (C24) said that two children often come to visit her son and:

Sara usually runs right up to the little girl because she likes to touch her hair. But they don’t interact with her so much. She sits and watches them, and she tries to go up to Haley’s hair and touch it. As soon as she hears Haley’s voice, she runs to the door.

One mother believed having an older and younger brother had helped her daughter (C19) be accepted. “Their friends have always accepted her. The boys that my son brings in
have no qualms about giving her a good going over when she does something they don't like. It's just really neat how kids have been so accepting."

Characteristics of the Disability Influenced Contact with Peers

The type and severity of the disability influenced the opportunity children with disabilities had for contact with friends. The severity of the physical disability did not seem to be highly related to peer friendships for these children except when other limitations were present (e.g., behavioral, moderate or severe cognitive). For example, of the five children with the most severe physical limitations three had other children over to play or played in the homes of other children at least occasionally. The three children who had daily peer interactions in the home and neighborhood had moderate physical limitation. Of the remaining children with moderate physical limitations, five children (C1, C13, C14, C23, C25) played with neighborhood children at least occasionally and seven (C3, C4, C9, C10, C11, C15, C16, C17, C18) rarely or never played with neighborhood children. However, five of these children (C9, C10, C11, C17, C18) had occasional contact with children outside the neighborhood including family friends, school friends, and/or extended family.

Several families of children with physical disabilities found ways for their children to visit the homes of neighbor children. This often involved a parent carrying the child into a playmate's home. For example, one mother reported, "I might carry her (C2) in and find out where they are playing. If they are playing downstairs, I take her there. If she has to go potty, their moms take her."

Four children in this sample had behavioral limitations. In addition, two of these children had severe cognitive limitations, one experienced moderate cognitive limitations and one experienced mild cognitive limitations. Of these four children, only the child with mild cognitive limitations spent time with peers of her own, and her mother reported that other children sometime were "overwhelmed" with her child. Parents of three of these children (C10, C25, C26) commented on the high level of supervision their children required, particularly outdoors. One parent discussed how her daughter (C25) gets into things and had broken many items throughout the home; as a result, the family had placed locks on most of the inside doors and was considering an alarm system to prevent the child from taking off outdoors on her own. Another parent shared how her son (C26) cannot be outdoors alone because he would take off running. She discussed one such incident:

He just scared me to death. He got almost all the way to Quaker Avenue before I caught him. I mean he was just running and he'd stop and turn around and just laugh. He just doesn't understand. They work with him at school on crossing and walking in the street and stuff, so it isn't that he isn't exposed to it; it is just that he doesn't understand.

Theme 2: Attitudes Influencing Friendships

The amount of exposure that children without disabilities had to children with disabilities was key to developing friendships. In addition, the attitudes of the parents of peers or friends were key to supporting friendships.

Peers Attitudes and Exposure

Five families (C2, C13, C18, C19, C25) reported other children were accepting of their child. They attributed this acceptance to a great amount of exposure to their children (C2, C13, C18). Six families (C8, C11, C13, C20, C21, C26) believed other children did not understand their child's disability or were fearful of the child due to the disability, which resulted in other children avoiding their child. One mother stated: "I think some of the kids are scared of Philip (C20), or just scared with the chair and everything, what you would call, threatening; they are not sure." One mom described social interactions with her daughter (C24) as:

No one around here minds her. They all know who she is, and they don't bother her or make fun of her or anything like that. She rides the school bus with them, and it is no big deal.
Several parents (C8, C13, C20, C25) seemed to accept peer rejection as inevitable. One mom reported that there are "tons" of children around; however:

They just don’t know how to play with her (C8), so I kind of gave that up. I invite her friends over from school, and she has some friends with CP that come over to play. She does go out, but they just don’t know what to do with her; they have not been around handicapped kids. At first they would come on the deck and then run away. We just never really pursued it . . . it is sad though, but kids will be kids.

Attitudes of Parents of Peers

A number of families commented on the role other parents played in their child(ren)’s access to friends. The mothers of three children (C3, C4, C17) believed other parents were reluctant to have their child(ren) over because of the child’s disability. Several parents commented that their children have not been invited to other’s homes. One mother shared, “she (C17) has never been asked to go over to anybody’s house. I would certainly let her if someone ever called and asked . . . I think the only reason why mothers don’t ask her over is because they are assuming she’s going to require more.”

