

This is a repository copy of Rasch analysis of the Chedoke–McMaster Attitudes towards Children with Handicaps scale.

White Rose Research Online URL for this paper: http://eprints.whiterose.ac.uk/96138/

Version: Accepted Version

### Article:

Armstrong, M, Morris, C, Tarrant, M et al. (2 more authors) (2017) Rasch analysis of the Chedoke–McMaster Attitudes towards Children with Handicaps scale. Disability and Rehabilitation, 39 (3). pp. 281-290. ISSN 0963-8288

https://doi.org/10.3109/09638288.2016.1140833

© 2016 Informa UK Limited, trading as Taylor & Francis Group. This is an Accepted Manuscript of an article published by Taylor & Francis in Disability and Rehabilitation on 16 February 2016, available online: https://doi.org/10.3109/09638288.2016.1140833

#### Reuse

Unless indicated otherwise, fulltext items are protected by copyright with all rights reserved. The copyright exception in section 29 of the Copyright, Designs and Patents Act 1988 allows the making of a single copy solely for the purpose of non-commercial research or private study within the limits of fair dealing. The publisher or other rights-holder may allow further reproduction and re-use of this version - refer to the White Rose Research Online record for this item. Where records identify the publisher as the copyright holder, users can verify any specific terms of use on the publisher's website.

#### Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



#### Abstract

Aim To assess whether the Chedoke-McMaster Attitudes towards Children with Handicaps (CATCH) 36-item total scale and subscales fit the unidimensional Rasch model.
Method The CATCH was administered to 1,881 children, aged 7-16 years in a cross-sectional survey. Data were used from a random sample of 416 for the initial Rasch analysis. The analysis was performed on the 36-item scale and then separately for each subscale. The analysis explored fit to the Rasch model in terms of overall scale fit, individual item fit, item response categories, and unidimensionality. Item bias for gender and school level was also assessed. Revised scales were then tested on an independent second random sample of 415 children.

**Results** Analyses indicated that the 36-item overall scale was not unidimensional and did not fit the Rasch model. Two scales of affective attitudes and behavioural intention were retained after four items were removed from each due to misfit to the Rasch model. Additionally, the scaling was improved when the two most negative response categories were aggregated. There was no item bias by gender or school level on the revised scales. Items assessing cognitive attitudes did not fit the Rasch model and had low internal consistency as a scale. **Conclusion** Affective attitudes and behavioural intentions CATCH sub-scales should be treated separately. Caution should be exercised when using the cognitive subscale.

Children with disabilities are frequently exposed to negative attitudes and this can have harmful consequences on their wellbeing, including loneliness, anxiety, and reduced selfworth [1, 2]. Therefore, it has been recommended that research identify effective ways to promote more positive societal attitudes towards people with disabilities [3, 4]. Attitudes are difficult to measure directly; thus, they are often measured using self-report rating scales [5]. Valid, reliable and precise tools for measuring attitudes towards disability are required to explore associated factors, and to evaluate interventions. If attitude scales are not accurate and sensitive, findings from studies that examine potential modifying factors might be misleading

There are three main models of attitudes. One model suggests attitudes are comprised of three components: (1) children's beliefs about people with disabilities (cognitive); (2) children's feelings about people with disabilities (affective); and (3) children's intended behaviour towards people with disabilities (behavioural intention) [6]. This model suggests that the different dimensions can be measured separately and then compared. However, some have suggested that the three dimensions contribute to a single construct [7], whilst others have proposed that behavioural intentions should be examined separately from affective and cognitive attitudes, as attitudes are a predictor of behaviour and not part of the same construct [8].

The Chedoke-McMaster Attitudes towards Children with Handicaps (CATCH) scale has been recommended as a reliable, valid and comprehensive measure of children's attitudes towards peers with disabilities in a review of instruments [9, 10]. The CATCH comprises 36 items, which are based on a three component (affective attitudes, behavioural intention, and cognitive attitude) model of attitudes. The developers of the CATCH conducted a survey and

used exploratory factor analysis to construct the scales [9]. They reported that the 36 item total scale and the three subscales had good test-retest reliability. The internal consistency, as measured by Cronbach's alpha, was 0.91 for affective attitudes, 0.74 for behavioural intention, 0.65 for cognitive attitude, and 0.90 for the full CATCH scale. The cognitive scale showed lower internal reliability compared to the affective and behavioural subscales, and slightly below the recommended standard criterion of 0.7 [11].

