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Are Children with Special Needs
Successfully Integrated in School-age Care Programs?

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A Thesis

in

The Department of Education

Presented in Partial Fulfillment of the Requirements
for the Degree of Master of Arts at
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ABSTRACT

Are Children with Special Needs Successfully Integrated in School-age Care Programs?

Mélanie Couture

This study examined the extent to which children with special needs were successfully integrated in school-age care programs. It also investigated the factors presented in the literature as being related to successful integration. These included quality of the environment, attitude and level of education, training and experience of staff members, preparation and planning, communication with the parents, modifications made to programs, and centre policies on integration. Twenty school-age care programs in the metropolitan area participated in the study. Interviews were conducted with 20 directors and 17 educators of the school-age care programs regarding the factors related to successful integration. Participants also answered a questionnaire investigating the child care staff's attitude and experience with integration. Parents of the special needs children attending the participating school-age care programs were sent a questionnaire examining their satisfaction with the quality of the centers as well as their previous and actual experience with the integration of their children. The quality of the school-age care programs was assessed with the School-Age Care Environment Rating Scale. Results demonstrated that the quality of the school-age care programs is an indicator of successful integration. In addition it was found that school-age care programs of better quality scored higher than those of lower quality on all of the subscales of the SACERS.

It was also found that directors of better quality programs had a better experience with integration, were more likely to know about and be involved in the children's individual education plan than directors of lower quality centres. Educators of better quality school-age care programs were more likely to know about the IEP and have specific objectives to work on than educators of lower quality centres. Parents from better quality programs were also more likely to know about the modifications that had been implemented to integrate their special needs children than parents in lower quality centres.

Recommendations made to ensure successful integration in school-age care programs are also discussed.

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Very few researchers have looked at the integration of special needs children in school-age care programs (Fink, 1988; Irwin & Lero, 1997). Thus the present study is exploratory in design and attempts to examine whether the school-age care programs meet the specific needs of the special needs children, their families, and the caregivers. It also attempts to determine the factors that hinder or facilitate the integration process for all participants.

In order to ascertain whether school-age care programs meet the needs of the children and their families, it is important to identify those specific needs. The needs have been reported in the literature as adapted materials, special activities, modified schedules, and the availability of the support from the caregiver for special needs children and their families (ASGEMSQ-COPHAN, 1995). For the caregiver to be supportive, his or her own needs also have to be met. Thus, the main focus of this study is on the support that is available to the caregivers so that they may provide care for the special needs children.

As mentioned earlier, very few studies have examined the issue of integration of special needs children in the school-age care programs (Fink, 1988; Irwin & Lero, 1997). However, instructional integration is a topic that has been debated for a long period of time and knowledge in this area is more elaborated than integration in school-age care programs (Biehler & Snowman, 1997; Friend & Bursuck, 1996; Goupil & Brunet, 1984; Roy, Lamarre, & Beauchesne, 1996; Stainback & Stainback, 1992; Staub & Peck, 1995; Vergason & Abderegg, 1992). Integration of special needs children in preschool day care has a longer history and, as a result, there has been more investigation of this topic than integration in school-age care programs (Baillargeon, 1986; Buysse, 1993; Chang &

Teramoto, 1987; Green & Widoff, 1990; Krajicek & Moore, 1993; Panitch et al., 1992; Rule, Killoran, Stowitschek, Innocenti, & Strieffel, 1985). The results of the studies on preschool day care integration were used to formulate several hypotheses regarding integration in school-age care program. These hypotheses were based on the knowledge acquired in the two related fields of instructional and preschool day care integration.

The goal of this study is to provide information on the actual integration process of special needs children in after-school programs. It should also provide information regarding means and procedures to facilitate the integration of the special needs children and support their families and the educators. Most importantly, it should provide a better understanding of what is perceived by child care workers and parents as successful integration.

Avant-propos

First, it is important to briefly mention some concerns about the term handicapped. In recent years, there have been interesting discussions about what terminology to use for individuals with disabilities. Thus, language is important because it reflects attitudes, but it also contributes to the elaboration of attitudes. Some issues that have been debated are about the use of certain words such as: "handicap," "disability" and "deficiency". The majority of groups advocating for the rights of these people no longer use the term handicapped to refer to their members (Panitch et al., 1992). In Québec the legal definition of handicapped is: "All people who are, significantly and persistently, limited in the accomplishment of their normal activities, and who suffer from a physical or mental disability or who use an orthosis or prosthesis

to overcome his/her handicap” (Loi assurant l’exercice des droits des personnes handicapées. 1978. chap. E-20.1. p.1 traduction libre).

The Office des Services de Garde (1986) defines the term handicapped as follows: “All children living with a deficiency and incapacities that are significant and persistent, and who meet obstacles in their integration process in a day care” (p.11. traduction libre). Another definition is proposed by Fougeyrollas (1985), which is derived from the Classification Internationale des Déficiences, Incapacités et Handicaps (CIDIH).

A handicap is a perturbation, for a person, in the realization of the life style, according to the age, sex, and social-cultural identity, and resulting in a disability or incapacity and on the other hand, in obstacles resulting from environmental factors (p.24. traduction libre).

These definitions imply an interaction between the person and the social environment. A person may present a disability, but not suffer from a handicap if his/her life is not limited. Hence, the use of the term handicap is more pejorative and disability has a less negative connotation. In addition, the assessment of a child often implies a diagnosis and an associated label. Unfortunately, this label is often the only means whereby a child may have access to the proper resources (Panitch et al., 1992). Another common term for children with disabilities is “children with special needs”. This term has limitations and issues as well. Children included in this special needs definition are those who have learning disabilities, language impairments, mental retardation, emotional or behavioral disorders, pervasive developmental disorders (autism), sensory impairments, attention deficit disorder, organic or health impairments. It may also include children who

are at-risk children (low social-economic status, immigrant, etc.) or gifted and talented children (Friend & Burssuck, 1996). This very broad definition makes it difficult when examining the literature, because many of the authors seem to favor the use of different classification schemes. For example, some authors will not include gifted children in the group of children with special needs but will include the at-risk children or vice-versa and some others will limit their definition to children with certain disabilities.

In Quebec, following certain medical diagnoses, a child will receive a "code de difficultés" from the Education Ministry (MEQ) and this code will allow the child to receive funds and services. The list of codes is divided into two sections: students with difficulties and handicapped children. The first section includes children with learning disabilities and behavioral disorders and the second section refers to intellectual impairment, physical impairment, sensory impairment, pervasive development disorders and multiple disabilities. In the following pages, the definition of special needs children is based on the definition of handicapped children as outlined in the MEQ codes and also includes children with behavioral disorders.

Rationale for not Including Children with Learning Disabilities

The school-age care integration literature (Fink, 1988; Irwin & Lero, 1997) has provided a broad definition of special needs children. Fink (1988) described this population as being "children with moderate to severe disabilities or children with handicapping conditions, which are perceived to require, close supervision or additional training" (p. 4). More specifically, Fink defined children with special needs as the "portion of the population whose needs and capabilities are viewed by parents, child care providers, and others as substantially different to the extent that they are often not

included in the kinds of out-of school activities which others routinely attend” (p. 10).

For their part, Irwin and Lero (1997) define special needs as:

Disabilities, delays, or health disorders that significantly increase the difficulty of obtaining and keeping adequate child care and/or child care related services. The definition is functional rather than diagnostic – i.e., the emphasis is on the difficulty in obtaining care, not on the underlying condition (p. 4).

In 1991, the MEQ identified students needing support in the following proportions: 56 % were rated as having mild learning disabilities, 20 % as having severe learning disabilities, 12% as having behavioral difficulties, and finally 12% as having some sort of handicap (physical, sensory or intellectual) (Roy, Lamarre, & Beauchesne, 1996). While a significant number of students needing support were identified as having learning disabilities (76%), on the whole, they are the least likely of all special education students to be considered to have special needs in terms of their attendance in non-academic child care and recreational programs (Fink, 1988). As Fink stated:

A significant percentage, perhaps even a majority of children with a learning disability need not be counted in the special needs category for child care purposes because the problems they encounter in a school classroom do not present themselves in environments where arts, sports, and other leisure activities are emphasized (p.10).

On the other hand, the majority of students from the other categories of special education have clearly identifiable needs that would have to be addressed if they were enrolled in child care settings (Fink, 1988).

In the present study, a functional definition of special needs is used. Therefore the population referred to is composed of individuals with moderate to severe disabilities. Consequently, all children for whom it is possible to receive funding for their integration were included in the study. It is acknowledged, that while certain children might not have been clearly identified with a code, or were in the process of being evaluated, they may have required some support from the child care staff members; these children were also included in the study. When the study was presented to the director of each school-age care program, it was emphasized that to qualify for inclusion in the study the children had to have a disability that was clearly visible, identifiable, or difficult to deal with. Accordingly, behavioral difficulties were often mentioned by the director and children presenting such problems were included in the study. Children with only learning disabilities were not mentioned by the directors, nor by the educators to be children about whom they had integration concerns. This is in keeping with Fink's (1988) findings that children with learning disabilities are the least likely to require integration aid in a recreational setting.

According to Fink (1988), the lack of a precise definition for children with special needs did not impede his work; parents and child care providers always seemed to know which children needed to be identified, when discussing special needs children. In fact, this also seemed to be the case in the present study since most directors and educators all had in mind very specific children with special needs when responding to the questionnaire and interview. The focus of this study was children with *challenging* disabilities, which in most cases would necessitate modifications or changes to some aspects of the programs. The goal of this study was to investigate whether the school-age

programs had the resources to integrate children with more severe disabilities, because children with very mild disabilities probably do not require modifications to the program and are already more easily integrated (Fink, 1988).

LITERATURE REVIEW

This paper examines published literature that discusses the integration of school-age children with special needs in school-age care services. As the literature regarding this issue is very sparse, it is necessary to refer to the literature on instructional and preschool day care integration and make some inferences based upon the existing information. Since the integration movement began in the education system prior to being instituted in the day care system, an historical perspective of instructional integration is presented initially and is followed by the development of school-age care services and the integration movement in day care and after-school care. The general context of families having children with special needs is then discussed in order to fully understand their situation and the implications of attending school-age care services. Next, the rationale for the integration of children with special needs is mentioned. Then, the issue of quality in school-age care programs is presented. In addition, attitudes of staff and parents, as well as the potential benefits of integration for children and families are discussed. Finally, actual situations and barriers to integration are presented.

