supporting youth with special needs in out-of-school time

A Study of OST Providers in New Jersey

by Jane Sharp, Elizabeth Rivera Rodas, and Alan R. Sadovnik

Although the Americans with Disabilities Act (ADA) of 1990 requires accommodations for individuals with disabilities in community settings, many out-of-school time (OST) programs struggle to successfully support youth with special needs. Programs that fully include children with special needs are less available for school-age children and adolescents than for younger children, and finding appropriate placements for older youth or children with severe disabilities is particularly challenging (Mulvihill, Cotton, & Gyaben, 2004). According to a February 2010 study conducted by the New Jersey School-Age Care Coalition:

> There is a critical need for afterschool programs that can receive and handle students with special needs. …[P]rograms could be strengthened by providing training for caregivers in such areas as autism and ADHD, along with encouraging hiring practices that would provide an appropriate adult-to-student ratio to enhance care options for students with disabilities. (New Jersey School Age Care Coalition, 2010, p. 5)

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In 2011, the Robert Bowne Foundation awarded an Edmund A. Stanley Research Grant to the School of Public Affairs and Administration at Rutgers University in Newark, New Jersey, to study the professional development needs of OST program staff to help them support students with special needs. The goal is to use research and analysis to raise awareness of issues regarding inclusive OST programs and to guide policy decisions on professional development. The project is also intended to guide OST administrators and staff in selecting professional development to support inclusion.

Most research on inclusion of children with special needs has centered on preschool childcare programs or school classrooms. In these settings, research has demonstrated positive outcomes for children with and without disabilities (Hall & Niemeyer, 2000). Based on this premise that inclusion is beneficial for children with and without special needs, our study explored the role of OST providers in successfully supporting youth with special needs. Our survey of 421 New Jersey OST providers found that professional development and experience were correlated with positive experiences with inclusion, whereas education, position, size of program, or the type of agency were not. This finding and other interesting correlations lead us to recommend that individuals and groups supporting OST programs provide professional development to help staff work with children with special needs.

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Research on Professional Development and Inclusion

In our study, we defined *special needs* broadly to include any physical, mental, or psychological condition. *Inclusion* implies that youth with special needs actively participate with their typically developing peers. *Professional development* encompasses a variety of activities designed to increase knowledge and improve practice, including workshops, conferences, online training, mentoring or coaching, consultation with other professionals, on-site meetings, and telephone technical assistance, as well as information provided by parents, schools, and other professionals.

Research on professional development in general, as well as studies specific to inclusion of children with special needs, reveal several patterns in OST providers' willingness and ability to serve children with special needs.

Experience Matters

Studies of professionals in many fields have concluded that personal experience combined with knowledge gained through professional development is more likely to change practice than either element alone. According to Daley (2002), professionals constantly seek new knowledge in their fields, but a change in practice is most likely to occur as a result of a personal encounter with a client. Study participants—lawyers, social workers, nurses, and adult educators—described meaningful interactions with particular individuals that challenged their beliefs and assumptions. Such encounters prompted the professionals to re-examine previous knowledge in a new context.

In regard specifically to inclusion, Buell, Gamel-McCormick, and Hallam (1999) noted that childcare providers who have experience caring for a child with special needs are more willing to do so in the future than those who have no experience.

Professional Development Is Important

A recent OST provider study found that staff members with previous professional development on inclusion were significantly more likely to modify program activities or environment to accommodate children with disabilities (Smith, 2011). In-service staff training has been associated with greater willingness to care for children with disabilities (Mulvihill et al., 2004).

Two studies of childcare providers conducted almost ten years apart concluded that professional development was a stronger predictor of inclusive practices than were education, age, salary, group size, or staff-child ratios (Buell et al., 1999, Essa et al., 2008).

Delivery Methods Make a Difference

High-quality OST professional development occurs when organizations train all staff, align the training with accountability requirements, and foster ongoing professional learning communities (Smith, 2002). A longitudinal study of teacher professional development found that study groups and network activities pro-

duced better results than did workshops and conferences because they lasted longer. Professional development that involved active learning as part of a coherent program of teacher development was also more effective than one-time events (Garet, Porter, Desimone, Birman, & Yoon, 2002).