The developers of the CATCH were undecided as to whether the total score or the individual subscale scores should be used [9]. Therefore, due to the ambiguity, research since the development of the CATCH has reported both the total score [12] and the subscales separately [4]. The issue of dimensionality of the CATCH scale has been explored in other studies. One study suggested that the behavioural and affective components comprise one scale and the cognitive another [13]. A recent Belgian study conducted a confirmatory factor analysis to test the structural validity of the CATCH and failed to detect the original three subscales [14]. Using exploratory factor analysis on their data, these authors proposed a 7 item scale comprising of five affective items and two behavioural intention items. Overall, it appears there is some uncertainty whether the CATCH is unidimensional or comprised of separate subscales.

Most researchers using the CATCH have favoured total scores [12, 15, 16], although subscale scores have also been reported [4]. When the subscales were explored separately, it was found that children reported attitudes that are more negative on the cognitive scale. Based on such findings, it could be concluded that interventions for changing attitudes towards disability should target children's beliefs about people with disabilities rather than their

feelings and intended behaviours. Therefore, it is important to examine rigorously whether the subscales should be measured separately.

The CATCH has been translated for use in different languages (e.g., Belgian and French) [4, 17]. Translation and cultural variation can affect how people respond to items, hence the measurement properties of adapted instruments cannot be assumed and require re-evaluation [18]. We used the CATCH in a school-based study evaluating factors associated with children's attitudes towards disability in England; the questionnaire was adapted for use with a British sample.

Rasch analysis is a method for checking the appropriateness of summing all of the CATCH items to create a total score by fitting data to the unidimensional Rasch measurement model. Rasch analysis offers a unified framework that will assess the unidimensionality of the CATCH. The Rasch model also assumes a hierarchy of items by difficulty, and this ordering of items will discriminate people with different levels of the construct being assessed [19, 20]. Items are assessed to confirm whether they act in the expected manner.

Rasch analysis offers a means to test additional factors that can affect the fit of data to the model: (1) response category function and ordering (whether item response categories are working as intended); (2) response dependence (whether the response to one item has a direct implication to the response to any other item); and (3) differential item functioning (DIF) (a form of item bias that assesses whether participant subgroups respond differently to an item, despite being at the same level of the underlying trait). These factors are important in creating accurate attitude measurement. For example, if the response categories are not

working as intended, it suggests that the assumed underlying hierarchy of the response categories is not being realised.

Furthermore, past research has often found that females hold more positive attitudes towards people with disabilities and a trend for age differences has not yet been found [4]. Until it is certain that there is no DIF, researchers cannot be completely sure whether this is due to an actual difference in attitudes, rather than certain groups of people responding differently to the items. Overall, the Rasch analysis can optimise internal reliability, precision and sensitivity of scales, and provide a more efficient questionnaire with fewer items and, to our knowledge, this has not been explored before with the CATCH.

The aims of this paper were to appraise whether the CATCH total and/or subscales were unidimensional. If no higher order construct was apparent for the overall scale, then the individual subscales should be considered separately. Within the context of the total scale, or each individual subscale, an additional aim was to test if individual items fit the Rasch model, whether response categories were discriminative, and whether there was any item dependency or DIF for gender and school year. If there was misfit to the Rasch model, revisions of the scales were performed and retested.

#### METHOD

### Procedure

#### Ethical approval

The Peninsula College of Medicine and Dentistry Research Ethics Committee approved the procedures for this study on 28<sup>th</sup> February 2012 (reference 11/12/131).