Historical Perspectives

Instructional Integration

The educational placement of children with special needs has engendered passionate debate for many years and is still ongoing. Over the years there has been a progression towards merging special and regular education. At the beginning of the

special education movement. there were special classes or schools for children with each type of disability. "As special education has grown, it has been shaped by federal law, the civil rights movement and related court cases, and changing social and political beliefs" (Friend & Bursuck, 1996, p. 4). Yet, it was an influential article published by Lloyd Dunn (1968) that was credited with being the first initiative for integrating special needs students into least restrictive settings (Lerner, 1997). Before that, there were some precursor-laws in the United States. (P.L. 89-750 in 1966 and P.L. 91-230 in 1970), which were attempts to stimulate various states to develop special education resources and personnel for the students with special needs. The law that finally took a step to correct the perceived inequities and deficiencies of the education system was the Public Law 94-142. The Education for All Handicapped Children Act. This law was to ensure a free, appropriate public education for all children with special needs. It was passed in November 1975 and has been revised and expanded twice. initially in 1986 with the Handicapped Children's Protection Act (PL 99-457), and most recently in 1990 with the Individuals with Disabilities Education Act (IDEA, PL 101-476) (Biehler & Snowman, 1997). It was updated again and re-issued for implementation in 1997 (Lerner, 1997).

The IDEA law is composed of different provisions, which include the continuum of alternative placement and the creation of a least-restrictive environment. The continuum of alternative placement requires American school boards to put at the disposal of children a range of services in order to meet the needs of special needs children. These services are supposed to include access to regular classrooms, resource rooms, special classes, and the "special school". The second provision aims to facilitate normalization and integration in society. Thus, when appropriate, children with special

needs are to have as much contact as possible with children from regular schools. Even if the school board must provide a continuum of services, each child has to be placed in the least restrictive setting that his/her disability will allow. Another important provision is the development of an Individualized Education Plan (IEP) for each child identified with a disability. This is a written statement designed to meet the needs of the child and must include objectives, services to be provided, and criteria for determining achievement (Biehler & Snowman, 1997; Friend & Bursuck, 1996; Lerner, 1997).

In Canada, it is the public school system that is responsible for the implementation of educational services for children with special needs. The first province to pass legislation for the education of special needs children in a least restrictive setting was Saskatchewan in 1971. It was followed by the province of Manitoba in 1976, Quebec and Newfoundland in 1979, and Ontario in 1980. There is no nation-wide policy, and existing policies differ from school board to school board within each province (Stainback, Stainback, & Bunch, 1989).

In the early years of integration in Canada and in the United States, children who were integrated were those diagnosed as learning disabled or with mild disabilities because that involved less adjustment for the school. It is only in the 1980's that attention began to focus on the integration of more severely disabled students. Some school boards in the United States and Canada considered this segment of the population, which has resulted in the implementation of a board-wide policy concerning this issue in the provinces of Quebec and Ontario (Stainback et al., 1989).

According to Porter and Richler (1991), a dramatic shift occurred in educational legislation when the Canadian Charter of Rights and Freedoms was entrenched in the

Canadian Constitution in 1982. This created a new environment for the educational system to operate in, where principles of liberty, freedom from discrimination, and freedom of association were the broad parameters. In Canada, provincial legislation requires school boards to provide appropriate educational services for students with special needs, but the actual implementation and service delivery is left to each school's authorities (Porter & Richler, 1991)

In Quebec, before the 1960's, children with disabilities had little to no access to education. It was only during the 1960's and 1970's that a system of special classes and schools was developed (Roy, Lamarre, & Beauchesne, 1996). At the end of the 1970's, the province counted 160 specialized schools of which half included many types of children with difficulties (Roy et al., 1996). At the same time, researchers were unable to demonstrate that the special education system was better than the regular system to instruct the children with special needs, and parents began to ask for more equal opportunities for their children. In 1976, a report from the "Comité provincial sur l'enfance exceptionnelle" (COPEX) led the Quebec Education Ministry to adopt new legislation in 1978. This policy aimed to ensure education in the least restrictive environment ("cadre le plus normal possible") by graduated measures or a continuum of services ("système en cascade"). In addition, the "Chartre des droits et libertés" was adopted in 1975 and the "Office des personnes handicapées" was created in 1978. In 1985, the policy "À part égale" was published and the concept of desinstitutionalisation was put forward (Roy et al., 1996). The policy on public instruction was modified in 1989 and was more precise concerning the services that special needs children were able to receive. The policy for educational integration of 1978 was reaffirmed in 1992, but

with a new emphasis on social integration. Finally, in 1994, “la Cour d’appel” of Quebec ruled that special needs students did not have, and never had, absolute rights for integration in regular classrooms. However, the court also ruled that these children had the right to adapted educational services. It was left to the school boards to assess the needs and decide on what was best for the child (Roy et al., 1996).

School-Age Care

Child care services are required by many families. Parents of school-age children also need child care arrangements before and after-school hours. This situation is difficult for families of special needs children because the children require full-time supervision well into adolescence, which may be long after “non-disabled” children of the same age (Rowland & Robinson, 1991). In many regular schools in the province of Quebec, child care services in the physical plant are readily available. Then, if the special needs child is integrated into the regular school he/she will have access to that child care program just like his/her peers. This access to child care services in the school has not always existed and it is only recently that it really has begun to expand into so many schools.

School-age care as a distinctive child care program is a relative newcomer compared to preschool child care, and as such, has a very short history. The history of school-age care could be considered as two phases, an early and short history during the Second World War and a later history, which consists of the massive entry of women into the workforce since the 1960’s (Jacobs, Mill, Gage, Maheux, & Beaumont, 1998).

In rural areas, the end of the school day was synonymous with helping the family in the fields, which meant that they had no real need for school-age care. However, in urban areas, some mothers worked outside of the home, and their children returned to an

empty home alone. To some parents and social reformers this type of arrangement was of concern because they did not think it was safe for the children to be home alone and play in the streets (Jacobs et al., 1998).

In some Canadian cities, crèches were established to serve both school-age and preschool-aged children. In these settings, school-age children were served hot meals at noon and received care in the after-school hours (Young, 1994). Later, across the country, local branches of the National Council of Women took up the playground movement and developed parks to cater to the needs of children and to keep them out of the streets, which were dangerous (Young, 1994). This was then followed by the emergence of other types of recreational programs like the Girl Guides, Boy Scouts and 4-H Clubs (Jacobs et al., 1998).

Because of the Second World War, different types of programs and settings were created to help free women to enter the workforce during the war effort (Young, 1994). In the early 1940's, there was a tremendous growth of child care programs and some of these were even licensed by the government. However, when the war ended and women were no longer needed in the factories, most of the after-school support programs closed (Young, 1994).

This period was followed by a quiet period that lasted approximately 20 years, from the end of the war to the re-entry of baby boomers into the workforce (Jacobs et al., 1998). In the mid 1960's, large numbers of women entered the workforce and had young children who required preschool child care. As these children reached school-age in the early 1970's, the need for supervision of these children after school became apparent. In the 1970's, 50% of Canadian mothers of school-age children were working outside of their

homes (Kyle, 1992). As the existence of school-age care programs was not widespread in Canada, mothers trying to find supervision for their children enrolled them in various recreational programs that differed for each day of the week. These arrangements were difficult for the working mothers and their families and so they sought other arrangements. Some mothers turned to the directors of preschool child care, others turned to family child care in the neighborhood and still others formed committees to convince school boards to offer after-school child care programs (Jacobs et al., 1998).

In some of the provinces, it was only in the mid 1980's that there was a real emergence of school-age care programs. Because of a drop in the birth rate, some school administrators found that they had empty classrooms (Young, 1994). Thus, parent committees focused on the school environment as an appropriate setting for the parent-operated school-age care programs. In 1987, the Ontario government made it mandatory for all new schools built to include a child care center on the premises (Young, 1994). In Quebec, many school boards recognized the success of the programs initiated by the parents and took over the responsibility for the operation of these programs and implemented them in schools where they had been lacking (Jacobs et al., 1998). These changes were necessary as, by 1991, Health and Welfare Canada estimates of child care need indicated that 1,776,873 children 6- to 12- years of age were assumed to need child care while only 79,964 regulated child care spaces were available (Health and Welfare Canada, 1992, cited in Friendly, 1994).

Integration in Day Care and School-Age Care

In Quebec, the legislation governing child care is entitled An Act Respecting Child Day Care and is administered through l'Office des Services de Garde à l'Enfance (OSGE).

The OSGE was created in 1980 and its powers were regulatory, administrative, and legal. In 1983, the OSGE took a step towards integration with a policy based on the paper, "On Equal Terms: The Social Integration of Handicapped Persons". By 1998, the number of children integrated into preschool day care had more than tripled. In 1988, the provincial government adopted the policy, A Better Balance: Policy Statement on Day Care Services. This new policy focused on providing assistance and support to families, and had primary objectives, which included accessibility of service, freedom of choice, and parental participation (Crawford & Cameron, 1993). For their part, school-age care services were under the responsibility of the school principals. Thus, it became the Ministry of Education that regulated the integration of a special needs child into the after-school program.

Impact of Special Needs Children on their Families

In Quebec, the movement for desinstitutionalization appeared in the 1970's and it centered on allowing disabled people to live with their families (Bornais, 1995). With this context of desinstitutionalization, families with disabled members were then left alone to assume greater responsibilities (OPHQ, 1989). Yet, parenting a child is a difficult responsibility that provides rewards and varying levels of stress. Stress arises from the great demand on parents' time and energy and from the constant challenge of parents' feelings of competence. The demands and challenges of parenting are often intensified for parents of children with special needs (Gowen, Johnson-Martin, Goldman, & Applebaum, 1989).

It has been hypothesized that the diminished ability of children with special needs to care for themselves in daily activities translates into increased caregiving demands on

the mother. These mothers have more psychosocial stress because they face more major life events (hospitalization, major financial expenditures), daily hassles (transportation problems, fatigue), and unique difficulties (demanding therapeutic regimens, finding suitable activities for the child, and deflated personal aspirations for the mother) than mothers of children without special needs (Wallander & Marullo, 1997). Tétreault and Vézina (1990) revealed that the presence of a special needs child in a family would often accentuate the disparity of the roles between the mother and the father. Mothers may have to invest more time caring for their special needs child, must continually adapt, and have very little time for professional and personal activities, while the fathers may be less involved in the chores and care of the children. Furthermore, separation or divorce is frequent because of communication difficulties and the accumulation of stress for the parents of a disabled child (OPHQ, 1989; Harris & McHale, 1989). Social isolation and deterioration of family relationships and friendship is another burden of these parents following the birth of a handicapped child (Tétreault & Vézina, 1990). Finally, mothers of special needs children have generally been reported to have more depressive symptoms or dysphoric affect than mothers of normally developing children (Gowen et al., 1989).

The adaptation of the family and parents to the special needs of the child is mediated by different factors. Some characteristics of the child might make it easier or harder to adapt to the disability. The severity and type of disability, the caregiving demands, and the related behavioral difficulties are different possible factors affecting the adaptation (Hanson & Hanline, 1990). Parental coping skills, active family and external support systems, as well as services available are elements that may facilitate the adaptation process (Flynt & Wood, 1989; Frey, Greenberg, & Fewell, 1989). Finally the

socioeconomic status (SES) of parents, marital status, and marital satisfaction are also important factors. Parents with low SES have more difficulty coping and happily married parents are less stressed (Flynt & Wood, 1989).