Five parents indicated other parents were accepting of their children’s (C2, C19, C23, C25) and helpful in assisting their children during visits. One mother commented about the mother of a child her child (C23) plays with, “Her mom is really good with him. In fact, she says he is real easy, and he goes through her house as anyone else would. He crawls through her house just like he does at home.”

Theme 3: Parents’ Focus on Friendships

Parents varied in the amount of importance they placed on initiating their child’s interactions with other children in the home and neighborhood. Most parents did not discuss directly supervising their child’s interactions; rather, their supervision was indirect.

Parents as Initiators of Peer Relationships

Parents listed a variety of ways they were trying to increase their child’s peer relationships. A couple of parents (C22, C25) mentioned plans to get to know their neighbors better. A couple other parents (C17, C25) mentioned involving their child in community activities such as Girl Scouts and adaptive little league.

One parent was fighting to have her child (C25) placed in the neighborhood school so the children around him would know him and interact with him more. One mom had birthday and theme parties to which her daughter (C17) could invite friends. Three families discussed arranging for visits with classmates outside of school. In two families, where both parents worked full-time outside the home, they talked about the difficulties in making time to get together with other children outside of school or child care. However, both sets of parents’ felt it was important and attempted to arrange opportunities for their child to play with other children. The parents of one child (C15) who lived in the country said,

We’re hoping to do more . . . She wants to have kids over. She always wants to invite people over. Yeah. She’s been invited to other children’s houses, and she wants to invite them, but there is usually something else that has to happen or other people’s schedules.

A few parents (C3, C4, C17, C28, C21) specifically mentioned their disappointment in the number of invitations to play with other children that their child(ren) received. One mom said,

David (C3) has three boys that have invited him over to their houses. He loves it when he goes and does pretty well. I’d say its a lot more limited than most kids . . . I would like to have David do more of that.

Another mom said her child (C17) had never received an invitation to another child’s home even though she has extended invitations to other children for birthday and Christmas parties. She said, “I guess I just wish she’d get invited to parties in other people’s homes.” In a follow-up interview she said, “I pray every
night that Melissa would make just one long term friend.”

Although a number of parents mentioned ways they were attempting to increase their child’s opportunities to interact with peers, many parents did not report efforts to enhance their child’s peer relationships even if they reported disappointment with their child’s lack of friends. For example, one parent reported she never encouraged her child (C26) to interact with neighborhood children because they do not go to the same school and do not understand him. This child has never had other children over to visit nor visited other children’s homes.

Parents as Supervisors of Peer Friendships

There was limited discussion of supervision by parents. Of those who did comment on supervising their children during play with other children, their comments generally focused on making sure their child was safe (e.g., making sure he or she doesn’t fall out of her wheelchair, doesn’t get hurt by the roughness of other children). Parents did not discuss directly supervising their child’s interactions with friends, rather, their supervision of peer interactions appeared indirect and safety focused.

Theme 4: Characteristics of the Physical Environment Influencing Peer Friendships

Physical characteristics of both the home and neighborhood supported peer friendships. The neighborhood density and safety also had an effect on opportunities to play with friends.

Home Environment: My Home as a Place to Play

Playing with friends was influenced by whether there were indoor spaces in which to play, whether children had easy access to choose toys, and whether there were safe and interesting outdoor play spaces with safe terrain.

Indoor spaces to play. Through parent interviews and home observation researchers found many children in this sample had several spaces available in which to play with friends in their home, although not all children who had space available had other children over to play. For seven children the space was very limited due to the size of the home and/or adult items filling most of the available space. Of these seven children only two had friends over occasionally, mainly outdoors. For two other children (C9, C10), cousins came over often to play. The remaining three (C20, C22, C26) did not have friends or relatives over to play.

Common places for children to play included playrooms, living/family rooms, and children’s bedrooms. Ten homes (C1, C2, C11, C12, C13, C15, C16, C19, C21, C23, C24) contained playrooms with numerous toys and space available to play. Other children had play space available in their bedrooms and/or family rooms. One mom (C19) commented on the importance of their playroom:

We have this huge playroom downstairs that is decadent. You open it up and you think well here is a mother who is fulfilling her childhood dream . . . We’ve always tried to make, it pleasant for our own children as well as other kids because I think that’s very important for her to have as much exposure to them and for them to also be around her.

Even though spaces were available, some children had difficulty accessing these play areas without assistance. A fairly common difficulty children faced was stairs. Children (C1, C2, C6, C8, C9, C10, C11, C12, C13, C19, C22) with physical limitations often struggled with stairways that were necessary to negotiate to get to a play space located upstairs or downstairs. As a result, these children did not have the opportunity to move from play space to play space without struggling or receiving adult assistance.