### Stakeholder involvement

The Peninsula Cerebra Research Unit (PenCRU) involves families of children with disabilities as partners in research. Parents of children with disabilities had advocated for research aimed at improving children's attitudes towards disability and were involved at various stages in the project. Before the main study began, a group of ten children aged 8-15 years were involved in reviewing the wording of the CATCH and other survey procedures. They were split into two groups of primary and secondary school children, as it was predicted that different age groups may have different concerns. Each group was led by a researcher to identify words or phrases that were difficult to understand. All instructions and items were read aloud and the children were asked to discuss what they thought the item meant and to give some examples. If any items were difficult to understand or disliked, the researcher suggested alternative wording whilst keeping the same meaning. Changes were brought back together. Additionally, a head teacher, who is also a parent of a child with a disability, advised on strategies for recruiting schools and checked the final wording of the survey to ensure the language was understandable

#### Recruitment

Mainstream schools across South West England (N=483) were invited to take part in a study of children's attitudes towards disability via a generic email circulation list. Of these, 20 schools agreed to participate and 1,946 children were invited to take in the survey (Figure 1). Parent/carer consent was solicited on an opt-out basis two weeks prior to the study; children's consent was sought on the day of the study. After any parental opt-outs (N=19) or children declining to take part (N=46), 1,881 participants completed the survey.

### Insert Figure 1 about here

#### Survey content and administration

Although only the CATCH is presented here for the Rasch analysis, the survey included several measures including: the 36 item CATCH, a six item measure of contact with people with disabilities [21], three item measures of empathy [22] and anxiety [21] towards people with disabilities and a two item measure of perceived group similarity [23]. All scales were adapted from previous research to use in the disability context apart from the CATCH, which was developed specifically for this context. Additionally, we added a question asking participants which disabilities they considered when completing the survey. Participants were also asked to report their gender, school year, and whether they were disabled or not. The survey was administered during a scheduled class either online or using a paper-based version. Each question was read aloud and participants were asked to answer questions on their own without talking. Participants were asked to think about people their own age when completing the survey.

### Measures

Chedoke-McMaster Attitudes towards Children with Handicaps scale The CATCH is comprised of 36 items. Each subscale (affective, behavioural intention, cognitive) has 12 items, and each item has five response options (strongly disagree, disagree, can't decide, agree, and strongly agree). Negatively worded items are reverse-scored for analysis. Total and domain scores are calculated by summing items, with higher scores representing more positive construct scores, for example, stronger intentions to interact. Because the CATCH was originally designed in 1986 and in a North American context, some of the phrases are not commonly used anymore (i.e., handicapped) and, therefore, the wording was adapted when working with an involvement group of young people (Supplementary file 1).

Originally, the CATCH had 18 positive and 18 negative items; however, due to several of the items being adapted to be make more sense for the involvement group and target population there are 19 positively-worded and 17 negatively-worded items. We changed the word 'child/children' to 'person/people' as the teenagers did not like being classified as a 'child'; however, we specified in the survey that participants should consider people their own age. The original CATCH questions use the term 'handicapped child'. This was changed to 'disabled person' consistent with current UK parlance. Other minor cultural changes were 'special friend' to 'best friend', and 'recess' was adapted to 'break time' The direction of the items was altered on items from the affective and behavioural scale. The phrasing was altered for items on all three subscales.

### Participants and sample selection for Rasch analysis

For the purpose of having an interpretable test of fit within the Rasch analysis, the sample size was reduced. The Rasch model relies on statistical significance testing and large sample sizes can create misleading errors in the interpretation of test of fit (i.e., incorrectly rejecting the null hypothesis) [24]. There is no rule for what the largest interpretable sample size should be in Rasch analyses, but it is suggested a sample size of 250 will allow 99% confidence in the stability of the Rasch analysis calibrations, and a sample of around 450 will allow 'robust' confidence [25]. Therefore, two smaller randomly constructed samples were used for the Rasch analysis. The samples were generated in Excel 2010 using the RAND function [26]. The whole sample of 1,881 was randomised and 50% percent of the sample were used for Rasch analysis (two groups of N=470). After sorting and based on children's

self-reports of their own disability, if any, children with disabilities (N=93) and with missing data on more than 5% of the CATCH [27] (N=16) were removed from the analysis.

The first sample (n=416) included 200 males and 211 females (5 missing values for gender) and 350 from primary schools and 61 from secondary schools (5 missing data for school type). The second sample (n=415) contained 200 males and 211 females (4 missing data for gender) 318 were from primary schools and 92 were from secondary schools (5 missing data for school type). Although fewer secondary schools took part in the survey, there were still sufficient participants to conduct DIF analyses. Overall, participants' ages ranged from 7 to 16 years, with a mean of 10.2 (SD=1.8), spanning school years 3-11.

