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# SPECIAL EDUCATIONAL NEEDS, SOCIAL RISK AND SELF-CONCEPT: A PROPOSAL FOR SOCIO-EDUCATIONAL INTERVENTION

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## *Abstract*

Students with Special Educational Needs and those from families with social risk are more likely to develop problems in their personal adjustment, so that it is thus necessary to outline educational strategies promoting self-concept. The aim of this study is to understand the influence of sociodemographic and occupational variables in the development of self-concept in students with neurodevelopmental (Special Educational Needs - SEN) and social risk, in order to outline actions, which will promote their personal and social adjustment. This is an exploratory, cross-sectional study, using a non-random, convenience sample for this purpose, comprised of 124 pupils with developmental (SEN) and social risk, aged between 13 and 17 years of age. The data collection instruments were as follows: a sociodemographic questionnaire and Adolescents' Self-concept Short Scale (ASCSS) by Veiga and Leite (2016). This instrument consists of six subscales that assess specific aspects of self: Anxiety, Physical Appearance, Behaviour, Popularity, Happiness, Intellectual Status. The results show that there are statistically significant differences in self-concept, depending on the type of risk, gender and participation in free time activities; however, no differences were found as a function of age. The results show promising lines of analysis, and as our aim was to outline socio-educational actions, which promote the self-concept of students with developmental (SEN) and social risk in their lives (family, school and community), thereby enhancing better personal adjusted and well-being.



**Keywords:** Special Educational Needs, social risk, self-concept, intervention.

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# 1. Introduction

Self-concept plays a central role in the psychosocial adjustment process and participation in the social lives (school, family and community) of children and adolescents at risk due to neurodevelopmental disorders and adverse social and family situations.

Currently, there is a broad consensus in the scientific community about the importance of the construct for development and its relationship with other internal and environmental factors (Piers & Herzberg, 2002; Veiga & Leite, 2016).

## 1.1. Self-concept: a multidimensional construct

Self-concept is a multidimensional construct, which relates to other dimensions of development and learning as well as environmental factors. It can be described as how people perceive and feel about themselves, their beliefs about their abilities and attributes (Marsh & Craven, 2006; Piers & Herzberg, 2002; Veiga, 2012). It is deeply interlocked with self-esteem, or the evaluation of one's own characteristics, and, although they are two distinct constructs, they are often assumed to be the same (Shields, Murdoch, Loy, Dodd, & Taylor, 2006).

The literature states that self-concept influences the development of children and adolescents, academic achievement, educational success (Hattie & Marsh, 1996) and their emotional balance. The research is not as clear on gender effects, but some studies have found differences in self-concept (Wei & Marder, 2011) and important implications for functioning, quality of life and psychological well-being (Campbell, Assanand, & Di Paula, 2003; Elbaum, 2002; Preuss et al., 2002) and in anxiety disorders, which are associated with a lower self-concept (Rapee & Wilson, 2006).

In addition, children and adolescents with developmental problems or Special Educational Needs (SEN) show a lower self-concept than those without SEN (Shields et al., 2006) and the type of disability seems to affect self-concept levels (Wei & Marder, 2011).

There is also evidence of inconsistencies between the perceptions of the parents or caregivers of children or young people with SEN and their own perceptions of people with SEN (Dunn, Shields, Taylor & Dodd, 2007). In many situations caregivers tend to consider that children and/or adolescents have a low self-concepts, which reveals a vision of incapacity as something very negative for the person. For that reason, they should not feel good about themselves, and they will tend to be unhappy (Shields et al., 2006). However, it is necessary to investigate more about the reasons for the differences in perception.

## 1.2. Self-concept in situations of risk and socio-educational action strategies

The study of self-concept relative to populations at risk, specifically in adolescents with neurodevelopmental disorders or Special Educational Needs (SEN) and adolescents from disadvantaged backgrounds (social risk) is justified by the implications for personal development.