Research on professional development specific to inclusion recommends ongoing training that includes disability awareness, developmentally appropriate practices, and activities that increase knowledge and skills for working with diverse populations (Mulvihill et al., 2004). OST staff who attended a series of trainings on inclusion indicated a higher percentage of positive change, for both attitude and topic knowledge, than those who attended only one or two sessions (Kids Included Together, 2005). Workshops combined with on-site consultation have been found to contribute to positive results among practitioners (Kids Included Together, 2005; Mulvihill et al., 2004).

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Attitude Makes a Difference

Studies have also documented that provider attitude and confidence have an effect on inclusion. More confident teachers required less training and less in-class support for children with disabilities than did others (Buell, Gamel-McCormick, Hallam, & Scheer, 1999). Staff willingness to make inclusion work contributes to the success with which children with special needs can participate in typical experiences with children without disabilities (Devore & Hanley-Maxwell, 2000).

Resources and Partnerships Are Essential

Childcare providers have identified the need to use outside resources to support children with special needs as well as the importance of mutually supportive relationships with parents (Devore & Hanley-Maxwell, 2000). Successful inclusion results from a combination of attitude, resources, and curriculum (Hall & Niemeyer, 2000). Beyond a positive attitude, in order to implement an inclusive program, providers need resources, such as access to specialists, collaborative planning with school day staff, and connections with families and community organizations. The curriculum must include accommodations that promote natural interaction among youth.

Afterschool in New Jersey

New Jersey is an ideal location in which to study the landscape of afterschool programs. Despite its small size, the state is geographically and demographically diverse. Almost 9 million people call New Jersey home; the population is 69 percent Caucasian, 14 percent African American, and 18 percent Latino. Almost 20 percent of the population is foreign born (U.S. Census Bureau, 2010). Most people are familiar with New Jersey's urban centers near Philadelphia and New York, but they may not realize that the northwest and southern portions of the state are predominately rural. Suburban communities fill the central part of the state, and a series of small towns occupy the 126 miles of shoreline.

According to the Afterschool Alliance, 14 percent (213,883) of New Jersey's K–12 children participate in afterschool programs, including 20,170 students in 21st Century Community Learning Centers (21st CCLC). Programs for school-age children receive 43 percent of federal Child Care and Development Fund subsidies for childcare (Afterschool Alliance, 2011). At the time of this study, state funds supported afterschool programs through New Jersey After 3 and the Family Friendly Center initiative, although funding for New Jersey After 3 has since been eliminated from the state budget.

In August 2011, the New Jersey Office of Licensing listed 960 licensed afterschool centers (Office of Licensing, 2011). This number does not include exempt programs operated by public schools or those serving youth over the age of 13, so it does not indicate the full number of OST programs in New Jersey. The number of students with special needs in OST programs is not available because no regulatory agency or funding source collects this information.

Methodology

We used the research findings summarized above to help us develop the OST Inclusion-Professional Development Survey, with input from stakeholders including the New Jersey Department of Education; the New Jersey School Age Care Coalition; Advocates for Children of New Jersey; the Statewide Parent Advocacy Network; Southern Regional Child Care Resource Center; the Map to Inclusive Child Care team; faculty from Rutgers University; and practitioners representing Boys & Girls

Clubs, 4-H, New Jersey After 3, and the New Jersey YMCA State Alliance. Staff from the Out-of-School Time Resource Center at the University of Pennsylvania also provided support.

The survey was designed to test the following hypotheses, derived from the literature:

- OST providers who have previous experience serving children with special needs are more likely to include children with special needs.
- OST providers with positive attitudes toward inclusion are more likely to include children with special needs.
- Participation in professional development activities directly affects the successful inclusion of children with special needs in OST settings.
- Both the content of training and the delivery method affect professional development outcomes.

To create a logical sequence, we divided the survey into six sections: description of the respondent's OST program, information about the respondent, professional development needs, attitudes toward inclusion, experience with inclusion, and open-ended feedback. The survey was anonymous. A sampling plan was devised to collect data from programs representing the spectrum of K–12 OST programs in New Jersey. Several agencies posted the Internet-based survey in email lists, websites, and LinkedIn and Facebook pages. In addition, Jane Sharp, the lead author, handed out hard copies of the survey at five training events during the collection period. To verify that responses reflected the targeted population, the survey included questions about the location, size, and type of respondents' OST programs as well as demographic questions about respondents' positions, education, and years of experience.