### **Statistical analysis**

Analyses were performed using Rasch Unidimensional Measurement Model (RUMM2030) software [28]. Initial analyses were conducted on the first sample, and the second sample was used to confirm any scale amendments.

The developers of the CATCH confirmed construct validity by testing whether a group containing females and people that had a disabled friend, displayed significantly more positive CATCH scores when compared to a group containing males and people without a disabled friend [9]. The same analysis, using independent sample t-tests, was conducted on the revised scales to confirm construct validity.

### Dimensionality

The 36 item CATCH and individual subscales were assessed for unidimensionality using standardised procedures [29, 30], where a series of t-tests determines whether individual

person estimates are equivalent across different subsets of items. Evidence of unidimensionality is apparent if less than 5% (with binomial confidence intervals applied) of participants have significantly different (p<0.05) estimates on the subsets.

#### Overall fit of the CATCH to the Rasch model

The chi-squared interaction statistics provide an indication of overall item and sample fit to the model, with a non-significant chi-squared statistic indicating adequate model fit.

### Tests of individual item and person fit

All individual items and persons were assessed for fit to the Rasch model, where differences between observed and expected responses indicate a source of misfit. Individual fit residual statistics are transformed to a z score where a mean of 0 and a SD of 1 would suggest perfect fit to the model and individual item/person residuals that are above 2.5 or below -2.5 are considered to indicate inadequate fit [31]. All individual items were assessed in terms of their fit residual values and chi-square fit statistics.

### Response category functioning

Category probability curves display response category functioning for each item. If the categories work as intended, each response option should represent an increase in positive attitudes. Items with disordered score thresholds were modified by collapsing adjacent response categories so that each threshold represented a gradually increasing level of positive attitude towards disability.

### Local dependency

Residual correlations were inspected to ensure that there was no item dependency. We used a residual correlation value >0.2 to indicate response dependency [32], and any apparent response dependencies were also assessed in terms of their item content to ensure conceptual sense.

### Internal consistency

The person separation index (PSI) provides an estimate of the internal consistency of the scales, where the value should be above 0.7 to be considered acceptable [30].

### Differential item functioning (DIF)

Differential item functioning examines potential item bias between participants with different characteristics (for example, whether participants respond systematically differently to items despite having the same level of the underlying attitude). DIF was explored for gender and school level (i.e., primary and secondary school). Bonferroni-adjusted statistical significance values of p<0.05 were taken to indicate potential DIF.

## Raw score to interval-level measurement

Once the CATCH had been revised and the data fit the Rasch model, raw scores of the CATCH were transformed into interval scores using the complete dataset of children without disabilities (N=1,533). The raw score to interval level logit score transformation table is available in RUMM2030.

## RESULTS

### Unidimensionality of the 36 item CATCH

Initial analysis of the complete set of 36 items revealed considerable misfit to the Rasch model ( $\chi^2$  (324) = 1,114, p<0.001) (Table 1, analysis 1). Analysis of the total CATCH score indicated a high degree of multidimensionality within the item set (23.6% of t-tests were significant). Furthermore, the principal component loadings of the item residuals revealed that all of the items belonging to the cognitive attitudes scale grouped together, whilst the affective and behavioural items grouped together. This analysis suggested that the subscales should be treated separately.

### **Response categories**

Disordered response category function was apparent for all items, evidenced by underuse of the 'agree' response option ('disagree' option on positively worded items); this was indicated by the category probability curves. Therefore, a generic rescore was implemented in which the original response categories of 'strongly agree' and 'agree' for negatively worded items, and 'strongly disagree' and 'disagree' for positively worded items, were assigned a score of 0. As a result, each scale item was now scored with values of 0-3.