We can define risk factors as those conditions or situations that may increase the likelihood of developmental or behavioural problems surfacing in an individual. Among the risk factors, we highlight those related to individuals themselves: temperament, social and relational difficulties, developmental disorders (Rutter, 1987; Werner, 1993) and social and family problems (social risk), which include

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poverty, the caregivers' psychopathology, poor parenting skills (Sameroff, 2010). There are also protective factors associated with conditions and circumstances that may lessen early disadvantages, and that can make the child more resilient (Werner & Smith, 1982). Thus, there may be individual conditions relative to the child or youth him or herself, such as a positive temperament, their skills in social interaction, intellectual level and social and family conditions like parental responsiveness, rules and other social factors such as positive school and community environments (Sameroff, 2010; Werner & Smith, 1982).

In this context, it is important to pay attention to adolescents' individual characteristics, in particular their self-concept as a protective factor in adverse situations. To this end, efforts should be made to enhance or (re)structure adolescents' self-concept to improve their personal adjustment, which can be achieved through greater stability in their social environment, as well as through promoting self-concept through psycho-pedagogical programmes, psychotherapy or other educational and social activities (Polak, Puttler, & Ilgen, 2012).

Studies on the development of children and adolescents at risk have paid some attention to participation in socio-educational, recreational and free time activities. Its positive influence on the development of personal, social and relational skills (Werner 1993; Simeonsson, Carlson, Huntington, McMillen & Brent, 2001), as well as health (King et al., 2003) has been highlighted and was considered an important predictor of personal well-being (Caldwell & Gilbert, 1990).

Recreational and free time activities have been considered very important in the development and functionality of people with disabilities because they increase meaningful learning opportunities, improve self-confidence, develop abilities, well-being and quality, enhancing participation and inclusion in the social contexts of life (Aitchison, 2003; Patterson & Pegg, 2009).

## 2. Problem Statement

Students with Special Educational Needs (neurodevelopmental disorders) and those from families at social risk are more likely to develop problems in their personal adjustment, so that it is necessary to outline educational strategies which promote self-concept.

## 3. Research Questions

We posed the following research questions: What are the perceptions of self-concept in two risk groups, developmental (SEN) and social disadvantage, and to what extent do they vary according to gender, age and free time activities? What implications arise from the results, in order to outline strategies which promote self-concept?

## 4. Purpose of the Study

Our aim is to understand the influence of sociodemographic and occupational variables in the development of self-concept in students with neurodevelopmental (Special Educational Needs – SEN) and social risk, in order to outline development actions to promote students personal and social adjustment.

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## 5. Research Methods

It is an exploratory and cross-sectional study.

### 5.1. Participants

The sample, whose characteristics is shown in Table 1, is a non-probabilistic, convenience sample, with 124 students attending school groups in the northern region of Portugal participating in the study. Their ages range from 13 to 17 years, with a mean age of 14.64 (±1.28 SD). Of the total sample 62 students (50%) were aged 14 years or under and 62 (50%) were over 14. The majority were females (n=67, 54.0%); there were fewer males (n=57, 46.0%). Regarding the type of risk, 54 students (43.5%) had developmental difficulties (SEN) and 70 (56.5%) were from social risk contexts. Of the total, 59 students (47.6%) participated in free time (and extracurricular) activities and 65 (52.4%) were not involved in any free time (or extracurricular) activities.

**Table 1.** Characterization of the sample of young people with developmental and social risk (N=142)

| **Variables** | ***Minimum*** | ***Maximum*** | ***M*** | ***SD*** |
|---|---|---|---|---|
| Age (years) | 13 | 17 | 14.64 | 1.28 |
| | | n | | % |
| Gender | | | | |
| Female | | 67 | | 54.0 |
| Male | | 57 | | 46.0 |
| Age categories | | | | |
| ≤ 14 years | | 62 | | 50.0 |
| > 14 years | | 62 | | 50.0 |
| Type of risk | | | | |
| SEN | | 54 | | 43.5 |
| Social | | 70 | | 56.5 |
| Participation in recreation and free time activities | | | | |
| Yes | | 59 | | 47.6 |
| No | | 65 | | 52.4 |

