does your organization welcome participants with disabilities?

A New Assessment Tool

by Fred Galloway and Mary McAllister Shea

During the 2005–06 school year, more than 6.7 million children with disabilities received special education and related services in our public schools; this represents more than a 20 percent increase over the previous decade (U.S. Department of Education, 2009). These children, who are typically at risk for chronic physical, developmental, behavioral, and emotional conditions, face a myriad of challenges as they navigate the public school environment, including being ignored, ostracized, and bullied more often than their non-disabled peers (Twyman, 2009; Thompson, Whitney, & Smith, 1994).

Unfortunately, such disadvantages are not limited to the public schools. Students with disabilities are less likely than their non-disabled peers to complete high school; as adults, they are more likely to experience extreme isolation, high levels of unemployment, dependence on social services and families, and lack of meaningful relationships (Harris & Associates, 2004; Condeluci, 1995; Perske & Perske, 1988).

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One important place where children with disabilities may be able to interact positively with other children is in afterschool programs. However, there is no empirical data on the extent of participation in afterschool programs beyond anecdotal accounts from youth development professionals at workshops and conferences suggesting that enrollment of children with disabilities is increasing. Even worse, providers have no idea whether these children's afterschool experiences are positive or negative—not to mention what their parents, youth development staff, and program leaders might think about their experiences. In other words, despite the ability of afterschool providers to assess the extent to which their curriculum and activities are age-appropriate and their staff-to-child ratios low enough to support meaningful engagement, providers have no real idea whether their environment is truly welcoming to children and young adults with disabilities.

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To begin to remedy this problem, we introduce a statistically reliable and valid survey instrument, the ODMI-IWD, that can help afterschool providers determine the extent to which their organizations truly welcome children and youth with disabilities. After describing how we constructed, tested, and piloted the instrument, we report in this paper on our findings when we administered the ODMI-IWD to five large-scale afterschool providers in southern California that together served more than 30,000 students. When we discuss the results of our analysis, we pay particular attention to two things:

- The extent to which each of the five organizations was demonstrating inclusionary practices for children with disabilities
- Differences among the responses of executive staff and board leadership, staff members, parents of children with disabilities, and parents of children without disabilities

Engaging all four of these stakeholder groups should catalyze the process of developing an inclusive environment in afterschool programs. We hope that the ODMI-IWD instrument not only will increase awareness and provide a starting point for strategic planning, but ultimately will support interventions toward a culture that truly welcomes all children, youth, and families.

Methods

Developing the Instrument

Our detailed literature search revealed no reliable instrument that measures the extent to which afterschool organizations are creating environments that truly serve the interests of children with disabilities. However, we *did* find an instrument that measures the extent to which institutions of higher education have created an environment that serves the interests of under-represented students and faculty. This instrument, the Organizational Developmental Model of Inclusion (ODMI), was originally developed in 1998 by Moises Baron and Rubin Mitchell in an effort to institutionalize cultural diversity in a given institution. The fact that the instrument has proven popular enough to have been used extensively at the University of San Diego as well as other institutions of higher education, including Vassar College and St. Mary's University, gave us the confidence to use the ODMI as our reference point in developing the instrument used in this study.

That instrument, the Organizational Developmental Model of Inclusion for Individuals with Disabilities (ODMI-IWD), is similar to the Baron and Mitchell instrument in that it examines several conditions or dimensions critical to the process of inclusion:

- **Diversity:** the array of existing inclusionary practices in the organization as well as the actual representation of individuals with disabilities
- **Differential treatment:** the extent to which individuals with disabilities are treated differently from non-disabled persons
- **Congruency:** the level of alignment between the espoused organizational values and actual behaviors
- **Motivational imperative:** the urgency with which the organization attempts to include individuals with disabilities
- **Experience:** the actual experiences of individuals with disabilities in the organization

While the original ODMI contained 22 statements to which respondents were asked to respond in deciding how inclusive their organization was in its beliefs and actions, we began constructing our instrument by expanding the number of potential questions in each area to ensure that all aspects of the five dimensions were covered. This expansion included writing some entirely new questions as well as modifying the language of existing ODMI questions to focus on individuals with disabilities.