Hence, even if families with children with special needs have a much more onerous task, their needs are generally the same as other families: schooling, health services, and child care (Bornais, 1995). In Canada, it is believed that between 6 to 10% of children have a chronic health condition or special needs (Irwin & Lero, 1997). Approximately 45% of the mothers of infants and toddlers with special needs have jobs outside the home. These mothers work for personal aspirations, but also because of the additional financial burden associated with having a special needs child (Krajicek & Moore, 1993). Unfortunately, studies reveal that parents have difficulties finding services and that the coordination of these services is also inadequate (OPHQ, 1992). The absence of resources or respite increases the burden of the parents, which may lead to physical and mental exhaustion. The accumulation of daily stress, of family tensions, isolation, misunderstanding of others, and the lack of support from the community may affect the health of these families. In order to answer the needs of their special needs child, the parents' needs must first be met (Bornais, 1995).

Dedicated parents of children with special needs know that good child care is essential because it is a primary source of respite, it eases the strain on the family relationships, and gives parents a break from the stress associated with caring for their children with special needs. It also lessens the conflict between working and rearing a child (Krajicek & Moore, 1993). However, parents have difficulties finding appropriate day care. A national survey conducted in the United States has found that only 31% of

their sample of parents with special needs children were using school-age care services, but this incidence was probably higher than from a random sample because of some selection issues (Fink, 1988). Moreover, the same author cited another survey (Harvard Public Health Study, 1985) that revealed that only 18% of special needs children were enrolled in before and after-school care. When compared to the total population, in 1990, 76% of Canadian women whose children were between 6 and 12 years-of-age were employed and needed child care (Labor Canada, 1992, cited in Friendly, 1994). These findings indicate that families of children with special needs do not use child care services as much other families. Perhaps this could be explained by a lack of quality programs that do integrate the children with special needs, since these families have the same needs for caregiving arrangements as other families.

Furthermore, there are very few child care services that are exclusively for special needs children, even though they are often refused entry into regular services. In addition, as the child grows, schooling needs arise with a concomitant question: will the child be integrated into a regular school or will he/she attend a special school and will there be after-school care services available in either of these arrangements? The educational placement of special needs children is extremely important and has many implications for the development of special needs children as well as mainstreamed students. As mentioned earlier, the integration into day care and school-age care is more recent than instructional integration. Thus, most research concerning the impact of integration has concentrated on educational placement (Baker, Wang, & Walberg, 1995; Bear, Clever, & Proctor, 1991; Butler, & Marinov-Glassman, 1994; Fuchs, & Fuchs, 1995; Grolnick, & Ryan, 1990; Kidd, & Hornby, 1993; Lewis, 1995; Madge, Affleck, & Lowenbraun, 1990;

Myles, & Simpson, 1990; Stone & La Greca, 1990;) and only some research exists concerning integration into day care (Barrafato, 1998; Buysse, 1993; Crawford & Cameron, 1993; Galant, & Hanline, 1993; Green, & Widoff, 1990; Krajicek, & Moore, 1993; Parette, & Murdick, 1994). Furthermore, very few studies have looked at integration into school-age care programs and these have been mostly descriptive studies (Fink, 1988; Irwin & Lero, 1997).

Rationale for Integration

According to the "Politique d'intégration des enfants handicapés dans les services de garde" established by "l'Office des services de garde à l'enfance", to integrate a special needs child in a school-age program means to admit this child into the same setting and program as the normally developing children, in order that this child and his/her family may take advantage of the same affective, social, and cognitive experiences (Baillargeon, 1986). According to the ASGEMSQ-COPHAN, the integration process has two parts, the physical integration, which is to accept the special needs child in the setting, and a second part, the social integration, which is to foster the active participation of the special needs child in the activities of the program (ASGEMSQ-COPHAN, 1997). However, Warnock (1978), defines integration differently and separates the integration into three levels: locational, social, and functional. The locational level refers to the physical integration of the children with special needs, the social level is the involvement of the children with special needs with the other normally developing children, and the functional level is the active participation in the educational program or in our case in the planned activities. Successful integration would occur when the three levels are present.

In addition, functional integration is only achieved when there is both locational and social integration, therefore this is what constitutes successful integration (Warnock, 1978).

The provision of services for special needs children in mainstreamed school-age care programs is desirable for several reasons. First, child care services are a basic need for many families, including families with special needs children. In addition, an increasing number of special needs children are members of families in which both parents are employed or a single parent is the head of the family (Rule, Killoran, Stowitschek, Innocenti, & Strieffel, 1985). Second, there are not enough segregated programs available to serve all special needs children. (Rule et al., 1985). Third, parents want their children to have neighborhood friends who attend the same child care setting (Rose & Smith, 1994). Fourth, integration of all people with disabilities is a growing trend in all areas of society (Rose & Smith, 1994). Fifth, integration is important because it furthers the essential socialization process that enables children to interact with their non-disabled peers, which in turn fosters the normalization of the special needs children (Krajcick & Moore, 1993). Finally, when appropriately implemented, integration has been found to be convenient and cost-effective (Ledman, Thompson, & Hill, 1993).

Factors Facilitating Successful Integration

In order to successfully integrate children with special needs in school-age care programs certain conditions must be met. Baillargeon (1986) identified different factors that would promote the successful integration in preschool day care: proper preparation and planning, the involvement of the parents, the collaboration with specialists, and the possible modifications to ratio or group size, materials and/or equipment. Even though

these recommendations were made for integration in preschool day care, they may be applied to school-age care programs as well.

According to several authors, one of the most important factors is the positive attitude of the educators and parents (ASGEMSQ-COPHAN, 1997; Chang & Teramoto, 1987; Panitch, 1992; Pavillon du Parc, 1988; Rule et al., 1985). This is probably one of the most powerful variables in determining successful integration, since the educator's attitude will eventually shape all aspects of the emotional climate of the program (Rule et al., 1985). Proper training and education, as well as adequate support and collaboration with parents and specialists are probably the most effective ways to foster positive attitudes in child care workers.

Secondly, the integration must carefully be planned (Baillargeon, 1986; Tari, Hancock, & Brophy, 1989). Prior to the actual integration, it is important to have a clear picture of the disabilities of the special needs child in order to understand the possible interference with the usual functioning of the afterschool program. Even before the actual integration, the collaboration of the parents and possibly of the specialists involved with that child is necessary. Their collaboration is necessary for the analysis of the needs of the child and to prepare the integration plan (IEP), which constitutes the identification of certain objectives and methods about how to reach these objectives through specific intervention or activities (Baillargeon, 1986; Tari et al., 1989).

The third factor emphasizes the involvement of the parents throughout the integration process. If parents are to be encouraged to be involved in the school-age care programs, the collaboration with parents of a child with special needs is even more essential. Most parents already know the strengths and weaknesses of their children and

may help the educator understand the children and work with them. Very often they have developed a support network that could be helpful to the school-age care program. As parents are the primary caretakers of their children, they should be directly involved in all decisions related to them (Baillargeon, 1986).

The fourth factor is collaboration with the specialized resources. Those resources are the different professionals who might be involved with the children (special educator, social worker, psychologist, speech therapist, physical therapist, occupational therapist in the school or from health/rehabilitation program, CLSC, specific association, Office des personnes handicapées, volunteer agencies etc.). These resources may provide specific information about the children's disabilities, methods of intervention, and help in defining appropriate objectives and will serve as support system for the school-age care program (Baillargeon, 1986).

Fifth, it might be necessary to make some modifications to the school-age care program. In some cases, adult-child ratios may need to be modified, which translates into fewer children with the educator in order to be able to interact properly with all children. Changes in how they manage their work may be necessary to cover for the additional time needed to plan the activities, and the meetings with parents and specialists. Some specialized materials and/or equipment may be necessary, however, for most children the regular environment is appropriate (Baillargeon, 1986).

Another condition for success is the elaboration of clear principles and philosophies about integration where the school-age care program is concerned (Panitch et al., 1992; Tyler & Newman, 1991). These policies should be reflected in the creation of an environment that respects the differences of special needs children, but also

acknowledges their equality with other children (Panitch et al., 1992; Pavillon du parc, 1988).

Finally, the social integration of special needs children does not occur by simply allowing the child to enroll in the program. Educators must facilitate interactions between children in order to foster social integration and this responsibility has to be shared by all staff members (DeBuysse, 1993; Panitch et al., 1992). If good quality school-age care programs were readily available and accessible, then it appears that most parents would select mainstreamed child care for their special needs children (Fink, 1988). In fact, it seems that quality issues have superseded the question of segregation and integration in school-age care for the parents surveyed by Fink (1988).

In conclusion, it is important to remember, school-age care providers have a different mission than other professionals who are responsible for monitoring and supporting the medical, psychological, and educational progress of the child: child care providers are responsible for creating an environment in which children can relax, play, make friends, try new activities, and feel good about themselves (non-academic, non-therapeutic atmosphere) (Fink, 1988).

Attitudes Toward Special Needs Population and Integration

As mentioned previously, negative attitudes are believed to be barriers to integration because they may create or support negative expectations and behaviors, which may limit successful integration and the independence of people with special needs (Antonak & Livneh, 1988). Attitude is defined by Allport (1935) as a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon an individual's response to all objects and situations with which it is related

(p. 810). Triandis (1970) defines attitude as an idea charged with emotion, which predisposes a class of actions to a particular class of social situations (Triandis, Adamopoulo, & Brinberg, 1984). Three components of attitude have been mentioned: the cognitive (idea or thoughts about attitude object), affective (emotion attached), and behavioral (predisposition to action) components (Hannah, 1988).

But how do attitudes develop? Attitudes are learned through experience and interaction with other people, social objects, and environmental events, rather than being innately determined, although the role of heredity or constitutional factors in attitude formation has not been fully investigated (Antonak & Livneh, 1988). In addition, positive and negative events or words are associated with certain categories. When a category of people or a behavior toward people is frequently associated with positive or negative events, the person develops attitudes toward that category or behavior that reflects these events. In sum,

attitudes are formed because the person is exposed to the attitude object, which can generate positive affect: the attitude object is observed to have particular attributes: the person learns from others that the attitude object has some attributes; and/or the person is rewarded for believing that the attitude object has certain attributes (Triandis et al., 1984, p. 33).