### 5.2. Instrument

The Piers-Harris Children's Self-Concept Scale, PHCSCS2 (Piers & Herzberg, 2002), 60 items, is the Portuguese adapted version by Veiga and Domingues (2012). It is one of the most widely used self-concept scales for children and adolescents nationally and internationally, in different lines of research and different populations of children and adolescents with and without special educational needs and socially disadvantaged families. It is aimed at children and adolescents aged 7 to 18, consisting of 30 items, which must be answered on a 6-point Likert scale (1 = “Total disagreement”; 6 = “Total agreement”). It is composed of six subscales, each with 5 items that assess specific dimensions of self-concept: Anxiety, Physical Appearance, Behaviour, Popularity, Happiness, and Intellectual Status.

In this study we used the Adolescents’ Self-concept Short Scale, ASCSS (Veiga & Leite, 2016), a reduced scale of the PHCSCS2 scale. A questionnaire with sociodemographic questions (type of risk, gender, age, year at school, place of residence) and occupational questions (participation in recreation and free time activities) was also added. The use of self-concept scale was justified by its extensive use in

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Portugal and internationally, with diverse populations and specifically with children and adolescents with developmental difficulties and from families with social problems.

### 5.3. Procedure

The instruments were applied in schools with the support of teachers, including special education teachers and school psychologists in the months from January to June 2016. Compliance with the rules of ethics involved in any research project of this nature was ensured. The participants and their families were informed about the purpose of the study and that their participation was strictly voluntary with the confidentiality and anonymity of responses assured. They were also provided any necessary clarifications during application.

Statistical analyses were performed using the Statistical Package for Social Sciences (SPSS) version 24. Parametric tests were used taking into account compliance with standards of normality and homogeneity.

## 6. Findings

In terms of internal consistency, the Cronbach's Alpha values are acceptable to good, and were found to be close to the studies by the authors of the ASCSS scale (Veiga & Leite 2016), as can be seen in Table 2. Specifically in the total scale (30 items) the alpha was the same α=.87; in the subscales, the highest was for Happiness (α=.85), followed by Behaviour (α=.80), Physical Appearance (α=.72), Intellectual Status (α=.71), Popularity (α=.70) and with the lowest alpha, Anxiety (α=.63). In the studies by Veiga and Leitão (2016), the subscale with the highest alpha was Physical Appearance (α=.79) and the lowest was for Intellectual Status (α=.70).

**Table 2.** Descriptive statistics of the Self-Concept scale (ASCS-RV) and Cronbach's alpha

| Adolescents' Self-Concept Short Scale (ASCSS) and subscales | Present study, N=142 | | Veiga & Leite (2016), N=440 |
|---|---|---|---|
| | *M (SD)* | Cronbach's alpha | Cronbach's alpha |
| Anxiety | 17.06 (5.34) | .63 | .73 |
| Physical Appearance | 21.52 (5.39) | .72 | .79 |
| Behaviour | 20.10 (5.78) | .80 | .73 |
| Popularity | 22.98 (5.64) | .70 | .74 |
| Happiness | 22.81 (6.30) | .85 | .73 |
| Intellectual Status | 19.96 (4.78) | .71 | .70 |
| Total ASCSS | 124.43 (22.27) | .87 | .87 |

We performed inferential analyses using parametric tests. Regarding the effect of the type of risk on self-concept, as shown in Table 3, we find there are significant differences between students with SEN and those with social risk in the following subscales: Behaviour [t(122)=2.039, p=.044] and Happiness [t(122)=3.525, p=.001], with the SEN means higher, respectively, M=21.30 (6.05 SD) and M=24.98 (4.33 SD) compared to the scores of students who are at social risk, with lower means: M=19.19 (5.43 SD) and M=21.13 (7.06 SD). As for the total value of the scale, the SEN group showed a higher self-concept

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(M=127.30, 19.62 SD) than the other group (M=122.21, 24.01 SD), although not statistically significant. We should also emphasize the higher values for Anxiety for the social risk group (M=17.84, 5.56 SD), compared to students with SEN (M=16.06, 4.90 SD).