The expanded set of questions went through several detailed levels of review, beginning with a panel of faculty experts well-versed in survey methodology. The review then moved on to focus groups comprising stakeholders in the provision of afterschool care: board members and staff of afterschool organizations and parents of children, both with and without disabilities, who use these organizations' services. At each level of review, potential questions were screened for clarity, relevance, and appropriateness.

This labor-intensive process produced the final version of the ODMI-IWD, which contained a total of 40 questions divided evenly among the five dimensions; Figure 1 displays a sample question for each of the dimensions. Respondents were asked to express their level of agreement or disagreement with eight statements in each dimension on a five-point Likert scale, where a score of 1 indicated *strongly agree* and a score of 5 indicated *strongly disagree*. For each respondent, we then constructed an index for each one of the five dimensions by simply calculating the average score for a given respondent in that dimension. This process produced a series of indices in which higher scores were associated with a more inclusive and welcoming environment for individuals with disabilities. Most respondents completed the survey in its entirety; for those that did not, we used their surveys if they left no more than one question unanswered in each of the dimensions. For these individuals, we simply used their average responses to the other seven questions in calculating their overall index score.

Of course, before using the results from the ODMI-IWD for organizational change or internal policy development, users must be assured that the instrument is both statistically reliable and valid. Fortunately, the ODMI-IWD passes easily on both counts. In addition to the numerous steps described above that ensured both content and face validity, we also checked to see if the Cronbach's alpha statistic, which measures the internal consistency of the questions comprising each of the five constructs, was large enough for robust analysis. Fortunately, each of our dimensions cleared the traditional bar of .70 (Groth-Marnat, 1997; Babbie, 1990). Our *diversity* measure came out at .72 and the other four measures—*differential treatment*, *congruency*, *motivational imperative*, and *experience*—at .88. These statistics suggest that, in addition to being a valid instrument, the ODMI-IWD is also a reliable one.

Figure 1: Sample Questions from the Organizational Developmental Model of Inclusion for Individuals with Disabilities (ODMI-IWD)

Diversity	Few, if any, efforts are made in this organization to recruit individuals with disabilities as employees or board members.
Differential Treatment	Leadership confronts the issue of differential treatment of individuals with disabilities only when prompted by external factors such as the threat of a lawsuit, criticism, or negative publicity.
Congruency	This organization has developed a few "token" programs or initiatives to address the issue of including individuals with disabilities.
Motivational Imperative	Orientation for new members or customers does not include sharing the organization's philosophy of including children with disabilities.
Experience	Individuals with disabilities are isolated within the organization or alone much of the time.

Survey Participants and Procedures

The purpose of this research, conducted in 2006, was to measure the extent to which four groups of stakeholders, including both providers and consumers of afterschool services, perceived that their organizations were inclusive of and welcoming to individuals with disabilities. These stakeholders—executive staff and board leadership, program staff, parents of children with disabilities, and parents of children without disabilities—came from five mid-size-to-large Boys and Girls Club organizations in San Diego County, representing 45 physical sites that served about 30,000 children and young adults. These five organizations were randomly selected from a purposeful sample of nine similarly sized Boys and Girls Clubs that we knew to have a history of serving children and youth with disabilities. The original sample was purposeful because we needed clubs that were large enough to serve a sufficient number of students with disabilities so that we could make meaningful statistical comparisons among the various stakeholder groups.

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Once we had drawn our sample of clubs, we contacted their executive directors by telephone to request their participation. Four of the five clubs quickly agreed to participate; the club that refused was replaced by the next club drawn from the purposeful sample. Depending on the preference of the executive director, the organization's program staff and leaders were surveyed either electronically through a commercial website or by traditional paper-and-pencil methods. In each club, the leaders surveyed were the executive director, the director of operations, and the entire board of directors.

Parents responded to paper-and-pencil surveys distributed in "parent packets" by the program director or diversity coordinator at each club and then mailed back to us. One club bundled parent responses to mail to us; parents from the other clubs mailed their own surveys. This method of distribution is important for at least two reasons. First, the decentralized distribution process meant that we could not calculate meaningful response rates for the parents; some program directors kept track of how many packets were handed out, but others just left them in large piles that were either picked up or thrown away. Second, this distribution process allowed for the possibility that program directors would hand the packets only to overtly satisfied parents, resulting in sample selection bias.