Although this sampling strategy reached a wide cross-section of OST providers, there are still potential threats to the validity of the survey. Our method did not yield a formal probability sample of the population; thus, the result may not be statistically generalizable to all New Jersey providers. In addition, duplicate responses could have been collected via both paper and online surveys. Due to the voluntary nature of the survey, those who have experience with inclusion may have been more likely to participate.

We analyzed the results from the OST Inclusion-Professional Development Survey to test our four hypotheses using Stata, a data analysis software program. After cleaning the data, we examined the relationships among various key questions in the survey to ascertain any trends in responses. Here we report only statistically significant responses; please contact us for more detail on statistical methods and the data.

Survey Participants

From April to June 2011, 421 people took the OST Inclusion-Professional Development Survey, with an 86 percent completion rate. Responses were received from all 21 counties in New Jersey: 55 percent came from suburban locations, 45.5 percent from urban centers, and 11.5 percent from rural communities. Most respondents worked with elementary (87 percent) and middle school children (58 percent); 23 percent of respondents worked with high school youth. (Percentages add up to more than 100 because many programs serve more than one age range.) Responses were fairly evenly divided among upper-level administrators (26 percent), mid-level administrators (29 percent), and direct service staff (27 percent). Sixty-three percent of respondents worked for nonprofit or community-based organizations and 19 percent for public schools during afterschool hours. Respondents identified a variety of public and private funding sources for their programs, with 59 percent charging parents fees.

Of the 421 respondents, 346 had a college degree: 43 percent had bachelor's degrees and 23 percent held master's degrees. Fields of study were quite varied: education (49 percent), social work (10 percent), youth development (7 percent), and health (6 percent) were most frequently mentioned. Other fields, including psychology, business, arts, history, English, human services, Spanish, and communication, accounted for 42 percent of degrees. Among respondents who indicated they had a college degree, only 5.5 percent specified a degree in special education. This broad range of educational backgrounds and pre-service knowledge among staff adds to diversity in program delivery but also demonstrates a need for standards such as those of the National Afterschool Association (NAA, 2012) Core Knowledge and Competencies as well as for professional development specific to the OST field.

Survey Results

Ninety percent of respondents indicated that either they or their staff had experience with children with special needs in their OST program. Generally our findings corresponded with the four hypotheses we formulated based on the literature.