These results are in line with previous studies regarding the influence of the type of problems children and adolescents have regarding their self-concept (Wei & Marder, 2011). Moreover, situations of social risk, which generate increased anxiety, may have an adverse effect on self-concept. This is consistent with results reported by Wilson & Rapee (2006).

**Table 3.** Results of self-concept (ASCSS and subscales) by type of risk (t test

| Adolescents' Self-Concept Short Scale (ASCSS) and subscales | Type of risk | | | |
|---|---|---|---|---|
| | NEE (n=54) | Social (n=70) | | |
| | *M (SD)* | *M (SD)* | *t* | *p* |
| Anxiety | 16.06 (4.90) | 17.84 (5.56) | -1.865 | .065 |
| Physical Appearance | 21.93 (4.60) | 21.20 (5.94) | .741 | .460 |
| Behaviour | 21.30 (6.05) | 19.19 (5.43) | 2.039 | .044 |
| Popularity | 23.24 (6.20) | 22.77 (5.20) | .458 | .648 |
| Happiness | 24.98 (4.33) | 21.13 (7.06) | 3.525 | .001 |
| Intellectual Status | 19.80 (4.18) | 20.09 (5.22) | -.333 | .740 |
| Total ASCSS | 127.30 (19.62) | 122.21 (24.01) | 1.263 | .209 |

As regards the self-concept (ASCSS) and subscale results by gender, as shown in Table 4, there are statistically significant differences for the following subscales: Anxiety [t(122)= 5.076, p=.000], Popularity [t(122)= 1.984, p=.049], Happiness [t(122)= 2.695, p=.008], and the total ASCSS scale [t(122)= 2.710, p=.008], with boys presenting higher means, respectively, (M=19.47, 5.09 SD), (M=24.05, 5.93 SD), (M=24.42, 5.60 SD) and the total ASCSS scale (M=130.16, 21.82 SD) compared to girls (M=15.01, 4.67 SD), (M=22.06, 5.24 SD), (M= 21.43, 6.58 SD) and the total ASCSS scale (M=119.55, 21.62 SD).

The research is not consistent with regard to gender effects, but some studies have reported differences in self-concept (Wei & Marder, 2011). The group of girls has a lower self-concept, which makes them more vulnerable to negative situations. These results show some similarity with other research reported in the literature (Shields et al., 2006).

**Table 4.** Results of self-concept (ASCSS and subscales) by gender (t test)

| Adolescents' Self-Concept Short Scale (ASCSS) and subscales | Gender | | | |
|---|---|---|---|---|
| | Male (n=57) | Female (n=67) | | |
| | *M (SD)* | *M (SD)* | *t* | *p* |
| Anxiety | 19.47 (5.09) | 15.01 (4.67) | 5.076 | .000 |
| Physical Appearance | 22.35 (5.18) | 20.81 (5.50) | 1.599 | .112 |
| Behaviour | 19.63 (6.04) | 20.51 (5.56) | -.839 | .403 |
| Popularity | 24.05 (5.93) | 22.06 (5.24) | 1.984 | .049 |
| Happiness | 24.42 (5.60) | 21.43 (6.58) | 2.695 | .008 |
| Intellectual Status | 20.23 (5.07) | 19.73 (4.55) | .574 | .567 |
| Total ASCSS | 130.16 (21.82) | 119.55 (21.62) | 2.710 | .008 |

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No differences were found in the partial and overall values for self-concept in the age categories ≤ 14 years and > 14 for the total ASCSS [t(122)= -.052, p=.958] as well as the subscales Anxiety [t(122)= 1.349, p=.180], Physical Appearance [t(122)= -.564, p=.574], Behaviour [t(122)= -.790, p=.431], Popularity [t(122)=.111, p=.912], Happiness [t(122)=.199, p=.843] and Intellectual Status [t(122)= -.543, p=.588]

As for the effect of participating in free time on self-concept, as shown in Table 5, we found significant differences between the those who participate in these and those who do not for the total self-concept ASCSS scale [t(122)= -3.876, p=.000] and most subscales: Anxiety [[t(122)= -2.444, p=.016], Physical Appearance [t(122)= -2.719, p=.008], Popularity [t(122)= -3.187, p=.002], Happiness [t(122)= -2.485, p=.014] and Intellectual Status [t(122)= -2.753, p=.007], with the exception of the Behaviour subscale [t(122)=-1.589, p=.115]. We noted higher means for young people participating in leisure and free time activities, especially for the total scale (M=132.14, 8.94 SD), as opposed to the scores of young people who were not involved in leisure activities (M=117.43, 22.88 SD).