Access to toys indoors. Most children had at least some access to toys; that is, toys were located in such a way that even with the child’s limitations he or she could select and play with toys without assistance. Parents often made their child’s toys accessible by keeping toys low and using toy containers the children were able to get into on their own. In many circumstances, toys were kept on the floor or on low open shelves. Seven children had limited access to toys. Parents of two children (C13, C22) with extremely limited mobility placed toys around their child for their child
to grab. For three others (C8, C13, C24), there were some toys accessible without assistance, but most were located on high shelves requiring adult assistance. The remaining two children (C16, C26) had limited toys available.

The parents of two children discussed specialized or modified indoor toys their child used. One mother (C18) tied bells to the bottom of a basketball net so her visually impaired son could hear when he made a basket. This same family installed an adaptive switch so their son could use the computer, and built a special art table to meet her child’s needs. Another child (C22) had several descriptive videos such as Walt Disney’s “Aladdin” which describe how the characters look and what they are doing for children who are visually impaired and a homemade “little room” box that the child could lie in and feel objects hanging down.

Outdoor spaces to play. Many children had private yards in which to play in. Several families had fenced backyards. Fifteen children (C1, C2, C3, C4, C6, C11, C12, C16, C17, C28, C22, C23, C24, C25, C26) had play structures in their backyards, although many children could not use the equipment without assistance. Several other families modified their play structures to ease their child’s use of it. Four families had adapted swings for their children (C1, C12, C13, C24). Another family (C25) built stairs with rails on both sides up to the slide. Sandboxes (C1, C16, C23, C26), and playhouses (C3, C4, C17) were also used.

Three children (C2, C3, C4, C23) with physical limitations had motorized children’s vehicles to get around. Another two children (C2, C17) had modified tricycles for their use.

Four families discussed how the uneven, bumpy terrain of their yards made it difficult for their child to play outdoors using wheelchairs or walkers. Two of these children still played outdoors. One child (C2) “belly crawled” in the backyard and the other (C3) struggled to maintain his balance. The two other children (C10, C22) did not spend much time, if any, playing in their yards.

**Neighborhood Environment: My Neighborhood as a Place to Play**

Many families in this study lived in middle class subdivisions or city blocks with limited traffic. The terrain in these areas tended to be relatively flat. Most homes had good sidewalks providing safe access from one home to another, although a few homes had sidewalks in need of repair posing a challenge for some children with disabilities to negotiate. These homes tended to have safe play spaces both inside and out.

A few families lived in more isolated areas with few neighbors and several other families lived on streets with moderate to heavy traffic. Consistent with previous research, contact with other children in the home environment was more limited for children living in these areas (Berg & Medrich, 1980; Ladd & LeSuer, 1995). Two families (C3, C4, C5) attributed their children’s lack of friendships, in part, to living in the country without neighbors. One mother of twin boys with disabilities (C9, C10) discussed the problems associated with living off a busy road:

> I don’t know any of my neighbors, and I have been here a year and a half . . . I think it has a lot to do with where we live. I think there would be a lot more kids to play with if we didn’t live on Main . . . We have seen too many accidents since we have lived here.

Two mothers (C22, C26) commented on the impact of their child attending a different school than the neighborhood children. One mother (C22) said:

> The neighborhood kids, they don’t know him, and he doesn’t know them. A couple of them come to play with my 7-year-old, but they ignore him. They kind of walk wide around him . . . I wanted him in the neighborhood school so that he would know the kids and they would know him. Now he is going to this school clear over on the South side. Those aren’t the kids that he would be playing with in the neighborhood.

**Discussion**

This study provides a beginning look at the peer relationships of children with disabilities in the home environment. The primary purpose is to help educators begin to understand some of the relevant issues facing children with disabilities as they develop friendships in
the home environment. Learning from the experiences of families who are dealing with these issues can provide professionals information they can use to assist and support parents in helping their children with disabilities develop friendships in the home and neighborhood. Drawing from the experiences of the participants of this study, this section includes some preliminary suggestions for how professionals might begin to explore with families ways to help their children with disabilities develop friendships. It is important to again note that this study was exploratory and our findings were not meant to provide generalizations about families and friendships. Much research remains to be done in this area.