Despite these concerns, response rates for leaders and staff were fairly impressive, with response rates ranging from 25 percent at Club 4 to 84 percent at Club 3. Table 1 shows that we received a total of 216 usable surveys, almost evenly split between parents (50.5 percent) and leadership and staff (49.5 percent). Interestingly, the club with the lowest response rate, Club 4, appeared to be the least engaged in the process, suggesting that if an organization is not doing well on an issue, leaders and staff may be less likely to respond to a survey about it, even when complete confidentiality is guaranteed.

Table 1: Number of Responses from the Participating Clubs, Leaders and Staff, and Parents

	Total Reponses	Leaders and Staff	Response Rates for Leaders and Staff	Parents*
Club 1	43	24	41%	19
Club 2	68	27	54%	41
Club 3	50	27	84%	23
Club 4	28	16	25%	12
Club 5	27	13	43%	14
	216	**107**	**45%**	**109**

*As noted in text, we cannot calculate a response rate for parents because of the methods used to distribute the surveys.

Findings

To What Extent Were the Clubs Practicing Inclusion?

Since one of the main purposes of developing the ODMI-IWD was to give organizations an instrument that would allow them to assess the extent to which their organizations welcome individuals with disabilities, our first question is naturally "How well were these five Boys and Girls Clubs creating such a welcoming environment?"

To answer this question, Table 2 presents, for each club, the scores for the five dimensional indices for each club and the overall average score for each club, calculated as the simple average of all five index scores, as well as the standard deviations associated with these measures. The final row shows the average index and overall scores for all five clubs.

The overall average scores are all in a fairly narrow range suggesting little between-club variation, with all the clubs scoring between 3.66 and 3.99. To get a sense of what these scores mean in terms of how the clubs were actually doing in creating a welcoming environment for individuals with disabilities, we transformed all five overall scores into percentage scores. For example, the overall score for Club 1 was 3.99 on our five-point scale, which translates into a percentage score of 79.8 percent. Similarly, the percentage scores for Clubs 2–5 are 73.2, 77.4, 73.2, and 75.6 percent, respectively. Taken together, these scores suggest that the clubs were doing at least an average job, since all of the scores were somewhere in the 70th percentile. To use a grading analogy, all of the clubs passed; however, Clubs 1 and 3, the two clubs with the longest history of supporting inclusion and with the strongest support from their leadership, scored a higher pass than did Clubs 2, 4, and 5.

In addition to the overall scores by club, Table 2 also presents the average index scores for all clubs as well as their standard deviations, which can be thought of as a measure of consensus among respondents: the lower the standard deviation, the higher the level of consensus. Not surprisingly, there is little variation among the five index averages. Although the scores in the *diversity* area were clearly the lowest (3.67) and the *motivational imperative* area the highest (3.88), the other three measures resulted an average score of 3.81. More importantly, four of the standard deviations associated with the five overall index scores are tightly clustered between .72 and .76, but the *diversity* index is significantly lower, at .55, meaning that there was more consensus among respondents in the area of *diversity* than in the other four dimensions. This is especially important because respondents indicated that the five organizations were performing the worst in the area of *diversity*. From a policy perspective, it clearly helps to know that the greatest consensus was in the area that was perceived to need the most improvement.

Table 2 also reveals the areas in which each individual club is the strongest and weakest. One of the values of the ODMI-IWD is that it provides crucial information for developing internal policies aimed at improving perceived areas of weakness. For example, the weakest area for Clubs 1, 2, and 5 is *diversity;* for Club 3, it is *differential treatment;* and for Club 4, it is *experience*. Conversely, the area of greatest relative strength for Clubs 1 and 3 is *motivational imperative*, for Clubs 2 and 4, *differential treatment*, and for Club 5, *experience.*

Did Perceptions Vary by Stakeholder Group?