## Affective attitudes subscale

Dimensionality and fit to the Rasch model

The 12-item affective scale was initially found to be multidimensional (11.6% of t-tests were significant) and had poor fit to the model ( $\chi^2$  (84) = 336.3, p<0.001) (see Table 1, analysis 2). Person fit was acceptable, as indicated by the mean and SD of the residuals. Following the iterative removal of four misfitting items, as indicated by the high (>2.5) individual item fit residuals, ('I feel upset when I see disabled people'; 'I feel sorry for disabled people'; 'I would prefer to have a friend who was not disabled'; and 'I would like having a disabled

person live next door to me'), the fit and dimensionality statistics were acceptable, as indicated by the chi-squared test and the unidimensionality t-tests (Table 1, analysis 3).

### Item dependency

There was no evidence of dependency across the remaining eight items. All residual correlations were <0.2.

### Differential item functioning

DIF analysis indicated there was no item bias between gender or school levels for any of the remaining eight items (all p values >0.05)

### Validation test

The resulting eight items (Supplementary file 2) were then tested in the second sample in order to test the validity of the revised scale. The validation sample indicated that the items were acceptable as a scale for affective attitudes (Table 1, analysis 4).

### Internal consistency

The scale had good internal consistency (PSI=0.80 - 0.81).

### **Behavioural intention subscale**

Dimensionality and fit to the model

The 12-item behavioural intention subscale was also found to be multidimensional (7.7% of t-tests were significant), with poor fit to the Rasch model ( $\chi^2$  (84) = 201.7, p<0.001) (Table 1, analysis 5). However, person fit was acceptable. The iterative removal of four misfitting items due to high (>2.5) individual item fit residuals: 'I wouldn't know what to say to a

disabled person'; 'I try not to look at disabled people'; 'I would sit next to a disabled person'; and 'I would invite a disabled person to my birthday party', yielded acceptable fit and dimensionality statistics (Table 1, analysis 6).

### Item dependency

There was no evidence of dependency across the remaining eight items. All residual correlations were <0.2.

#### Differential item functioning

DIF analysis indicated there was no item bias between gender or school levels for any of the eight remaining item (all p values >0.05)

## Validation test

The remaining eight items (Supplementary file 3) were tested in the validation sample and confirmed that the items were acceptable as a scale for behavioural intention (Table 1, analysis 7).

### Internal consistency

The scale had good internal consistency (PSI=0.80 - 0.83).

### **Cognitive attitudes subscale**

Dimensionality and fit to the model

The 12-item set of cognitive attitudes was also found to be multidimensional (10.5% of t-tests were significant) and had poor fit to the Rasch model ( $\chi^2$  (108) = 182, p<0.001) (Table 1, analysis 8). The residuals of the person fit were acceptable. Despite removing poorly fitting

items in an iterative way, no item set appeared to satisfy the requirements of the Rasch model. Although an improvement in model fit and dimensionality was found following the removal of two items ('Disabled people make friends easily' and 'Disabled people are often sad': Table 1, analysis 9), disordered response category thresholds remained.

### Item dependency

There was no evidence of dependency across the ten remaining items. All residual correlations were <0.2.

# Differential item functioning

DIF analysis indicated there was no item bias between gender for any of the remaining ten items (all p values >0.05). However, CATCH items 3, 5, 11, 14, 17, and 27 reported significant variance between primary and secondary schools.

### Internal consistency

The removal of the two CATCH items resulted in an already low PSI value (0.68) dropping further below an acceptable level (0.66), indicating poor internal consistency. Overall, these items appeared not to form an internally valid or consistent scale for measuring cognitive attitude within this sample.

### Raw score to interval-level measurement

For future use in research with the two revised eight-item scales of affective attitudes and behavioural intention, the scores were transformed from ordinal raw scores to interval level equivalent scores, as transformed from the logit scores available within RUMM2030 (Supplementary file 4).

Insert Table 1 about here

### Construct validity of the revised scales

The independent sample t-test revealed that there was a significant difference between males' and females' scores on the affective attitudes; t(1528)=4.47, p<0.001, and behavioural intentions; t(1528)=7.9, p<0.001. The same finding was found between those who reported having a disabled friend and those who did not for affective attitudes; t(1531)=11.8, p<0.001, and behavioural intentions; t(1531)=11.3, p<0.001.