Variability of Access to Peers

There was great variability in the amount and type of peer friendships children with disabilities experienced. A few children had daily contact with friends in their own home or in a friend's home while a few other children had no real contact with peers in the home or neighborhood. This study found in the home environment what many researchers have found in the school environment, that is even when children with disabilities are in close proximity (i.e., classroom, neighborhood) to children without disabilities, they are not as socially involved with children without disabilities as would be expected by availability (Guralnick et al., 1995). With the exception of three children who had daily contact with peers, children in this sample spent significantly less time with their friends than did older or younger siblings. However, as Turnbull et al. (1999) also report, siblings created some opportunities for contact with peers as siblings had friends over to play. Professionals working with families with children with disabilities might emphasize the benefits of children developing friendships in the home and neighborhood environment. Professionals can help parents look at their child's specific situation and identify ways to help their child develop relationships with peers outside the school environment. Some of the strategies used by parents in this sample and reported in this paper might serve as a starting point.

In general, the children most actively involved with other children were those whose disabilities were predominantly physical in nature, while children with behavioral problems and/or moderate or severe cognitive limitations were among the children with the most limited peer contact in the home environment. These results are consistent with research in the schools (Green & Stoneman, 1989). While a few possible ways to help children with cognitive limitations are explored in this paper, particularly with regards to parent's initiating and supervising peer interactions, future research is needed to further examine unique issues and friendship strategies that could support families with children with behavior disorders and/or significant cognitive impairments.

Attitudes Influencing Friendships

These findings support other research which suggests children are more accepting of children with disabilities when they have exposure to and experience in interacting with them (Biklen et al., 1989). Parents had different strategies for increasing their child's exposure to other children. Some parents enrolled their child in community activities such as Girl Scouts, church youth groups, or sports programs. Others made efforts to initiate play dates and/or parties with neighborhood children and/or classmates. A couple of families reported selecting their home based at least in part to the availability of children in the neighborhood. A couple of other parents noted the importance of having their children with disabilities attend neighborhood schools, in part because this increased exposure to and familiarity with their children for neighborhood children, thereby increasing the likelihood of friendships developing. Some of the above strategies might prove useful for other families attempting to assist their child in developing friendships.

Parents in this study felt that parents of peers also were more accepting of their children when they had more exposure to and experience interacting with them. In this study, children with disabilities visited the homes of neighborhood children and had neighborhood children over to visit more often when their parents knew these neighbors. This suggests parents of children with disabil-
ities may increase their child’s opportunities for peer by getting to know the parents of neighbors with children and/or the parents of classmates of their child. Parents may want to invite or help their child with a disability invite other children over to play. This may serve as another way to get to know other families as well as let other families know their child is interested in playing with peers. Providing other parents and children with information as to the nature of their child’s disability and his or her abilities and limitations may help other parents and children understand and accept a child with a disability rather than be cautious or fearful around a child who may look and/or act different from the norm (Biklen et al., 1989). Parents of other children may be more willing to extend invitations or encourage their children to extend invitations to a child with a disability if they understand what would be required to have that child visit.

Certainly a limitation of this study is that children without disabilities and their parents were not interviewed. Information about how and why other children and their parents behaved the way they did towards the children in this study was obtained from the parents of the children with disabilities. There is no way of knowing how accurately these data reflect the attitudes and/or reasons for the behaviors of other children and their parents. Future research should include interviews with potential playmates of children with disabilities and their parents, including neighborhood children and their parents who do and do not interact with children with disabilities in the home environment.

A related issue raised by Turnbull et al. (1999) that needs further exploration is how do we balance the need to support acceptance of persons with disabilities at the same time we work to ameliorate the disability? If Philip, for example, has strengths and gifts of his own as a friend then why do we work so hard in special education to “improve” him?

Parent’s Focus on Friendships

As discussed above parents used a variety of strategies to assist their child with a disability develop friendships. Some of these strategies are similar to strategies that have been identified as important to building successful friendships for children with disabilities (Turnbull et al., 1999). However, what are the catalysts that support or allow some parents to use these strategies and others not? Many of the parents in this study did not report doing anything to increase their child’s opportunities to interact with peers. In fact, several parents accepted their child’s lack of friends as inevitable. How do parents get to this point of resignation and how do special educators encourage parents to have greater hope? These are important future research questions that can help educators support families and their children in building meaningful friendships.