As described by Altman (1981), attitudes toward disabled people may be conceived as operating in three distinct, yet interacting, social circles or levels (Antonak & Livneh, 1988). The innermost circle comprises attitudes exhibited by the disabled person's relatives, friends, and peers. Attitudes of these groups influence not only the development of the disabled individual's self-concept, but also the socialization of the

individual into typical community activities. The next attitudinal circle encompasses the relationships of the disabled individual and the rehabilitation professionals with whom he or she comes into contact. This group includes physicians, nurses, teachers and clergy and they provide information, services, and stability for the disabled person and family. Their attitudes may have an enormous impact on both the medical and psychosocial processes of adjustment to the disability as experienced by the disabled individual. They may also influence the attitudes of members of the first social circle as well as the attitudes exhibited within the larger third circle, that of society at large. The third and outermost circle is composed of attitudes of the general public. Society's negative attitudes toward its members who are disabled create real obstacles to the fulfillment of their roles and the attainment of their life goals (Antonak & Livneh, 1988).

Hannah (1988) reviewed the literature on teachers' attitudes toward the integration of special needs children into regular classrooms. It appears that teachers of varying types and at various stages of professional development hold beliefs about disabled persons similar to those held by the general public. The research that she reviewed indicates that teachers are not overwhelmingly positive in their attitudes toward children with disabilities. While there is some variation among individuals, teachers generally have negative beliefs about and feelings toward these children, as well as being somewhat reluctant to enter into a teaching relationship with them. A complex of teacher and environmental characteristics appears to be related to teacher attitudes toward children with disabilities. For the teacher characteristics, grade level taught, degree of knowledge and amount of self-confidence all seem to be predictors of attitude. The quality of a person's contact with persons with disabilities also may affect attitude. In

terms of school setting variables, class size, the presence of support personnel, and in-service training about children with disabilities appear to be related to attitudes. In the realm of child variables, the degree of disturbance of the child's behavior and his or her level of achievement affect teacher attitudes toward the child (Hannah, 1988).

As mentioned earlier, teachers' attitudes are very important factors for successful integration (DeHaas-Warner & Pearman, 1996; Krajicek & Moore, 1993; Rule et al., 1985; Tari et al., 1989). Unfortunately, many teachers have unfavorable attitudes toward integration. A survey conducted by Child (1981), reported that fewer than 50% of teachers were adequately prepared to work with special needs children, or had taken some specialized training (Rule et al., 1985). These negative attitudes of teachers can be explained by a discomfort and anxiety about disabilities, feelings of incompetence, lack of appropriate training (Beaupré, 1990; DeHaas-Warner, 1994; Rampaul & Freeze, 1991), lack of support from specialists in the field, and insufficient money for adaptive material and equipment (OPHQ, 1992; Parette & Murdick, 1994; Perreault, 1997; Rule et al., 1985). However, some teachers are in favor of integration for various reasons: it provides a broader horizon for all children, a greater stimulation for special needs children, more positive behavior models, and higher expectations of progress for special needs children (Tari et al., 1989). Preschool teachers have been found to have more positive attitudes toward special needs children than teachers of older students (Rule et al., 1985). This could be explained by the nature of the preschool programs, which may be less focused on academic performance than elementary school program. It could be hypothesized that school-age care educators would also have a more favorable attitude because of the recreational aspects of their program.

Finally, Goupil and Brunet (1984) suggested that teachers had more positive attitudes toward integration than principals. Since principals are the persons who make the decisions about mainstreaming a child, these findings are very important (Goupil & Brunet, 1984). It is then is hypothesized that the findings would be similar in after-school programs. Therefore, in this study it is expected that directors of school-age care programs will have a more negative attitude toward integration than educators.

Quality Issues in School-Age Care

According to Fink (1988), if the quality of the school-age care programs was ensured, then parents of children with special needs would prefer to mainstream their children. For this reason quality issues related to school-age care program will now be discussed. As school-age care is a relatively new necessity for families, research in this area is somewhat sparse. However, there is a great deal of it in preschool day care and it has paved the way for individuals to value quality in child care programs. The preschool research has occurred in three waves (Clarke-Stewart, 1987). The first wave, in the early 1970's was concerned with the effects of child care on child development. The second wave of research occurred in the late 1970's and looked at the effects of different kinds of child care and different settings on children's developmental outcomes. The third wave of research, which began in the 1980's, was preoccupied with how child care quality combined with family factors produced effects on children's development (Clarke-Stewart, 1987). Because the need for school-age care is more recent than the need for day care for preschoolers, most of the accumulated knowledge regarding quality issues is based on research conducted in preschool child care. This section will now examine the quality issues in school-age child care.

Definition and Dimensions of Quality in Child Care

Early studies of school-age care, as well as early studies of preschool day care found contradictory results about developmental outcomes of children attending childcare because quality issues were neglected (Rosenthal & Vandell, 1996). Quality dimensions are important as it is essential to make sure that child care has no detrimental effect on children's development and hopefully can serve as an effective intervention for children from low-income families as was suggested by Phillips and Howes (1987). However, the definition, assessment or measurement of quality can be seen as a fuzzy concept, and has been viewed in several ways by different researchers, policy-makers, and directors of child care (Phillips & Howes, 1987). Some authors refer to quality as "the extent to which the care environment supports and promotes age-appropriate social, emotional, physical and intellectual development and at the same time provides the family with a sense of security regarding the child's out-of-home care" (Jacobs, White, Baillargeon, & Betsalel-Presser, 1995, p. 222). Yet others propose that quality be defined in terms of regulatable variables (ratios, group size) and process-oriented dimensions such as interactions and developmentally appropriate activities and then measured through observations and interviews.

Professionals in the field have outlined various quality variables that are being of primary importance, these include structural variables, global variables, and human variables. Structural variables refer to staff:child ratios, group size, and staff training (i.e. factors that can be measured). On the other hand, global variables represent the whole child care environment such as the equipment, materials, activities, atmosphere, routines, provision for adults needs, policies and health and safety practices (Scarr et al., 1994).

These variables are more difficult to observe, nevertheless, some specific instruments like the School-Age Care Environment Rating Scale (Harms, Vineberg-Jacobs, & Romano-White, 1996) have been designed to accomplish this task. Finally, human factors include the warmth and attachment between the caregiver and the children, the communication between the parents and educators, and also the support the educators receive from their director (Whitebook et al., 1989).

Since structural characteristics are most consistently related to many aspects of quality (Kontos & Fiene, 1987) each of these will now be looked at separately. Unfortunately, the adult:child ratio is not an issue that has been examined in Canadian literature and suggestions of adequacy are mostly based on American research (Jacobs et al., 1998). A recent Canadian publication based on the Policy Research on Children and Youth and Families School-Age Care Workshop (1993) has revised the recommendation for ratios from one adult for 12 children aged five and older during after school programs times, to 1:24 at lunch time, and to 1:8 for full-day programs (Jacobs et al., 1998). There were also some recommendations for the maximum group size, which were 24 for grade 1 to grade 6, and 20 for kindergarten-aged children. Unfortunately, no rationale, explanations or references were provided to support these changes (Jacobs et al., 1998). In addition, Friendly (1994) reports that the Canadian Child Care Federation recommended a maximum group size of 16-18 children for 4- to 6-year-olds, 20-24 children for 6- to 9-year-olds and up to 30 children for 10- to 12-year-olds.

But why is ratio considered a quality factor? Research shows that ratios have a definitive impact on the behavior and attitude of the caregiver, the center quality and on child functioning (Friendly, 1994). The reason is that ratios help to determine group size

and it is known that smaller group size can facilitate more meaningful and warm interactions between children and adults (Rosenthal & Vandell, 1996; Whitebook, Howes, Phillips, & Pemberton, 1989). It is also important because it is assumed that adults mediate children's contact with the physical world and provide opportunities to explore and practice skills. If there are too many children in the group, the caregiver can only interact briefly with all children and will show less concern and appropriate care (Phillips & Howes, 1987). Friendly (1994) reported that in a center with better staff-child ratios caregivers have been found to "provide more intellectual, verbal, and social stimulation of children, are more sensitive and responsive, are less harsh, detached, and less controlling, and provide more appropriate activities."(p. 230).

Group size is also a quality factor. A review of the literature on group size revealed that caregivers working with large groups of children were less responsive, provided fewer individualized responses, were more restrictive, and more involved in monitoring than caregivers working with smaller groups of children (Friendly, 1994; Kontos & Wilcox-Herzog, 1997).

The importance of staff training as a quality factor is also derived from studies in preschool day care and there is ample evidence that specialized training is associated with good quality care (Phillips & Howes, 1987). Research has demonstrated that staff with more years of formal education and specific training in early childhood education at the college level are more sensitive and responsive in their interactions with children than those with less training and formal education (Kontos & Wilcox-Herzog, 1997; Whitebook et al., 1989). Other studies have also shown that these better trained caregivers demonstrated more positive interactions with children, prepared more

developmentally appropriate activities, and provided higher levels of language and social stimulation (Rosenthal & Vandell, 1996).

In school-age care settings, educators working with older children require extensive knowledge in child development, behavioral management techniques, as well as the ability to communicate effectively with the children and various adults involved in the children's life. They also need to acquire skills specific to the type of school-age care programs in which they work (recreational, academic, arts-related) (Jacobs et al., 1998).

Unfortunately, today, there is still an implicit assumption that child care work requires no specific skills or that these skills are natural to women (Friendly, 1994). Moreover, many caregivers who are trained to work with preschoolers have difficulty adapting to the older children (Doherty, 1991); this indicates the importance of training targeted at the proper specific age range usually enrolled in school-age care programs.

The issue of whether formal education or specialized training is more effective is still being debated. In their examination of educators working in preschool-day care, Whitebook et al. (1989) mentioned that some advocates and researchers support the position that specialized training is the key issue, while others have argued that formal education is at least as important, if not more important, than specialized training. In their study, Whitebook et al., used three characteristics of educators: formal education, specialized early childhood training, and years of experience. This study of the preschool level made it clear that child care experience is a poor predictor of educator's behavior toward children. In addition, they found that educator's amount of formal education was the strongest predictor of appropriate caregiving. In their study educators' specialized training in ECE was not a strong predictor of their behavior. However, specialized

training and formal education were interrelated. The most highly educated teachers in their sample also tended to have high levels of early childhood education training, thus it was then difficult to determine the relative influences of training and education on their most highly skilled educators. In their final analysis, they highlighted that either a bachelor's degree or specialized training at the college level was associated with higher quality caregiving (Whitebook et al., 1989).

Some authors believe that licensing agencies put too much emphasis on physical setting, equipment, safety, ratio, which is not enough to ensure quality. They believe that quality issues cannot be studied without paying attention to personal and professional attributes of qualified caregivers (Friendly, 1994). It is believed that it is the caregiver's relationship with the children (and not the environment or activities) that exerts the greatest influence on children's affect (Doherty, 1991). Frequent positive communication is an important element of the relationship between parents and caregivers (Ghazvini & Readdick, 1994). According to Hilliard: "high quality child care comes with high quality people" (Caldwell & Hilliard, 1985, p. 22). According to Musson (1994) school-age care programs can be good if the relationships between the adults and children are respectful, constructive, and growth enhancing.