### DISCUSSION

The application of the Rasch measurement model indicated that the overall CATCH 36 item scale was not unidimensional. Analyses of the subscales indicated that affective attitude and behavioural intention were unidimensional and provided good fit to the Rasch model when two response categories were aggregated and four misfitting items were removed from both subscales. These two scales both showed good internal consistency (PSI >0.80). A satisfactory cognitive attitude scale could not be created using our version of the CATCH due to low internal consistency and numerous additional indicators of poor fit to the Rasch model.

The CATCH has enabled researchers to measure children's attitudes towards disability, but measurement properties should be monitored and evaluated, particularly when translated. Rasch analysis of our version to the CATCH modified for the UK at the present time led to some refinements included collapsing the two most negative response options to take account of the fact that few respondents were discriminating between the negative response options. As there were still a number of items contributing to poor fit of the data to the Rasch model, the contribution of each item to the scale score was appraised by removing the most misfitting item in an iterative manner. Analysis of the affective attitude and behavioural intention scales indicated four items that needed to be removed from each scale.

Previous research has indicated a trend for younger children and females to make attitude ratings that are more positive than older children and males [4, 33]. The revised affective and behavioural attitude scale items appeared to be free from DIF between gender and school (primary and secondary) levels. As such, any differences in observed scores on the revised CATCH scales between gender or school level could reasonably be presumed to be due to an actual difference in attitudes, rather than to any inherent item bias.

The original developers of the CATCH themselves questioned whether the scale should be treated as unidimensional or as separate subscales [9]. Despite widespread use, relatively few studies have examined this issue. Findings from our study suggest that the 36-item CATCH scale should not be treated as unidimensional and rather the subscales should be reported and interpreted independently. This finding is consistent with the commonly used three component model of attitudes that proposes attitudes have an affective, cognitive and behavioural component; however, they can be measured separately and, therefore, compared [6].

Our analysis also suggests the cognitive items may not perform as an internally consistent scale. This finding is consistent with previous research that has also found that the internal consistency of the cognitive attitude subscale is lower that the affective attitude and behavioural intention subscales [9, 14]. However, the cognitive aspect is important to measure, as it is included as one aspect of attitudes in most theories [6-8]. Cognitive attitudes

have also been found to perform differently in the context of children's attitudes towards disability compared to affective attitudes and behavioural intentions, with children reporting more negative cognitive attitudes [4]. Therefore, we suggest, until a more robust measure is developed, researchers should be cautious when using the cognitive attitude scale.

Limitations to our study include the modifications made to items on the original CATCH scale. The items were adapted for the UK based on an involvement group of young people aged 8-16 who advised on the items that were difficult to understand or ambiguous. Then we discussed alternative words or phrasing to help make the item more understandable. The change from 'handicapped' to 'disabled' reflects cultural changes in the 30 years since the questionnaire was developed. Other changes reflect the broader age group and our inclusion of teenagers. The original developer of the CATCH has reviewed the modifications and made three points: (1) changing 'handicapped' to 'disabled' was acceptable; (2) modifying 'child' to 'person' may cause participants to consider people beyond their peers; and (3) there was an even split of negative to positive items originally and now there is a slight imbalance of this.

Other limitations include a low participation response from schools. This may indicate a selection bias from head teachers only participating if they had a particular interest in promoting inclusive education. It is also likely that not all the head teachers received the invitation personally to take part in the study, as the emails were sent to generic email addresses. Schools are also under various obligations and competing priorities, and the timing of this research project might not have fitted with their other activities. Nevertheless, the testing of measurement properties is more dependent on variability in the responses than the representativeness of the sample, and the calibrations of the Rasch analysis are independent from the distribution of the sample. The sample was recruited from schools in an area of

England with low ethnic variation. According to the 2011 census, South West England has the highest proportion of people declaring themselves 'White British' compared to the rest of England and Wales [34]. Cultural variation in surveys of children's attitudes towards disability is an area that has been largely neglected, and should be evaluated in future research. Finally, items were removed from the scale if they did not statistically fit the Rasch model; however, it is not known whether the items removed added to the theoretical construct of the individual scales (i.e., affective attitudes and behavioural intentions). Nonetheless, the two scales retained eight items each to capture and measure the constructs accurately.