Types of Disabilities

The types of disabilities identified by respondents are

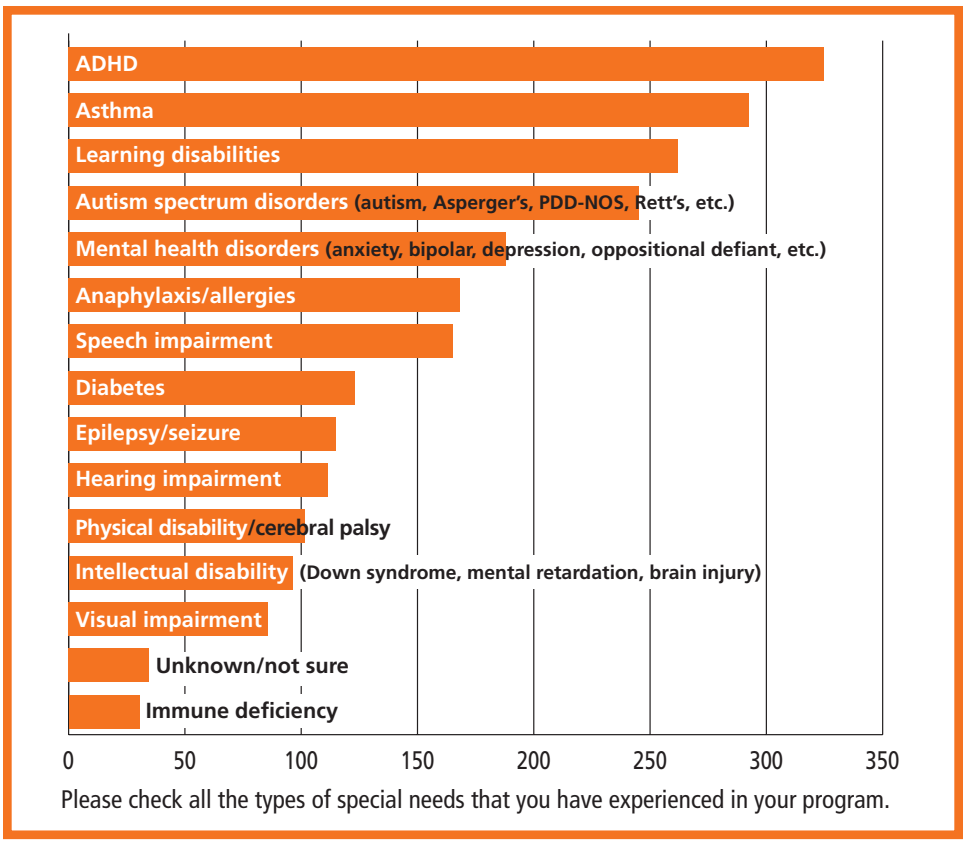

Figure 1. Disabilities OST Survey Respondents Had Experienced in Their Programs

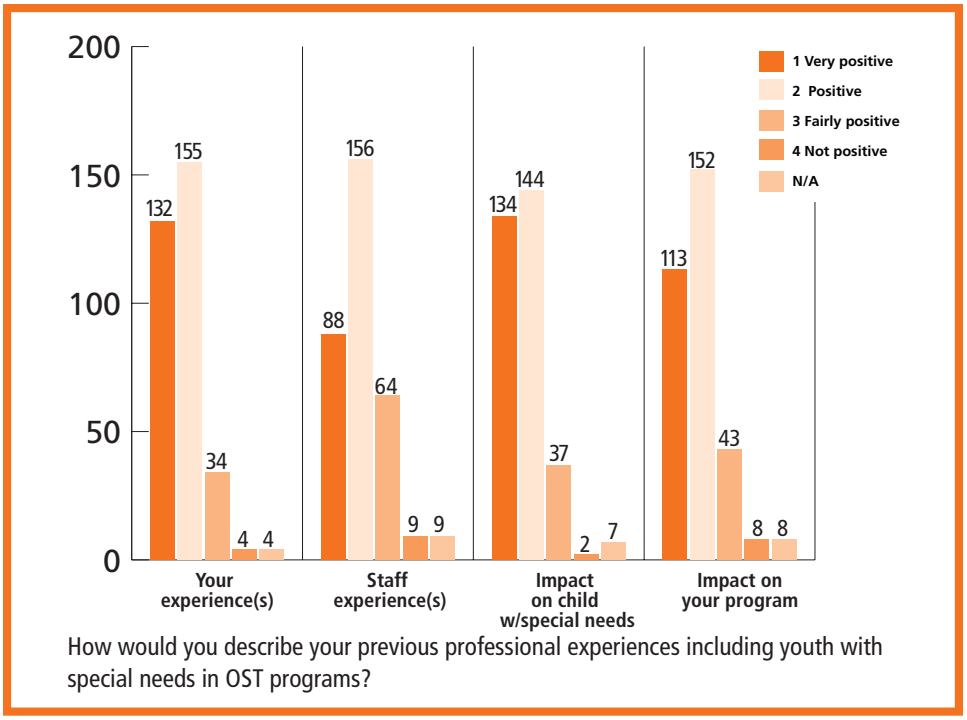

Figure 2. Previous Experience Serving Youth with Special Needs

listed in Figure 1. The types of disabilities most often identified in OST programs were ADHD, asthma, learning disabilities, and autism.

Experience with Inclusion

Respondents who said that they had experience including children with special needs in OST programs were asked for their perceptions of their personal experience, the staff's experience, the effect on the child with special needs, and the effect on the program, using a five-point Likert scale. The 331 responses were overwhelmingly positive, as illustrated in Figure 2. One respondent said, "It is fascinating how after a few days kids do not even care that this child is different from them. They all just love to play and run and have fun, and it really is so rewarding to see them all communicating with each other."

When we compared responses on providers' experience with inclusion to responses on program and demographic information, we found that that respondents' levels of professional development and years of experience correlated with a positive experience with inclusion, whereas their education or position, the size of their program, or the type of agency (public school or community-based organization) did not.