Developmentally Appropriate Practice in School-Age Care

Currently, as Jacobs et al. (1998) mention, there is no evidence pointing to the one most effective curriculum for children in school-age programs. General guidelines about what a school-age curriculum should be like have been developed on the basis of the actual knowledge of this population. High quality school-age care programs should be tailored to the developmental characteristics and needs of the children enrolled in the

programs. Albrecht (1993) describes seven key ingredients of high quality school-age care programs. The first is resourceful and caring staff who understand the changing role adults play in children's lives. They should realize that they are interacting with young children who may have left the preschool day care environment just a few months ago as well as other children who may be close to their teenage years. Therefore, their interactions should be appropriate for these children as they mature. Educators should be a source of information, providing new skills, new points of view, and different approaches to life's challenges. The primary role of the school-age caregiver should be one of facilitation rather than direction; they should be responsible for setting a context that helps children develop their abilities. The second consideration is the recognition of the importance of peers (Albrecht, 1993). Children begin to transfer some of their attachment from parents and family to a growing circle of friends. Educators can recognize this by letting children select their own activity groups. The third element that should be considered concerns the opportunities given for mixed-age and same-age grouping (Albrecht, 1993). Many children spend most of the day in same-age groups, but they also benefit from mixed-age groups. High quality centers should create environments where older children can help younger children and thereby allow older children to work on the development of social skills and leadership skills. Another important ingredient of high quality school-age care programs is the emphasis put on self-selected activities, and respect for a child's decisions to participate or not. The fifth component is the guidance of social-emotional development. In this domain of their development, school-age children have two tasks: (1) gaining and internalizing self-control; and (2) developing their conscience by internalizing society's rules and norms. The educator of school-age

children should help them learn about conflicts, social problem solving, and reasons for rules and limits. Another ingredient is to provide an environment that encourages a wide variety of activities that will support different type of interests in the children. In addition, arrangement and individualization of the space will allow children to personalize the environment with the products of their work and play. The final component of high quality school-age care is a program that addresses the whole child. This can be accomplished with activities that foster positive self-concept, independence, reasoning, thinking, questioning, experiencing, physical development, healthy view of competition, safety, and nutritional practice (Albrecht, 1993).

Other authors have provided school-age care workers with guidelines as to how to provide developmentally appropriate activities. As Musson (1994) outlined, activities must be sufficiently complex and challenging and "they must contain experiences that promote increased responsibility, autonomy, independence and self-awareness" (p. 22). In addition, older children who have demonstrated that they are mature and trustworthy need a different supervision system than younger children (Musson, 1994). Young (1994) has expanded some of these guidelines with five other suggestions. Firstly, the space should be appropriate for a variety of play types and social groupings to which children can attach feelings of ownership and pleasure. Secondly, the materials should support a wide range of creative, dramatic, and other activities. The third issue is about establishing a schedule that allows children to become immersed in activities and projects that can evolve over a period of time. The fourth suggestion is to have an environment that can be shared with a community of self-selected friends. The last recommendation is to provide supervision by talented and caring adults who can ensure continuity of care

through the entire day, support, and challenge children as their ideas develop (Young, 1994).

In a school-age care program what kind of activities would be appropriate? Based on developmental theory, school-age child care advocates recommend that programs provide an array of activities from which children can choose (Rosenthal & Vandell, 1996). No activity should be obligatory and the program should be flexible to respect children's needs for autonomy and privacy (Rosenthal & Vandell, 1996). Mayer (1998) suggested that active indoor and outdoor games, clubs, special events, field trips, and creative activities such as dance, music, and art and crafts should be available to the children as well as activities that require high level thinking skills like science experiences, math games, problem solving tasks (Jacobs et al., 1998). A study conducted by Lalonde-Graton (1992) has shown that activity preferences change as children grow older. The group of 6- and 7-year-olds in her study were reported to prefer process-oriented activities like creative arts, construction building, unstructured physical activity, dramatic play, board games and puzzles. The group of 8- to 10-year-olds mentioned preferences for organized sports, board or card games, creative arts and cooking. Older children preferred product-oriented activities like sports, arts, and celebration of special holidays (Lalonde-Graton, 1992).

Park (1992) reported the same kind of activity preferences with his sample of children. A third study examining the older group mentioned that their favorite activities were sports, field trips, and computer and video games. Some children were also concerned about time to complete homework (Maheux, 1998). When programs offer a greater variety of activities they are more likely to be positively perceived by children

(Rosenthal & Vandell, 1996). Finally, in general, school-age children still need adult guidance and support in order to successfully handle self-care. According to Coleman, Robinson, and Rowland (1991):

After-school, school-age children need time to refuel with a nutritious snack, time to let off steam through safe and interesting outdoor games, time to work on homework, time to socialize with peers, and time to pursue their own interests (p.16).

Children's Developmental Outcomes Associated with Self-Care and High Quality Child Care

Parents look to a variety of care arrangements to fill the gaps between the school and work day. The potential solutions may include: care in a licensed child care program, home-care by a relative or nanny in the child's home, care in a caregiver's home, care by parents at their place of work, care in an unlicensed recreation program, school lunch program, and after-school enrichment programs, and self- or sibling care (Young, 1994). The older the children are the more likely it is that they will be in an arrangement where there is no adult present. But, when do parents or children decide that they are old enough to care for themselves? Surprisingly, about 23% of 7- and 8-year-old children were reported to be in self- or sibling care, 38 % of 9- and 10-year-olds and 72% of 11- and 12- year-olds were reported to be in the same situation (Young, 1994). However, after two decades of examining the effects of the latchkey experiences on children, worrisome reports of negative developmental outcomes continue to appear in the literature. Some latchkey children from urban areas have reported fear and loneliness associated with the experience of staying home alone and were more susceptible to peer

pressure (Powell, 1987). Other researchers have reported that children in self-care were more likely to smoke at an earlier age and more likely to experience drugs (Young, 1994). Thus, can school-age care programs prevent these negative outcomes?

Research in preschool day care has demonstrated that poor quality child care can have a negative impact, while good quality care has been shown to have a positive influence on children's development (Phillips, 1987). Hence, as mentioned earlier, there is not enough research on quality issues in school-age care, therefore it is not possible to discuss quality issues in terms of developmental outcomes for older children attending school-age care program. However, developmental outcomes reported in day care will be examined in order to get a sense of the possible impact of school-age care.

The overall quality has been demonstrated to have a significant effect on children's social and language skills (Phillips, McCartney, & Scarr, 1987; Whitebook et al., 1989). Children in higher quality centers had higher scores on measures of intelligence and were more task-oriented as measured by the Classroom Behavior Inventory (Phillips, McCartney, & Scarr, 1987). Other behaviors have been reported to be more frequent in higher quality child care such as: children being more involved in creative activities and being less stressed, being more cooperative and considerate, and having greater task persistence (Mill, Bartlett, & White, 1994). A study conducted in Bermuda has looked at the dimensions of quality and their effect on children. The amount of verbal interaction between caregiver and children emerged as the strongest predictor of positive children's outcomes for social and language development. Children in large groups were found to be less cooperative, more hostile, cried more, talked less, did more poorly on tests of social

competence, were more anti-social, and more involved in aimless wandering (Kontos & Fiene, 1987).

Phillips and Howes (1987) explain: "the association between structural features and children development is a function of their facilitating effect on caregivers' efforts to interact in positive stimulating ways with the children"(p. 54). Children being more cooperative, innovative, talkative, more involved in tasks and having greater gains in cognitive tests have been reported as an impact of adequate group size and staff training. It is possible to think that structural program features exert their influence through the amount and quality of verbal interactions they encourage in the environment (Phillips et al., 1991; Kisker & Maynard, 1991). According to Kontos and Wilcox-Herzog (1997) there is consistent evidence that how educators interact with children matters to children's development. They state that "Teachers who are sensitive to children's needs and who engage, encourage, and verbally communicate with them appear to be nurturing more optimal cognitive, language and socioemotional development" (p. 11). Caregiver training and education are also positively correlated with children's intellectual, social, and language development (Clarke-Stewart, 1987; Phillips & Howes, 1987). The structure and content of daily activities have been recognized to impact on children's cognitive development (Kisker & Maynard, 1991). The diverse activities that will stimulate the children's interests should be structured but should also allow flexibility for child choice.

Auspice of the program is also a very strong predictor of day care quality (Mill et al., 1994), but it is of less importance to school-age care in Québec because school-age care programs are mostly run in the schools and are non-profit. Finally, after reviewing the literature on developmental outcomes for preschoolers and school-age children with

regards to quality issues. Young (1994) mentioned that a consensus among the professionals in the field is emerging that poor quality care is as harmful to school-age children as it is for younger children.

Parental Satisfaction with School-Age Child Care

Parents typically report high satisfaction with the quality of care their children receive in day care (Bogat & Gengheimer, 1986) and school-age care (Rosenthal & Vandell, 1996; Park, 1992) regardless of the levels of quality. But, what are the characteristics of child care that lead to parental satisfaction? A recent study with mothers of preschoolers pointed out some characteristics associated with maternal satisfaction such as convenience of location, flexibility of hours, and a loving environment (Erdwins & Buffardi, 1994). Availability, communication, and attentiveness were also factors associated with their satisfaction (Erdwins & Buffardi, 1994). Sonenstein and Wolf (1991) have identified different predictors of mother's satisfaction with their child care arrangement. The predictors were: a child of younger age, the mother's perceptions of how happy the child was with the arrangement, the appropriateness of the level of adult supervision, good adult supervision, a good adult-child ratio, learning opportunities, and convenience of the hours of the arrangement. Moreover, according to the choice model developed by Roche and Camasso (1993), the satisfaction that parents derive from a before and after-school arrangement is considered to be a function of (a) the family structure and resources (children's age, parents marital status, race, education level), (b) the price of the arrangement, (c) the perceived quality of the arrangement, and (d) the consumer preferences and tastes. These two authors mentioned that parent's choice of care operates according to economic principles of utility. Thus, parents try to make the

best decision for their children from the limited resources that are available to them. Rosenthal and Vandell (1996) reported another interesting finding, which is that parents had more positive perceptions about the school-age care programs when the staff:child ratios were better and when their children reported a more positive climate at the school-age care program. Park (1992) found that 97% of the sample of parents of school-age children reported that their children were happy with the program. He also mentioned that these parents were generally more satisfied with the location of the program when it was on the school premises. This is an important finding since most of the before and after-school programs in the province of Quebec are offered on the school site.