The proposed revised CATCH scales from this study for affective attitude and behavioural intention towards disability appear to have a high level of precision; however, our analyses do not confirm whether the scales will detect meaningful changes in attitudes. Therefore, longitudinal studies should investigate whether the revised CATCH scales do detect attitude change, magnitude of measurement error, and the smallest increment of change likely to be meaningful. These measurement properties are required to determine whether interventions are effective at improving attitudes towards disability.

Notwithstanding these limitations, this study has explored the psychometrics of the CATCH in the context of South West England for children aged 7 to 16 and suggested two revised scales derived from the CATCH. The two eight item scales are internally consistent and both can be confidently summed to create a total score of attitudes. Furthermore, the raw scores from these revised scales can also be transformed to an interval level equivalent score. Affective attitudes and behavioural intentions can now be compared to determine whether certain factors are associated with both components or just one and interventions should be tailored to address children's feelings about people with disabilities, as well as how they

intend to behave. Additionally, the response scaling have been altered so that each increase on the response scale represents an increase in positive attitudes and the scales can be accurately used to compare groups of people based on their age or gender. Improving the accuracy and sensitivity of attitude measurement will advance the strength of conclusions that can be made, as well as effectively locate factors associated with those attitudes.

### CONCLUSION

Using Rasch analysis, a number of potentially useful modifications to improve the scaling of the original CATCH are highlighted. The 36-item CATCH was not unidimensional and, therefore, the subscales should be treated separately. After removing four items each, the affective attitude and behavioural intention scales were unidimensional and fit the Rasch model; however, despite attempted amendments, the cognitive attitude scale items did not satisfy the requirements of the Rasch model. Our proposed revised scales for measuring affective attitude and behavioural intention may provide greater precision and, therefore, merit further evaluation.

# Acknowledgements

We thank the Family Faculty at PenCRU, and the staff and pupils at the schools who participated in this project.

# **Declaration of interest**

We acknowledge funding from the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care of the South West Peninsula (PenCLAHRC), and the charity Cerebra. The views and opinions expressed in this paper are those of the authors and not necessarily those of the NHS, the NIHR, the Department of Health, or Cerebra.

# References

1. Sentenac M, Arnaud C, Gavin A, Molcho M, Gabhainn SN, Godeau E. Peer victimization among school-aged children with chronic conditions. Epidemiologic Reviews. 2012;34(1):120-8.

2. Graham S, Juvonen J. Self-blame and peer victimization in middle school: an attributional analysis. Developmental psychology. 1998;34(3):587-99.

World Health Organization WHO. World report on disability: World Health Organization;
 2011.

4. Vignes C, Godeau E, Sentenac M, Coley N, Navarro F, Grandjean H, et al. Determinants of Students' Attitudes towards Peers with Disabilities. Developmental Medicine & Child Neurology. 2009;51(6):473-9.

5. MacMillan M, Tarrant M, Abraham C, Morris C. The association between children's contact with people with disabilities and their attitudes towards disability: a systematic review. Developmental Medicine & Child Neurology. 2013;56(6):529 - 46.

6. Triandis HC. Attitude and attitude change: Wiley New York; 1971.

7. Albarracín D, Zanna MP, Johnson BT, Kumkale GT. Attitudes: Introduction and Scope. 2005.

8. Ajzen I. Attitudes, personality, and behavior: McGraw-Hill International; 2005.

9. Rosenbaum PL, Armstrong RW, King SM. Children's attitudes toward disabled peers: a self-report measure. Journal of Pediatric Psychology. 1986;11(4):517-30.

10. Vignes C, Coley N, Grandjean H, Godeau E, Arnaud C. Measuring Children's Attitudes towards Peers with Disabilities: A Review of Instruments. Developmental Medicine & Child Neurology. 2008;50(3):182-9.

11. Nunnally J. Psychometric methods. McGraw-Hill, New York, NY. 1978.

12. Tavares W. An evaluation of the Kids are Kids disability awareness program: increasing social inclusion among children with physical disabilities. Journal of Social Work in Disability & Rehabilitation. 2011;10(1):25-35.

13. de Boer A, Timmerman M, Pijl SJ, Minnaert A. The psychometric evaluation of a questionnaire to measure attitudes towards inclusive education. European journal of psychology of education. 2012;27(4):573-89.