In addition to describing the extent to which stakeholders felt that the Boys and Girls Clubs under study were practicing inclusion of individuals with disabilities, our methodology also allowed us to compare the perceptions of different stakeholder groups. Variation among the four stakeholder groups—leaders, staff, parents of children with disabilities, and parents of children without disabilities—is important for a number of reasons. For example, if all four stakeholder groups agree in their assessment of the organization's strengths and weaknesses, then the process of institutional change can move forward with significantly less debate than if only some of the stakeholders believe that change is needed. Another important reason involves the potential disconnect between those working for the clubs *versus* those being served by them. Oftentimes leaders and staff have a more insular perspective than do the clients, so that those "on the inside" may have an inflated vision of how well they are doing. For these reasons and more, it makes good sense for service providers to

Table 2: Index Scores, Overall Scores, and Standard Deviations (in Parentheses), by Club

	Diversity	Differential Treatment	Congruency	Motivational Imperative	Experience	Overall Score
Club 1	3.77 (.49)	4.06 (.76)	4.06 (.71)	4.09 (.70)	3.99 (.75)	3.99
Club 2	3.58 (.58)	3.76 (.65)	3.62 (.74)	3.67 (.85)	3.69 (.72)	3.66
Club 3	3.76 (.50)	3.71 (.72)	3.88 (.70)	4.10 (.65)	3.91 (.80)	3.87
Club 4	3.61 (.58)	3.79 (.71)	3.71 (.75)	3.67 (.74)	3.53 (.61)	3.66
Club 5	3.65 (.64)	3.72 (.83)	3.77 (.84)	3.87 (.69)	3.91 (.70)	3.78
ALL CLUBS	**3.67 (.55)**	**3.81 (.72)**	**3.81 (.75)**	**3.88 (.76)**	**3.81 (.74)**	**3.79**

understand the concerns of both their customers and those providing the services; this sort of triangulation is critical if organizations are to become truly inclusive environments for all potential clients.

Given the importance of understanding the perspectives of all four stakeholder groups, in this section we use independent sample t-tests at the p=.01 level, which corresponds to the 99 percent confidence in statistical significance, to compare these perspectives. We choose this high level of statistical significance to ensure that any inferences regarding differences among groups are robust—an assurance that is especially important since both between-group and within-group differences for the five clubs were fairly small.

The index averages for the different stakeholder groups are presented in Table 3, which reveals apparent differences among leaders, staff, and parents with respective overall index averages of 4.13, 3.85, and 3.61—that is, the leaders had the highest estimation of the club's inclusiveness, the staff the next highest, and the parents the lowest. One important question is whether these differences occurred by chance or were representative of differences in the underlying populations from which the samples were drawn. We therefore begin our comparisons with perhaps the most basic one of all: the perspectives of those delivering the services (leaders and staff) *versus* those receiving the services (parents).

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Table 3: Index Scores for Leaders, Staff, Parents of Children without Disabilities, and Parents of Children with Disabilities

	Leaders	Staff	Parents of Children without Disabilities	Parents of Children with Disabilities
Diversity	3.86	3.76	3.56	3.52
Differential Treatment	4.08	3.84	3.64	3.62
Congruency	4.38	3.76	3.59	3.57
Motivational Imperative	4.22	3.95	3.61	3.83
Experience	4.10	3.94	3.67	3.52
Overall Average	**4.13**	**3.85**	**3.61**	**3.61**

Table 4: Index Scores for Leaders and Staff and for All Parents

	Leaders and Staff	All Parents
Diversity	3.81	3.55
Differential Treatment	3.98	3.63
Congruency	4.01	3.58
Motivational Imperative	4.06	3.70
Experience	4.01	3.61
Overall Average	**3.97**	**3.61**

To test for differences between leaders and staff on the one hand and parents on the other, we first needed to aggregate the responses of leaders and staff as well as our two groups of parents. Table 4 shows that the overall averages—3.97 for those providing services and 3.61 for those receiving them—suggest significant differences between the two groups. In fact, the results of our independent sample t-tests suggest that these differences are both real and significant, since all five indices as well as the overall measure were significant at the p=.01 level. Moreover, these differences were always in the same direction: The service providers consistently thought that they were doing a better job of creating a welcoming environment and providing quality services for children with disabilities than did their clients. While this finding is perhaps not surprising, it highlights the importance of talking to *all* relevant stakeholders—especially those outside the organization—before reaching any conclusions on the efficacy of efforts to create an authentically inclusive organization.