Bradbard et al. (1994) conducted an interesting study concerning parental selection of school-age care programs. They examined family characteristics, and day care selection process variables or selection criteria to see whether these were associated with parents selecting better quality school-age care programs. The authors found that older parents were more likely to select better quality school-age care. They also stated that parents who had previously used nursery schools were less likely to select better quality for their school-age children. Furthermore, the experimenters attempted to examine the reasons for dissatisfaction with their previous child care arrangements. The reasons for parental dissatisfaction with previous child care arrangements varied across the different types of care arrangements (family day care, non-relative sitter at home, sitter's home, relative's home, relative's sitter care at home, and nursery school). Parents expressed more dissatisfaction with family day care and relative sitter care than with nursery schools and non-relative sitters. The most important sources of dissatisfaction were lack of

dependability, lack of educational stimulation, lack of peer stimulation, and lack of communication with the caregiver.

In their study of children with special needs, Irwin and Lero (1997), have also investigated parents' satisfaction with their current child care arrangements. Among children 6-12 years-of-age, 49% were cared for by a spouse/partner, while 18% were cared for in center-based programs and another 24% were equally distributed in unlicensed family daycare, cared for by a relative and in self-care arrangements. Among children younger than 5 years-of-age, 35% were cared for in child care programs including specialized centers, the remaining 30% were equally distributed between care by a spouse/partner, sitter-care in the child's home and care by a relative. Interestingly, they also investigated the child care arrangements of the 13- to 17-year-olds, who were predominantly cared for by a parent (65%) or spent time alone until the parent arrived at home (30%). However, of the 151 parents who answered the survey, 75% mentioned that they were very pleased with their child care arrangement, 17% answered that their arrangement was "OK", and 8% said they were somewhat concerned about their child care arrangement. These concerned families were worried about having few or no backups if the caregiver was unavailable or the arrangement broke down and they worried about how long the arrangement would last. These worries could also apply to the parents of the present study. In effect, it is possible that these children might be transferred to another school (specialized) where there is no before and after school program, another problem could arise when the child reaches 12 years of age and still attends the elementary school since after school programs are for 12-year-olds and younger.

However, despite these concerns, the vast majority of parents in Irwin and Lero's study were satisfied with their current child care arrangements.

In at least two studies (Cost, Quality, and Outcomes Study Team, 1995; Rosenthal & Vandell, 1996) parents reported being highly satisfied with quality of care their children received however, professionals in the field rated these programs as being of poor quality (Rosenthal & Vandell, 1996). In the Cost, Quality, and Outcomes Study, (1995) 90% of parents rated their child care program as very good, while independent raters scored the same programs as poor to mediocre in quality. There might be several reasons for this discrepancy. First, the differences may have been more substantial for aspects of care that were difficult for parents to observe. Second, this discrepancy might have depended on parents' priorities in terms of what they valued as being important to them (interactions, activities, schedule, location, etc.). Third, parents might not have thought that they had other choices and finally that they might never have seen good quality care (Cost, Quality, and Outcomes Study Team, 1995). However, an earlier study with parents of preschoolers (White, Parent, Chang, & Spindler, 1991) demonstrated that parents do know how to define high quality child care, but might not always have the luxury of making the best choice. Although parents agree on what is desirable for children, some parents must compromise due to financial and other realistic constraints like the lack of availability of universally high quality care.

Where school-age care is concerned there are three other issues that might impact on level of parental satisfaction: (1) parents might feel that children are less vulnerable to negative consequences of poor quality child care, (2) school-age care involves care for a

shorter period of time each day, and (3) parents might not perceive factors that experts believe are important as being significant issues for their children (Bradbard et al., 1994).

In conclusion, quality in school-age care is an important issue. The literature indicates that quality child care plays a crucial role in the lives of children in all areas of their development, social, emotional, cognitive, and physical and poor quality can put children at risk for developmental delays or maladjustment in these areas of development (Scarr et al., 1994). Furthermore, a growing body of knowledge is emerging as to what constitutes quality in school-age care programs. General guidelines have been developed for preschool-day care and then provided for parents on how to distinguish a good from a mediocre child care program. First, licensed non-profit programs have been found in general to be of better quality than unlicensed and for-profit programs (Cost, Quality, and Outcomes Study Team, 1995; Leu & Osborne, 1990). Another important feature is a program that emphasizes frequent and warm verbal interactions between children and caregivers rather than custodial and controlling interactions. In addition, a center where children are actively involved in developmentally appropriate activities (with adequate ratio and group size) is likely to offer better quality services. Finally, caregivers or educators should have a balanced training in child development, with some experience in child care (Clarke-Stewart, 1987). However, even if most studies have reported high levels of satisfaction among parents using child care, most of these studies have only collected information on their general satisfaction with the program, then, it would be important to look further for which of the characteristics parents find to be satisfactory. Furthermore, some studies reported that parents had adequate knowledge about good quality childcare, while others reported important differences between parents' and

researchers' criteria of quality childcare. This indicates a need for research in this area, especially in the school-age care area where much of the information is still derived from studies of preschool care.

Benefits from Integration

One of the main reasons for parents to mainstream their special needs children is for them to form friendships with children who are not disabled and reap the benefits of real world experiences offered by integration (Galant & Hanline, 1993). In the survey conducted by Fink (1988), 61% of parents preferred mainstreamed programs. However, parents also have two concerns when considering integration: the fear of verbal abuse, isolation and ridicule from the interactions with non-disabled peers and the quality of the child care program. In fact, they fear that their children may not get the appropriate specialized services nor the adaptive equipment and materials (Galant & Hanline, 1993). Nevertheless, in actuality, parents of special needs children who have experienced integration report very few difficulties with peers and agree that an integrated setting promotes positive social development (Stainback & Stainback, 1992). In addition, friendships between special needs children and typically developing children seem to be a natural consequence of carefully planned daily social interactions (Galant & Hanline, 1993).

According to Baillargeon (1986) the integration process is beneficial to all parties, but it is the special needs child who benefits the most. The daily activities can provide challenges in terms of autonomy, self-assertion, and sharing, which might not be as frequent in their home or in segregated setting. The newly acquired skills can also foster a more positive self-image for the special needs children (Baillargeon, 1986).

For the parents of the special needs children, day care has been reported to provide opportunities to develop an informal support network with the other parents (Galant & Hanline, 1993). Parents tend to share their concerns about child rearing and realize that they have much in common. Parents of mainstreamed children have, for their part, the opportunity to learn about disabilities. In addition, parents report that the educators are a good source of personal support (Galant & Hanline, 1993). Finally, mainstreaming is a good source for social change because it has been reported that parents of children with and without special needs, whose children had been mainstreamed in early childhood, expressed more positive attitudes toward integration in school-age programs than other parents (Galant & Hanline, 1993).

Parents of children without special needs also have some concerns prior to the integration process. They fear that their children will not get enough attention from the educator and will learn improper behaviors from the children with special needs. In reality, Staub and Peck (1995) have found that these maladaptive behaviors are very infrequently repeated and that children without special needs do not receive less attention from their teacher. Non-disabled children also benefit from the integration process. They learn to accept individual differences and to be tolerant (Baillargeon, 1986; Galant & Hanline, 1993).

Barriers to Integration

To date, integration is not an obligation anywhere in Canada and some programs refuse to enroll special needs children for numerous reasons. First, as mentioned earlier, fear and prejudice about disabilities because of lack of appropriate training and an anticipation that it will be too time demanding are major issues (Krajicek & Moore, 1993).

Second, all too often there is a lack of financial resources to make facilities accessible and purchase adaptive material, equipment and hire additional staff (Tyler & Newmann, 1991). Third, there is a shortage of qualified caregivers because of low salaries, undervalued work, low work satisfaction and high turnover (Green & Widoff, 1990). In addition, there are no support services offered between the school-age care program, the school and the rehabilitation center, which could facilitate the transition for the children and personnel and also the collaboration between these settings (Garon, 1991). Two other difficulties are the resistance from centers regarding parents' involvement in the programs and transportation problems for the families (Bornais, 1995; Gagnon, 1989; Perreault, 1997). Some special needs children attend a special school outside of their neighborhood, many of which do not offer after-school care. Thus, these children have to be transported to the neighborhood school-age care programs. However, these transportation arrangements become the parents' responsibility, since very few services exist to answer their needs (Perreault, 1997). In addition, there is still reluctance from the educators regarding parental involvement and the acknowledgement of their expertise with their special needs children (Garon, 1991).

Statement of Purpose

In the final analysis, very little is known about the integration process of special needs children in school-age care programs. In fact, only two studies have looked at this issue. The first one was conducted in 1986-87 by the School-Age Special Needs study under the supervision of Fink (1988). This survey looked at child care policies and practices for school-age children with disabilities and gave a detailed description of certain programs. The second study is Canadian and is more recent, but it refers mostly to child

care barriers that prevent postal workers from full workforce participation and thus, can hardly be generalized to other populations (Irwin & Lero, 1997). This research focused primarily on parental needs (children between 0 and 18 years old) and did not address specifically the school-age population nor the children's or educator's needs. This paucity of research highlights the importance of examining how this process of integration in school-age care is managed. In fact, it is possible to extrapolate some hypotheses from the research on instructional integration and integration in preschool day care settings. Thus, many questions still need to be answered regarding the school-age care setting such as: Do school-age care programs meet the specific needs of special needs children? Do they have appropriate policies about integration? Have they implemented modifications to their program to satisfy the special needs children? Do educators have different attitudes than directors and teachers? Are parents generally satisfied with their before and after-school care services?

Theoretical perspective

The present study will attempt to examine whether the school-age care programs meet the specific needs of the special needs children, their families, the caregivers, and the related factors that hinder or facilitate the integration process for all participants. More specifically it will examine the factors related to successful integration of children with special needs as described by child care workers and parents. Theorizing about the influences of such factors is a complex process where one must consider studying the larger picture, including family factors, and environmental factors.

Theoretical Model

This research project has been developed with Bronfenbrenner's ecological model in mind. This theory describes the environment as a series of layers and a schema of the ecological model is presented in Figure 1. It also emphasizes the importance of perception and interpretation by the individual, that the phenomenological (experienced) environment dominates the real environment in guiding behavior. For example, the children's experience in the school-age program on any given day is typically affected by their impressions of the attitudes of their parents, their teachers or educators, and their peers. In the model four layers of the environment are identified: the microsystem, the mesosystem, the exosystem, and the macrosystem.

The microsystem, which is the developing person in context, is defined by Bronfenbrenner as a pattern of activities, roles, and interpersonal relationships experienced by the developing person in a face-to-face setting with particular physical, social, and symbolic features that invite, permit, or inhibit engagement in sustained, progressively more complex interactions with, and activity in the immediate environment (Bronfenbrenner, 1993). In this particular study, the microsystem is the school-age-care program, and the elements found in this micro system are the children with special needs as well as the other children, the parents of the children, and the director and educators with their educational background and attitude toward integration. Within the microsystem the important components of the settings are the activities involved, the roles each individual takes (actions expected of people holding a position in society), and the interpersonal relations between the individuals (ways people treat one another) (Thomas, 1995). The main focus of this study is on the school-age care program as a

microsystem with the director and the educators playing a primary role in the lives of the children.