As the number of hours of professional development increased, perceptions of positive effect on children with special needs and on the program increased as well. Similarly, the number of years of experience in OST-related fields corresponded with positive perceptions of

staff experience and of the effect on the child with special needs and on the program. Our results concur with previous studies showing that positive experience with inclusion is more dependent on individual experiences with youth and extensive participation in professional development than on educational background or position.

Attitudes toward Inclusion

In order to determine respondents' attitudes toward inclusion, we asked them to agree or disagree with a series of six statements using a four-point Likert scale. We compared these responses to results from questions about their previous experience serving youth with special needs.

Our analysis found a statistically significant relationship between less positive experiences with youth with special needs and less positive responses to statements about inclusion. Conversely, respondents who said they had a positive experience with youth with special needs were more likely than others to indicate a positive attitude toward inclusion.

When we compared responses to various statements about inclusion to respondents' actual experiences with various disabilities, we found statistically significant correlations between positive responses and specific disabilities. Table 1 demonstrates that respondents' attitudes toward inclusion were affected by their experiences with different children.

Table 1. Correlation between Positive Attitudes toward Inclusion and Experience with Different Disabilities

RESPONDENTS WHO RESPONDED POSITIVELY TO THESE STATEMENTS…	…HAD EXPERIENCE WITH THESE DISABILITIES
Having youth with and without special needs in OST programs is the right thing to do.	diabetes, learning disabilities, autism, physical disabilities
Working in this setting is very rewarding for staff.	intellectual disabilities, learning disabilities
Having youth with and without special needs together fosters an understanding and acceptance of diversity.	physical or learning disabilities, visual or hearing impairments
Youth with special needs do not take staff time away from others who do not have special needs.	epilepsy, speech impairment

Use of Resources

Though 90 percent of respondents indicated that they had served a child with special needs in their OST program, far fewer said that they had tapped resources listed in the survey. These resources included school staff—classroom teachers, child study teams, school nurses, and special education professionals—and community resources such as disability organizations, parent groups, health care providers, specialists, peers, and New Jersey OST agencies, as well as Internet resources. Of survey respondents, 69 percent said they had used parents as a resource, 58 percent had used classroom teachers, and 47 percent had collaborated with child study teams or special services staff.

Respondents who said that they would need additional money, staff, or other resources to accommodate children with special needs were more likely than those who did not to have a positive attitude toward inclusion. We surmise that these respondents, though understanding that inclusion may require more resources, perceive it to be a worthwhile endeavor. We also found a statistically significant correlation between a desire for information from parents in order to serve a child with special needs and a positive attitude toward inclusion.

Respondents' level of experience in the field was positively correlated with their use of resources to support inclusion. Comparative analysis revealed that upper-level administrators had used many of the resources listed in the survey, but direct service staff had not.

Professional Development

When asked about the number of annual hours they participated in any type of professional development, 51 percent of respondents said that they exceeded New Jersey licensing requirements of 20 hours per year. All respondents were interested in more training on inclusive practices. The topics in which they were interested are listed in Figure 3.

We previously noted the correlation between positive experiences with students with disabilities and more