Research indicates that many children with disabilities have difficulty with the social skills necessary to be effective at initiating interactions with peers at school (Guralnick & Weihouse, 1984; Guralnick & Groom, 1987; Odom, McConnell, & McEvoy, 1992; Odom & Brown, 1993). It is reasonable to assume that children with disabilities may experience similar difficulties at home when initiating peer contacts (e.g., extending play invitations). It seems likely that at least some children with disabilities, particularly those with more cognitive limitations and/or social skills difficulties, would benefit from parental assistance in initiating play opportunities. Future research should explore what types of information or strategies are most helpful to parents in assisting their children in making play contact and arrangements.

Most parents did not discuss directly supervising their child’s interactions with friends; rather, their supervision of peer interactions appeared to be indirect. Given the social skills difficulties that children with disabilities may have, indirect supervision may not be as effective in supporting peer interactions. Many of the social skills interventions currently being implemented in classrooms to encourage peer relationships between children with disabilities and their peers with and without disabilities rely on the direct intervention of teachers to nurture the interactions (Odom & Brown, 1993). Since the research finds direct or interactive supervision tends to be beneficial, particularly for younger children, and since children with cognitive impairments may be more cognitively like their younger rather than same-aged peers, interactive supervision
might be particularly beneficial for this group. Information on how to use interactive supervision at home might be useful to provide to families of children with disabilities. In fact, Guralnick, (2001) suggests, "involving families in the process may be an essential ingredient in maximizing comprehensiveness and ultimately the success of peer-related social competence interventions" (p. 486). Professional literature is full of information that often times does not make it into the hands of parents. Many parents may not have the time to invest in such strategies (Brotherson & Goldstein, 1993) but they should be given the knowledge and opportunity to make that choice.

Characteristics of the Physical Environment Influencing Friendships

Finally, parents of children with disabilities in this study made play spaces available, both indoors and outdoors, but stairs and rough outdoor terrain often presented a barrier to being able to freely move about play spaces. Professionals can work with parents to brainstorm ways to address some of these barrier issues. For example it might be possible for a family to move a downstairs playroom to a main floor location and/or to place toys in easily accessible places such on low shelves or low open containers. Outdoors play equipment could be kept in locations with the easiest terrain for children with physical limitations to negotiate. In this study, several children with physical limitations living in places with rough terrain found cement patios and/or paved driveways provided a stable play place for activities such as bike riding, basketball, playhouses, and sandboxes. In looking for housing parents may want to consider the physical characteristics of both the indoor and the outdoors and how they might promote or limit children's play with peers.

In this study a number of parents either used adaptive play equipment or made modifications to play equipment to allow their children with disabilities to use it more effectively. Professionals can assist parents of children with disabilities in selecting and obtaining adaptive play equipment (i.e., adaptive swings, adaptive tricycles and bicycles, motorized child vehicles) or in brainstorming ways to modify existing play equipment (i.e., building sturdy stairs with rails up to a slide or play structure, putting bells on a basketball hoop for a child with a visual impairment) to increase children with disabilities' ability to participate in typical play activities. Both indoor and outdoor play areas that provide appropriate and accessible space and materials for children with and without disabilities are likely to encourage positive peer interactions in the home. A continued examination of the physical environment including ways to maximize children's interactions with peers would be beneficial.

Conclusion

As special educators we may not often think of friendship issues "off the school grounds." While at least some children with disabilities in this study have peers over to play and do visit the homes of peers, for many this contact is extremely limited. Some parents initiated friendships for their child, but others did not report any activities to increase their child's opportunities to interact with peers. Friendship development is a critical social and quality of life issue for children with disabilities. Friends can serve as companions and as sources of support throughout one's lifetime. Special educators need to expand their thinking about friendships and consider how they can work with families to build opportunities for friendships outside of school. The home environment provides an excellent place to begin encouraging friendships to develop.

As special educators we have a responsibility to understand issues of friendship from a parent perspective and to support parents in learning skills and/or developing strategies to help their child build successful friendships. This includes helping parents to increase the opportunities that children with disabilities have to interact positively with peers. The current research suggests this might be particularly true in family situations where; there are no siblings, the home and/or neighborhood environment does not support playing with peers, and/or the child has a significant behavioral or cognitive disability. Educators might ask themselves what strategies could be initiated at school that would help build and support friendships outside of school. Educa-
tors could be prepared to provide parents with information specific to the parents' needs and socialization goals for their child. For example, some parents might desire information on social skills intervention, circle of friends, or home modifications that might be useful in assisting their child in developing friendships outside of school. Our hope is that all persons with disabilities have opportunities to build satisfying and lasting friendships in life.

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