The mesosystem comprises the linkages and processes taking place between two or more settings in which the developing person is situated. Special attention is focused on the synergistic effects created by the interaction of developmentally instigative or inhibitory features and processes present in each setting (Bronfenbrenner, 1993). In fact, in this study, it is acknowledged that events or changes in the classroom or in the home may have an impact on the school-age care program as well. Furthermore, specific characteristics of the child, like the severity and type of disability may influence the family and the integration process. The family itself and the coping mechanisms of the family members, the family's acceptance of the child's disability, and the family's willingness to collaborate with the school and afterschool program may also influence the integration process. The resources available from school, such as the involvement in the IEP, the use of gym or library, and the collaboration and support from the specialists, are other elements impacting on the child's integration.

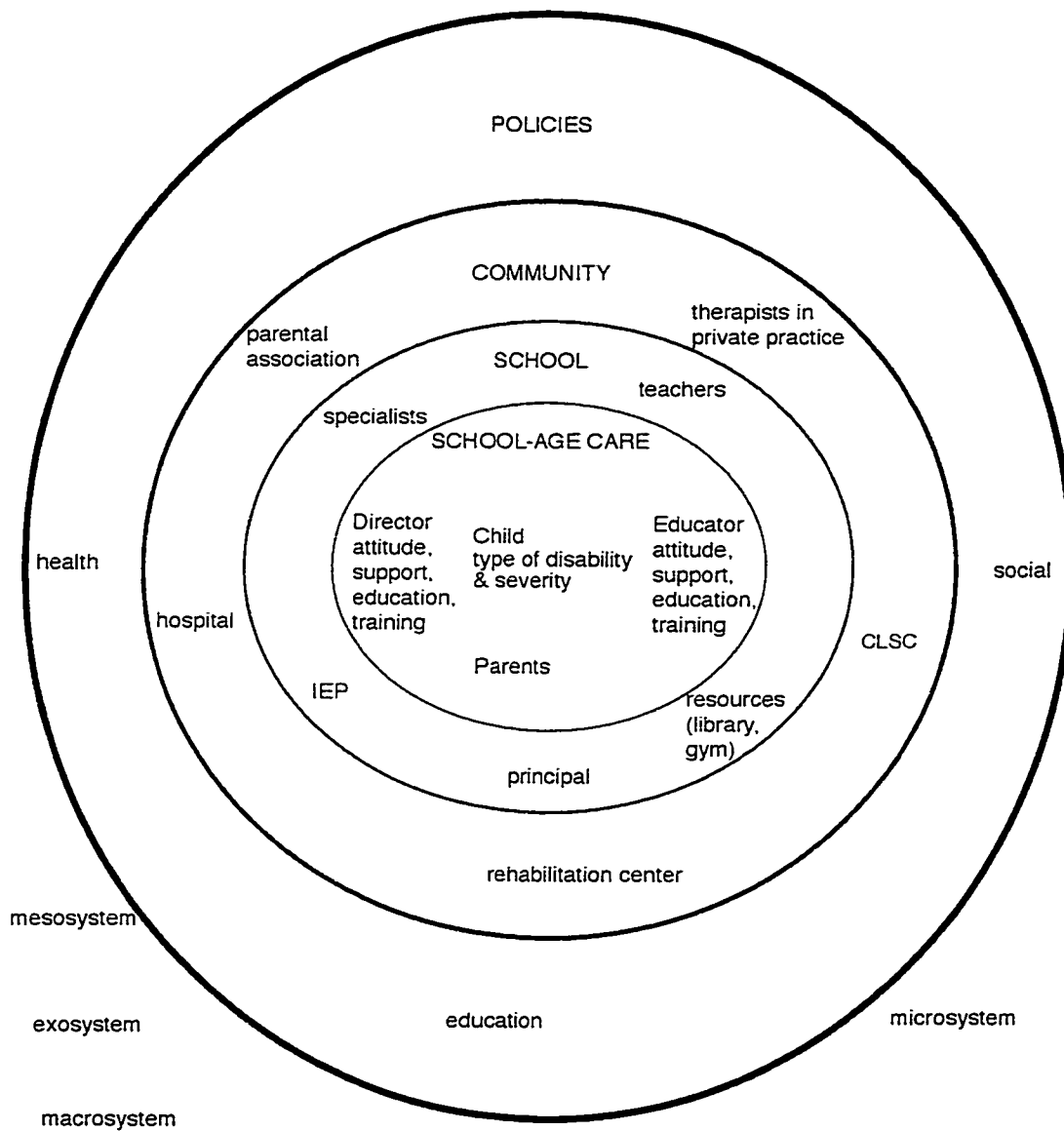
The exosystem forms the linkage between two or more settings at least one of which does not contain the developing person, but in which events occur that indirectly influence processes within the immediate setting where the developing person lives (Bronfenbrenner, 1993). For instance, the mother's or the father's workplace policies may have some implications for the whole family (e.g., work hours, leave of absence for children). We have also included the possible resources for the school-age care personnel with whom the child and his/her family may already be interacting (microsystem), but these resources such as therapists in private practice, parents' support association,

rehabilitation center, hospital, and CLSC could also play the role of consultant for the childcare personnel and then included in the exosystem.

Finally, the macrosystem is the cultural milieu and is represented by the laws, values, and customs of the society where the child is developing. The most important policies that could influence the child in the school-age care program have been highlighted, and include medical, social, and educational policies. All policies that are related to the integration of special needs children into regular education are important and will impact on the experience of children with special needs. For example, the recent revision of the Law for Public Instruction, the Reform of Elementary School Curriculum, and the new fusion of school boards have introduced new dispositions and structures. Because all these new modifications may be disconcerting for parents a guide was written to inform them of their rights for their children (AQIS, 1998). Other policies in the medical area may impact on the children's integration. Waiting lists for the assessment or diagnosis of the children's difficulty may prevent them from receiving proper support, as money is allocated only for children with specific codes, which refer to specific disabilities. Children who have not received a code by the end of September are not eligible for subsidies during that school year. Although the main focus of this study is the relationship between the school-age care environment, the directors and educators, and the family, the influence of the other systems is undeniably strong. Many of the issues associated with the macrosystem and mesosystem have been addressed in terms of their impact on the child's educator who is seen in this study as one of the major agents of integration in the school-age care program.

Figure 1

Ecological Model of Integration



Research Questions

1. Is there a relationship between the quality of the school-age care programs and successful integration of the children with special needs attending these programs?
2. Is there a relationship between the quality of the school-age care programs and parental satisfaction regarding the quality of the programs their child is attending?
3. How do child care staff and parents define successful integration and what are the factors they associated with successful integration? What are the child care staff's recommendations regarding how to facilitate successful integration in school-age care?
4. Is there a relationship between education, training or experience of child care staff and the quality of the environment they work in?
5. Do child care staff members with and without specialized education or training have the same attitude toward integration?
6. What is the perception of support of the child care staff and how does it impact on successful integration?

Hypotheses and Objectives

The first question that will be examined is whether a successful integration of special needs children is related to the quality of the school-age care program. Based on a review of literature examining quality issues in school-age program (Albrecht, 1993; Jacobs et al., 1998) it was possible to hypothesize that the success of the integration would be related to the quality of the program. Programs rated as good or excellent would meet the needs of special needs child and their parents' needs successfully, while programs rated as inadequate or of minimal quality would be less successful.

The present study will also investigate the relation between quality of care and parental satisfaction with their children's school-based child care programs. Previous studies have examined parental satisfaction with their preschool arrangements (Bradbard et al., 1994; Endsley & Bradbard, 1987; Erdwins & Buffardi, 1994; Phillips et al., 1990; Roche & Camasso 1993; Sonenstein & Wolf, 1991), and have consistently found that the majority of parents of preschoolers reported being satisfied with their child care arrangements regardless of quality. A recent study of school-age care found similar results for parents of older children enrolled in school-age care (Maheux, 1998). Thus, it is assumed that parents will have similar opinions regarding their children's current after-school arrangement. The present study will examine several variables that may be correlated with parental satisfaction (e.g., curriculum offered, relationship between parent and caregiver, relationship between caregiver and children).

Another issue to be explored will be the definition of what is successful integration for child care staff and parents. A definition already exists in the literature (ASGEMSQ-COPHAN, 1997; Baillargeon, 1986; Warnock, 1978) but it would be

interesting to address and validate this definition in terms of what is really experienced in the school-age care programs. Accordingly, factors facilitating successful integration have been identified in the literature and comparisons between parents , childcare workers will be investigated. Recommendations made by child care workers as to what is most needed for successful integration will be examined.

Fourth. the educator`s and director`s education and training in the field of early child hood as well as their experience in this field is expected to be related to the quality of the environment in which they work in (Whitebook et al.. 1989). Thus, it is hypothesized that better quality programs will have child care staff with higher level of education. training and experience.

Fifth. this study will investigate the attitudes of child care staff (educators and directors) towards the integration of special needs children in school-age care. Some authors mention that one of the most important factors that determines successful integration is the attitude of the educator (DeHaas-Warner & Pearman. 1996; Krajicek & Moore. 1993; Rule et al.. 1985; Tari et al.. 1989). The attitude of the educator toward the special needs children is expected to determine the quality of the interventions, the pedagogical approach, and shape the emotional climate of the program (ASGEMSQ-COPHAN, 1997). Therefore, it is hypothesized that children with special needs will be better integrated in school-age care programs where the child care workers have more positive attitude toward integration. In addition, Brunet and Goupil (1984) also found that teachers of elementary schools had more positive attitudes than principals, therefore it is hypothesized that educators of school-age care programs will have more positive attitudes than directors.

Sixth, the specialized education and training of staff regarding children with special needs may be crucial for a successful integration process (Krajicek & Moore, 1993; Panitch et al. 1992). Thus, formal education, workshops and/or on-site training will be the sources of training investigated in relation to successful integration. Child care workers with higher levels of specialized education and training should have more positive attitudes toward integration than those with lower levels of specialized education and training.

Seventh, this study will also examine the educator's perception of support. It is hypothesized that child care staff members who feel supported with the integration of the special needs children will facilitate the integration process for the special needs and mainstreamed children (ASGEMSQ- COPHAN, 1997; OPHQ, 1992; Parette & Murdick, 1994; Perreault, 1997; Rule et al., 1985; Tyler & Newmann, 1991). This concept of educator's perceived support will involve questions concerning the support from five different sources: the director of the school-age care program, the specialists and teachers from the school, the different associations (for example, parents' association for children with autism), the hospitals or rehabilitation center, and the parents. This hypothesis takes into account the possible influences of the individuals in the mesosystems and exosystems.