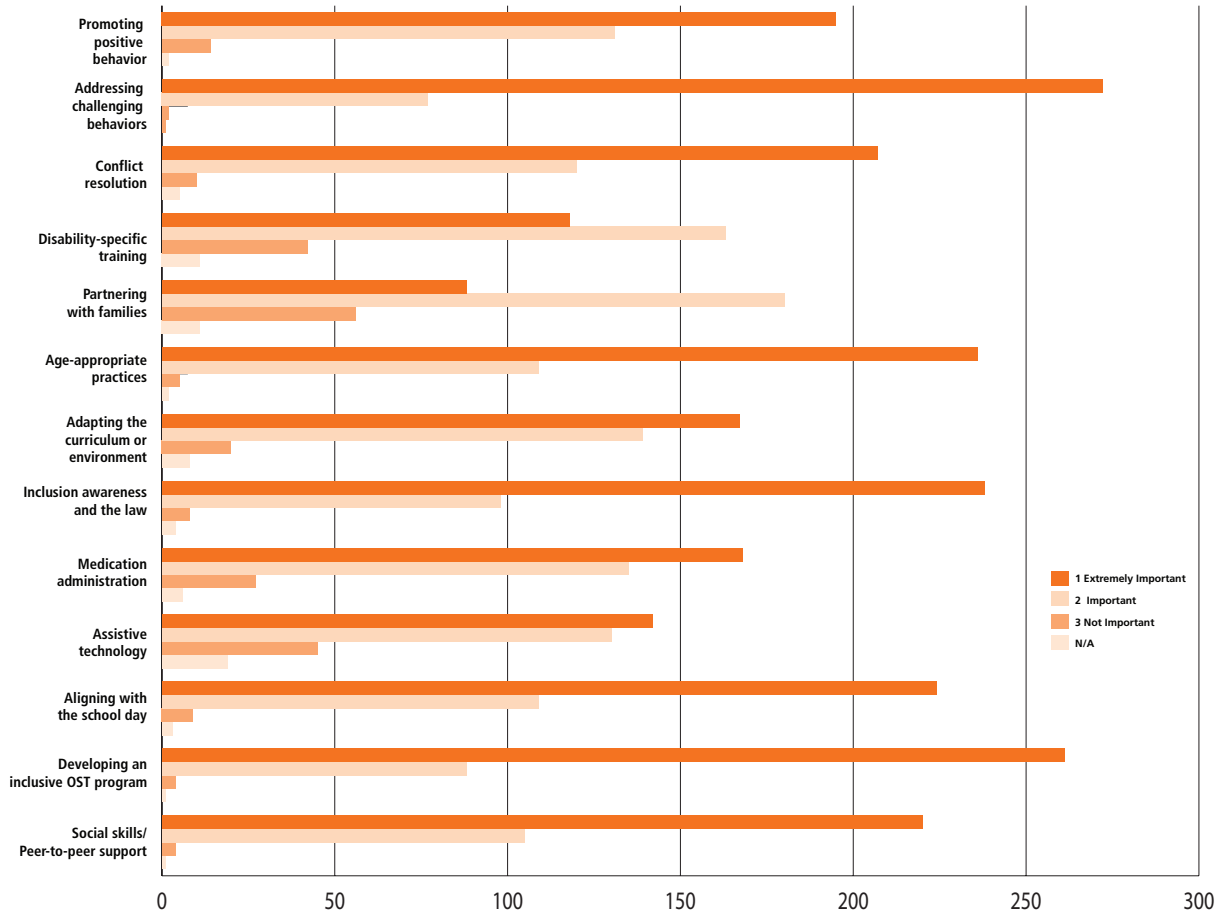

Figure 3. Respondents' Interest in Professional Development Topics

hours of professional development. The correlation between professional development and positive experiences with inclusion was highest among those who had participated in professional development programs offered by 21st CCLC, Boys & Girls Clubs, and NJ After 3. Respondents from 21st CCLC programs reported the highest correlation with positive personal, staff, and program experiences with children with special needs. Respondents from Boys & Girls Clubs and NJ After 3 indicated a higher correlation of positive responses on the effect on the program. (Seventy-nine percent of respondents from Boys & Girls Clubs received funding from either NJ After 3 or 21st CCLC, so they would have participated in training offered by both their club and the funder.) We surmise that these initiatives have a high correlation between professional development and a positive experience with children with special needs because their grant-making processes set the expectation that children with special needs will be included and because they require intentional professional development that is closely aligned with research-based best practices.

Next, we compared the formats and topics of professional development to respondents' level of education, years of experience, and position in the organization. We found that higher levels of education correlated with a preference for conferences, on-site technical assistance, and networking with other professionals as formats for professional development. Professionals with more experience in OST-related field also preferred on-site technical assistance, while perceiving college courses and mentoring as less important. We found that direct service staff were more likely than administrators to prefer college courses, mentoring or coaching, and internships or apprenticeships.

Preferences for topics in professional development also correlated with education, experience, and position. Higher levels of education correlated with a belief that addressing challenging behaviors was an important train-

ing topic. By contrast, as education increased, respondents considered social skills and inclusion and the law to be less important topics. Direct service staff were more likely to consider assistive technology, medication administration, promoting positive behavior, and social skills to be important topics, while upper-level administrators considered these same topics less important.