14. Bossaert G, Petry K. Factorial validity of the Chedoke-McMaster Attitudes towards Children with Handicaps Scale (CATCH). Research in Developmental Disabilities. 2013;34(4):1336-45.

15. Holtz KD. The psychosocial implications of Tourette Syndrome in children: Evaluation of an intervention. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2000;61(4-B):2242.

16. Rosenbaum PL, Armstrong RW, King SM. Improving attitudes toward the disabled: a randomized controlled trial of direct contact versus Kids-on-the-Block. Journal of Developmental & Behavioral Pediatrics. 1986;7(5):302-7.

17. Bossaert G, Colpin H, Pijl SJ, Petry K. The attitudes of Belgian adolescents towards peers with disabilities. Research in Developmental Disabilities. 2011;32(2):504-9.

18. Wild D, Grove A, Martin M, Eremenco S, McElroy S, Verjee-Lorenz A, et al. Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes (PRO) Measures: Report of the ISPOR Task Force for Translation and Cultural Adaptation. Value in health. 2005;8(2):94-104.

19. Rasch G. Probabilistic models for some intelligence and achievement tests. Copenhagen, Denmark: Danish Institute for Educational Research. 1960:1960.

20. Hagquist C, Bruce M, Gustavsson JP. Using the Rasch model in nursing research: An introduction and illustrative example. International Journal of Nursing Studies. 2009;46(3):380-93.

21. Turner RN, Hewstone M, Voci A. Reducing explicit and implicit outgroup prejudice via direct and extended contact: The mediating role of self-disclosure and intergroup anxiety. Journal of Personality and Social psychology. 2007;93(3):369-88.

22. Swart H, Hewstone M, Christ O, Voci A. Affective mediators of intergroup contact: A threewave longitudinal study in South Africa. J Personality & Soc Psychol. 2011;101:1221, 2. 23. Jetten J, Spears R, Manstead AS. Strength of identification and intergroup differentiation: The influence of group norms. European Journal of Social Psychology. 1997;27(5):603-9.

24. Tennant A, Pallant J, F. The Root Mean Square Error of Approximation (RMSEA) as a supplementary statistic to determine fit to the Rasch model with large sample sizes. Rasch Measurement Transactions. 2012;25(4):1348-9.

25. Linacre JM. Sample size and item calibration stability. Rasch measurement transactions. 1994;7(4):328.

26. Carlberg C. Statistical Analysis: Microsoft Excel 2010: Pearson Education; 2011.

27. Norman GR, Streiner DL. Biostatistics: the bare essentials: Bc Decker Hamilton, Ontario;2008.

28. Andrich D, Lyne A, Sheridan B, Luo G. RUMM2030: A windows interactive program for analysing item response data according to Rasch Unidimensional Measurement Model. Perth, Western Australia: RUMM Laboratory Pty Ltd; 2009.

29. Smith Jr EV. Understanding Rasch measurement: Detecting and evaluating the impact of multidimensionality using item fit statistics and principal component analysis of residuals. Journal of applied measurement. 2002.

30. Tennant A, Conaghan PG. The Rasch measurement model in rheumatology: what is it and why use it? When should it be applied, and what should one look for in a Rasch paper? Arthritis Care & Research. 2007;57(8):1358-62.

31. Pallant JF, Tennant A. An introduction to the Rasch measurement model: an example using the Hospital Anxiety and Depression Scale (HADS). British Journal of Clinical Psychology. 2007;46(1):1-18.

32. Hissbach JC, Klusmann D, Hampe W. Dimensionality and predictive validity of the HAM-Nat, a test of natural sciences for medical school admission. BMC medical education. 2011;11(1):83.

33. McDougall J, DeWit DJ, King G, Miller LT, Killip S. High School-Aged Youths' Attitudes Toward their Peers with Disabilities: The role of school and student interpersonal factors. International Journal of Disability, Development and Education. 2004;51(3):287-313.

34. Office for National Statistics. Census gives insights into characteristics of the South West's population. Retrieved on 06.05.2014 from <u>www.ons.gov.uk</u> 2012.