These data are consistent with most research in the area, where the positive effect of participation in free time activities and recreation is mentioned as improving personal and social skills, health and well-being (Caldwell & Gilbert, 1990; King et al., 2003; Simeonsson et al., 2001).

**Table 5.** Results of self-concept (ASCSS and subscales) by free time activities (t test)

| Adolescents' Self-Concept Short Scale (ASCSS) and subscales | Free time activities | | | |
|---|---|---|---|---|
| | No (n=65) | Yes (n=59) | | |
| | *M (SD)* | *M (SD)* | *t* | *p* |
| Anxiety | 15.97 (5.44) | 18.27 (5.00) | -2.444 | .016 |
| Physical Appearance | 20.29 (5.67) | 22.86 (4.75) | -2.719 | .008 |
| Behaviour | 19.32 (5.87) | 20.97 (5.61) | -1.589 | .115 |
| Popularity | 21.49 (6.08) | 24.61 (4.63) | -3.187 | .002 |
| Happiness | 21.49 (7.35) | 24.25 (4.53) | -2.485 | .014 |
| Intellectual Status | 18.86 (4.97) | 21.17 (4.29) | -2.753 | .007 |
| Total ASCSS | 117.43 (22.88) | 132.14 (18.94) | -3.876 | .000 |

## 7. Conclusion

Considering the objectives of this study, the results lead us to implications for research and socio-educational intervention.

As the literature emphasizes, self-concept is a central factor in children and adolescents' evaluation processes (Dunn et al., 2007) because it works as a powerful protector of adverse, individual social and family conditions, Educational and therapeutic actions and programmes enable its development. Thus, technicians and educators can help adolescents improve their thoughts, deconstruct personal beliefs and negative feelings about themselves and thereby prevent emotional and behavioural difficulties in the future (Kenny & McEachern, 2009; Polack et al., 2012).

In this regard, we stress the increased vulnerability of adolescents from social risk environments with negative life stories, with profound implications for personal and relational development, as

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described in the literature (Rutter, 1987; Sameroff, 2010; Sameroff & Seifer, 1990; Werner & Smith, 1982). Therefore, we understand the poor results in self-concept that the adolescents in this study revealed, especially in the Behaviour and Happiness dimensions. Whatever actions are to be developed will have to be mainly in the behavioural area and in the management of feelings and emotions.

Gender differences were also found in this study, with the girls showing greater vulnerability, as their scores were lower than those of the boys for overall self-concept and the Anxiety, Popularity and Happiness dimensions. These data give us information on the need to intervene in this specific group, in order to prevent additional difficulties and enhance their personal adjustment.

With regard to participation in recreational and free time activities, the results are in line with other studies (Caldwell & Gilbert, 1990; King et al., 2003), which accentuate the powerful effect of this variable in the development of personal and relational skills, and in particular in self-concept. Efforts should therefore be made in this area with the design of formal and informal programmes and socio-educational activities, both individually and in groups, to encourage the participation of adolescents in these enriching activities.

As mentioned above, self-concept is an important aspect to take into account in assessment and intervention and should be explored in relations with technicians, teachers and parents or other caregivers, in order to demystify conceptions, often erroneous ones, of self-concepts which are normally low in these populations. It is important to clarify and involve caregivers in adolescents' personal (re)structuring processes, encouraging participation in life (Dunn et al., 2007).

Despite the contribution of this study to improving understanding of the functioning of the self-concept in adolescents at risk, this issue requires more research, in particular with different types of disability, with longitudinal methodologies and broader samples.

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