Recommendations

Recommendations from this study, based both on the literature and on the results of our survey, focus on improving professional development opportunities for OST providers to support the inclusion of children with special needs in their programs. Below we offer recommendations for OST program administrators, for training organizations and individuals, for funders, and for regulatory agencies.

Anecdotal discussions with training agencies in New Jersey have suggested that participation in conferences and workshops has declined as a result of funding cuts to schools and community agencies. New Jersey OST programs are looking for cost-effective professional development that meets licensing requirements and the needs of their staff. Therefore, our recommendations take into account not only research-based best practices but also cost and efficiency.

Administrators who believe that "having youth with and without special needs in OST programs is the right thing to do" may be more likely to promote appreciation of diversity and to cultivate the professional development, resources, and experiences that build successful inclusive programs.

OST Administrators

A survey respondent noted, "Inclusion can be positive experience for children and staff if supported correctly." A combination of factors influence positive inclusive experiences for OST staff. Key among them are experience with youth with special needs, attitude, use of resources, and professional development.

Our study confirmed a correlation between positive attitudes toward inclusion and positive staff experiences. Administrators who believe that "having youth with and without special needs in OST programs is the right thing to do" may be more likely to promote appreciation of diversity and to cultivate the professional development, resources, and experiences that build successful inclusive programs.

Our study supports previous research that a positive attitude toward inclusion is connected to staff members' prior experience with children who have special needs. We therefore recommend that OST administrators ask during hiring interviews about candidates' personal history with diverse populations. A lack of experience should not be a barrier to employment; however, staff who are not familiar with inclusive practices may need training in disability awareness.

Recent trends in the OST field encourage more formal linkages with the school day through extended learning opportunities. In our survey, slightly more than half of the respondents identified school-day teachers as a resource to support a child with special needs. Administrators were more likely to identify this relationship than were direct service staff. OST administrators need to consider how to intentionally connect direct service staff with available resources and promote mutually responsive relationships with families, while still maintaining children's confidentiality. Children with special needs typically have either individual education programs (IEPs) or 504 plans in school. Better collaboration with parents, special education staff, and school-day teachers could help OST providers use these existing student plans to develop individualized assessments and reasonable accommodations, as required by the ADA. Such collaboration could also lead to a unified approach among school, afterschool, and home. In addition, OST providers and school staff could attend training events together. This solution would promote consistency across systems and give OST providers access to training without significant additional investment.

We found that survey respondents' interests in topics and types of professional development varied with their level of education, years of experience, and position in the OST organization. Based on these results, we recommend the use of professional development plans centered on the individual learning styles, interests, and needs of staff as opposed to a one-size-fits-all approach. We also recommend using the NAA Core Knowledge and Competencies as a guide in developing individual learning plans.

Our findings confirm best practice recommendations for ongoing professional development that involves all staff. Program leaders could create such opportunities

by fostering coaching and mentoring relationships between new and seasoned staff and by promoting networking opportunities among program sites.

Professional Associations, Intermediary Agencies, and Trainers

One survey participant underlined the connection between professional development and positive attitudes toward inclusion: "I would like to see more training on inclusion so all staff is on the same page, and to back up my vision to include everyone and encourage acceptance, and not see special needs as a burden, but rather a learning process that we all can benefit from."

Research has shown that professional development positively affects both outcomes for students and successful inclusion of children with special needs (Buell et al., 1999; Smith, 2002). Workshops on inclusion combined with on-site consultation have demonstrated the most positive results (Kids Included Together, 2005; Mulvihill et al., 2004). We recommend that individuals and agencies who offer training provide ongoing professional development that occurs over time and gives participants opportunities to practice knowledge and skills. Organizations that conduct annual conferences can foster ongoing learning by creating formal opportunities for participants to cultivate continuing relationships. These could include communities of practice, a series of follow-up webinars or conference calls, or multi-day training events on a specific theme.

Our study confirmed a statistically significant correlation between increasing hours of professional development and respondents' perception that inclusion had a positive effect on children with special needs and on the program. Our survey also identified significant interest in training on inclusion. These results lead us to recommend more instruction on disability awareness, strategies for inclusion, and use of resources. Embedding information on supporting youth with special needs into existing OST trainings would significantly expand professional development on inclusion. It would also require facilitators either to learn more about inclusion or to identify co-presenters who could facilitate meaningful discussion on supporting students with special needs.