The significant differences between the perspectives of service providers and their clients led us to look for differences between the leaders and the program staff of the five clubs. The mean scores presented in Table 3 suggest that there may indeed be differences, since the overall mean score for leaders was 4.13 while the corresponding mean for program staff was 3.85. After conducting the appropriate series of statistical tests, this hypothesis was at least partially confirmed in that two of the indices (*differential treatment* and *congruency*), as well as the overall measure, showed significant differences at the p=.01 level. In addition, the *motivational imperative* index almost reached the p=.01 threshold. These differences were always in the same direction: Leaders consistently thought that the organization was more inclusive than did program staff. This finding suggests that the perceptions of those closest to service delivery were more in tune with those of their clients than were leaders' perceptions. We suspect that leaders may be so far removed from daily programming that they think the organization is practicing inclusion simply because they physically see children and youth with disabilities in the club. However, physical presence alone does not constitute inclusion.

To test this hypothesis, we also compared the perceptions of staff those with three groups of clients: all parents, parents of children with disabilities, and parents of children without disabilities. We found that when the responses of staff were compared with those of all parents, significant differences emerged at the p=.01 level in two areas, *diversity* and *experience*, with staff members rating their organization's environment as more welcoming than did parents. We also found similar differences at the p=.01 level between staff and parents with children with disabilities in the area of *experience*, as well as differences between staff and parents with children without disabilities in the area of *motivational imperative*. Again, all of the differences were in the same direction, with staff having a more favorable view than did parents, albeit less favorable than leaders' views. We found no differences between parents of children with and without disabilities, a finding that suggests that parental perspectives, at least among respondents, were similar on all five dimensions of inclusiveness.

Three Important Truths about Inclusiveness

Taken together, the results of our analysis have revealed at least three important truths about organizational inclusiveness. The first and perhaps most important is the need to query individuals both inside *and* outside the organization regarding the extent to which a particular environment is inclusive in terms of serving children and young adults with disabilities.

Our second truth illustrates the reason that both perspectives are critically important. The leaders who design the service delivery process often have a more favorable view of that process than do the program staff who implement it. Those who implement have, in turn, a more favorable view of the organization's inclusiveness than do the recipients of the service, the parents of the children served.

When these two findings are combined with the creation of the ODMI-IWD, a statistically reliable and valid instrument designed to measure the extent to which an organization is promoting and practicing inclusion for individuals with disabilities, the third and perhaps most obvious truth emerges: the overwhelming need for organizations providing afterschool services to determine the extent to which their environment is welcoming to children and youth with disabilities.

References

Babbie, E. (1990). *Survey Research Methods* (2nd ed.). Belmont, CA: Wadsworth Publishing.

Baron, M., & Mitchell, L. R. (1998). Organizational development model of inclusion (ODMI). Unpublished manuscript, University of San Diego.

Condeluci, A. (1995). *Interdependence: The route to community*. Boca Raton, FL: CRC Press.

Groth-Marnat, G. (1997). *Handbook of Psychological Assessment* (3rd ed.). Hoboken, NJ: John Wiley & Sons.

Harris, L., & Associates. (2004). Poll of Americans with disabilities. Washington, DC: National Organization on Disability.

Perske, R., & Perske, M. (1988). *Circles of friends: People with disabilities and their friends enrich the lives of one another.* Nashville, TN: Abingdon.

Thompson, D., Whitney, I., & Smith, P. (1994). Bullying of children with special needs in mainstream schools. *Support for Learning*, *9*, 103–106.

Twyman, K. (2009). Kids with disabilities bullied more often. Retrieved on May 5, 2009, from http://www.disabilityscoop.com/2009/05/05/bullied-study/3127.

U.S. Department of Education. (2009). *Digest of education statistics*. Washington, DC: Author.