We recommend that OST grant makers provide funding, resources, and guidelines for high-quality, research-based professional development. Increasing opportunities for non-funded OST programs to participate in the high-quality professional development offered to grant-funded programs would expand the positive impact of the training and lead to better outcomes for students.

Funders

Our OST survey showed the highest correlation between professional development and positive experience with students with special needs among respondents who participated in comprehensive training provided through 21st CCLC and NJ After 3. We recommend that OST grant makers provide funding, resources, and guidelines for high-quality, research-based professional development. Increasing opportunities for non-funded OST programs to participate in the high-quality professional development offered to grant-funded programs would expand the positive impact of the training and lead to better outcomes for students.

Regulatory Agencies

In our survey results, 51 percent of respondents said that they exceeded the New Jersey licensing requirements of 20 professional development hours per year and yet indicated interest in more training on inclusive practices. Increasing the number of training hours required of licensed programs while expanding the types of activities provided will likely result in more positive experiences for both OST providers and the children they serve—those with and without disabilities. Costs associated with these increases could be mitigated if on-site consultation, mentoring, coaching, peer-to-peer networking, teleconferences, and webinars were more widely accepted as meeting professional development obligations.

The Promise and the Challenge of Inclusion

A hopeful finding from our survey was that a significant number of respondents—90 percent—said that they had prior experience with inclusion in their programs. More importantly, 87 percent of those who had served a child with special needs indicated that their personal experience was positive or very positive. These results are encouraging for those working to promote inclusive opportunities for children with special needs. At the same time, the high level of interest in additional professional

development provides a challenge for policymakers, funders, training entities, and program administrators to provide more opportunities to support inclusion.

Acknowledgments

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MORE RESOURCES AND DISCUSSION

We hope that this article becomes a catalyst for discussion and change in the field. Toward that end, we have started an online community where we can continue the discussion and respond to inquiries and comments. Please join the LinkedIn group Inclusion Is Belonging—you can find us by searching on the group name.

You may find these Internet resources helpful. If you have trouble finding the specific resource, use the site's search function to find words from the descriptions below.

ONLINE PROFESSIONAL DEVELOPMENT

Center for Inclusive Child Care
Free e-learning courses at *www.inclusivechildcare.org*

Kids Included Together (KIT)
Informative training videos at *www.youtube.com/user/TorrieatKIT*

California After School Resource Center
Strategies and resources, free training documents, *Inclusion Quality Self-Assessment Tool* at *www.californiaafterschool.org/specialneeds*

LEGAL RESPONSIBILITIES

U.S. Department of Justice
Common Questions about Child Care and the ADA at *www.ada.gov/childq&a.htm*

Sharp ideas and NJ Map to Inclusive Child Care Team
"Legal Responsibilities for Accommodating Children with Special Needs" and other resources at *www.sharp-ideas.org* (under Publications)

DISABILITY-SPECIFIC INFORMATION

National Dissemination Center for Children with Disabilities
Fact sheets on characteristics of specific disabilities, tips for parents and teachers at *www.nichcy.org/disability/specific*

LD online
"Boosting Inclusion in After School Activities with Assistive Technology and Supplemental Services" at *www.ldonline.org*

SUMMER PROGRAMS

National Inclusion Project
Activity guides, resources, and funding opportunities at *www.inclusionproject.org*

The National Center on Physical Activity and Disability
"Best Practice of Inclusive Services" with examples from community agencies at *www.ncpad.net/*

MEDICATION AND HEALTH ISSUES

American Academy of Pediatrics
Medication administration curriculum, curriculum for managing infectious diseases, asthma action plan at *www.healthychildcare.org*

NJ Department of Health
Care plan for children with special health needs at *www.state.nj.us/health/forms/ch-15.pdf*

ACCOMMODATION PLANS

New Jersey Inclusive Child Care Project
"Finding Our Way Together," including curriculum modification planning and environmental supports at *www.spannj.org/njiccp_resourceguide*

ENGAGING FAMILIES

Disability Is Natural
Extensive list of Internet resources at *www.disabilityisnatural.com*