METHOD

Participants

The school-age care programs were selected on the basis of those having a special needs child enrolled in their program. The selection method consisted of using the Association des services de garde en milieu scolaire du Québec - ASGEMSQ's membership list of school-age care programs that have a special needs child enrolled. From this list, those programs situated in close proximity to Montreal were contacted to determine their interest in participating in the study. Those who agreed to participate and give their consent were included in the study (see Appendix B). Then, educators or coordinators were asked to give parents of special needs children a package that consisted of a letter of information explaining the details of the study, a consent form, and the questionnaires. A total of 20 school-age care programs participated in the study, 20 different directors were interviewed, 17 different educators were interviewed (3 directors were also educators), and 21 parents returned the questionnaires.

Settings

According to the membership list of the Association des Services de Garde en Milieu Scolaire, 11 school-age care programs from the Montreal Island (Marguerite-Bourgeois School Board, English Montreal School Board, and Pointe-de-L'île School Board) were listed as integrating special needs children into their programs. Each of these were contacted, two school-age care programs could not meet the criteria of inclusion because the special needs children only attended during lunch, and two refused to participate, for a final participation of six school-age care programs. Another school known by the researcher that was integrating special needs children was contacted and

the child care staff agreed to participate. The nine programs from the Laval School Board were contacted, four refused to participate and five were visited and included in the sample. From the South Shore, all programs that were members of the Patriot School Board, Hautes-Rivières School Board, and Marie-Victorin School Board and those that had integrated special needs children were contacted for a total of 16 school-age care programs, four refused to participate; five never returned the calls and seven agreed to participate. Another program from the list located on the north shore was contacted and also agreed to participate. Finally 37 school-age care programs from the list plus (1) other were contacted for a total participation of 20 school-age care programs. This indicate a participation rate of 54% of the school-age care programs contacted.

All school-age care programs on the membership list of the ASGEMSQ in close proximity to Montreal were contacted and even some from the larger metropolitan region, in order to obtain the best representation of the area. However, it was observed that very few school-age care programs from the Anglophone school boards were member of the ASGEMSQ, therefore, this population is most probably underrepresented in this study. Demographic information regarding the child care staff will be presented in the Results section with the analysis conducted on training and experience.

In this study, the average number of children attending the school-age care programs was 139 children ($SD = 74$). The smallest program had 40 children in one group and the largest program had an enrollment of 296 children in 11 groups. The ratio for all the school-age care programs was between 15 and 20 children per adult with a mean of 18.90 ($SD = 1.79$). On average, 2.55 children with special needs (as defined in this study) were enrolled in a program with a range between 1 to 6 children. A total of 51

children with special needs were integrated in the school-age care programs that were visited.

Parents

The majority of parents who responded to the questionnaire were the mothers (90%), only two fathers responded, and one couple responded together. The majority of the respondents were also married (71%), others were single parents (29%). Most of the mothers (52%) had completed undergraduate studies, whereas 33% of the fathers had. According to the Four Factor Index of Social Status (Hollingshead, 1975), the families of this study were from medium business, minor professional, and technical social strata ($M = 52.19$; $SD = 7.73$). The mothers worked an average of 31.67 ($SD = 9.84$) hours a week outside of the house, whereas the fathers worked an average of 42.30 ($SD = 6.22$) hours a week outside of the house. Most of the families (62%) had two children, no family had more than three children.

Children with special needs.

The children with special needs were between 5- and 11-years-old ($M = 7.60$, $SD = 1.98$). A list of the different diagnoses displayed by the children is presented in Table 1 (see Appendix A). In order to give the reader a better sense of the difficulties that these children had, the researcher identified five areas of impairment and then assessed the children based on the observation of the children and the literature related to each child's diagnosis. This information is strictly for the better comprehension of the population for the reader and was not used for any statistical analyses. Therefore, 52% of the children presented some motor difficulties (gross or fine motor), 48% had some intellectual

disabilities. 48% had some sensory impairment. 19% had behavioral difficulties, and 48% had language difficulties.

Measures

Educator's and director's attitude and reality questionnaire

Directors and educators from the programs were asked to fill out identical questionnaires in order to assess their attitudes toward the integration of special needs children in their school-age care program (see Appendix C). The questionnaire was an adaptation and translation (from English to French) of a questionnaire designed to assess teachers' attitudes about the integration of students with mild learning difficulties into their classroom (Martlew & Hodson, 1991). Of the 22 items on the original questionnaire only two were removed due to the difficulty of adapting these questions to our situation. For example, one of the items stated that integration may have detrimental effects on the academic achievement of mainstream children was removed.

Seventeen items focused on the child in the integrated setting, nine were phrased negatively and eight were phrased positively, while the remaining three focused on educator/educational issues (Martlew & Hodson, 1991). The authors of the original questionnaire explained that it was designed so that items covering similar topics were put in both negative and positive forms in order to obtain an estimate of internal consistency and reliability. They reported a correlation of $r = -.99$ between teachers' responses to the positive and negative questions, and the authors deemed this to be a high level of internal consistency in teachers' judgments (Martlew & Hodson, 1991). In addition to the questions on attitude, a statement was added, for each question, to assess what was actually experienced by the childcare staff regarding the integration of the

children with special needs. Consequently, two scores were provided, one for the attitude and a second one for the actual experience, that is termed the reality score.

It is acknowledge that this questionnaire was designed for classroom teachers. However, this was the questionnaire that most closely met the needs of the present study. Educators are also adults working with children with children with special needs, thus it is important to know their attitude and experience with integration.

Educators and directors interviews

In order to better comprehend the integration process, a structured interview was conducted with the educators and directors (See Appendix D). The interviews were based on a compilation approach, with questions derived from different articles that examined the integration of children with special needs (Barafato, 1998; Bornais, 1995; Crawford & Cameron, 1993; Fink, 1988; Panitch et al., 1992). Each interview was designed to last approximately 30 to 45 minutes. Questions in the interviews were open-ended and focused on the support available for integration, prior experience with integration, policies regarding integration, current or past difficulties with integration, and recommendations for successful integration. Questions such as “Is this your first experience with the integration of a special needs child? Which factors do you think influence successful integration the most?” were asked.

Parents` questionnaire

The parents received a questionnaire via the educator or director (see Appendix E). The design of the questionnaire was also based on a compilation approach (Bornais, 1995; Buysse, 1993; Chang & Teramoto, 1987; Fink, 1988; Maheux, 1998). The questionnaire was divided into three different sections. The first section was composed

of multiple options and open-ended questions addressed parental satisfaction with the current school-age care program for their special needs child, as well as socio-economic variables. The second section focused on the child's social integration and friendship and it was composed of multiple choice questions. The last section explored school-age care quality issues from the parents' perspective. This section used a Likert-type scale, with ratings that ranged from 1 = very dissatisfied to 5 = very satisfied or 0 = not able to answer.

School-Age Care Environment Rating Scale (SACERS).

The overall quality of the school-age care program was rated using the School-Age Care Environment Rating Scale (SACERS) developed by Harms et al., (1996) and is presented in Appendix F. The SACERS is composed of 50 items grouped into seven subscales: Space and Furnishing, Health and Safety, Activities, Interactions, Program Structure, Staff Development, and Supplementary Items for Special Needs. Experts in the field of education selected the items of the scale as important elements of quality. Each item is attributed a score ranging from 1 to 7: 1 being inadequate, 3 being minimal, 5 being good, and 7 being excellent. The scores on each subscale are summed and a total score is obtained, representing the overall measure of quality of the program. If the overall score falls within the inadequate range it is considered as a program compromising the children's development, a score in the minimal range indicates a custodial level of care, a score within the good range indicates a center that meets the developmental needs and finally, if the score is in the good to excellent range this program would be considered to provide high quality care according to the authors of the SACERS.

The SACERS (Harms et al., 1996) has been deemed to be a reliable and valid quality instrument that is quite frequently used to obtain overall ratings of the quality of school-age programs. In particular, internal consistency was found to be .95, which is indicative of good to excellent internal consistency; however, program structure did not fair as well (i.e., .67). Interrater reliability also yielded similar good to excellent ratings (i.e., .83). Finally, the content validity was excellent (i.e., .91). Interrater reliability for the present study was assessed for two of the twenty centres. A simple formula was used to calculate the interrater reliability. The total number of agreements was divided by the total number of agreements plus disagreements. The number of agreements was calculated by accepting +/- 1 point on the scale. The interrater reliability was calculated twice (.89 and .93) for an average of .91. The interrater reliability was conducted by qualified researchers who were thoroughly trained to assess quality using this measure for the National School-Age Care Project (Jacobs et al., 1998). Reliability ratings were conducted at the beginning and at the end of the study to be sure that the raters were assessing the quality consistently throughout the duration of the study.

Special Needs Supplementary Items

There are 6 items in the Special Needs Supplementary Items of the SACERS used to assess the quality of the integration of children with special needs. The first item addresses Provisions for Exceptional Children. It assesses different factors such as modifications of the physical environment, program, and schedule, policies and attitude about integration (physical integration), preparation and planning (IEP), and support from experts. The second item is individualization and covers other factors: modifications, participation in activities (functional integration) special attention from staff (caregiver

roles), planning (IEP). The third item that addresses Multiple Opportunities for Learning and Practicing Skills refers mainly to identifying objectives and goals for the child and allowing him/her to practice the skills, which defines what an IEP is all about. The fourth item about Engagement elaborates on the child's involvement in the activities, which refers back to the third level of integration, the functional integration. The fifth item that rates Peer Interactions assesses the second level of the integration, the social integration. The sixth and last item assesses Promoting Communication and refers to the effort of the staff to communicate adequately and allow the children with special needs to express themselves. The special needs items of the SACERS covered the three levels of integration, and factors of success such as planning, support, modifications to program, and attitude toward integration that have been presented in the literature review on successful integration. Therefore, this measure seemed to have address the important elements of successful integration and appeared to be an appropriate instrument for measuring integration.

Procedure

After selecting programs eligible for the study, the directors of these school-age care programs were contacted. Directors were presented with a description of the study and asked if they would be interested in participating in the study. When the director chose to participate in the study, one appointment was set up to conduct the study, and an information letter describing the study with a copy of the consent form was sent. On the day of the meeting, the educator and coordinator were presented with a full description of the study, the consent form and were again informed about the option to withdraw from the study at anytime if they wished to discontinue their participation. When these forms

were signed, the interviews with them were then conducted individually , each lasting about 30 to 45 minutes. Issues that were explored are difficulties and support offered for integration as well as factors of success (see Appendix D). On the day of the meeting a questionnaire, consisting of 20 questions for the educator and the coordinator, regarding attitudes toward integration, was also completed individually in a separated room (see Appendix B). Observations of the functioning and quality of the program using the School-Environment Rating Scale (SACERS, Harms et al., 1996) were also conducted. Finally, at the end of the observation a package for the parents of the special needs children was given to the director for him/her to give to parents. This package consisted of a letter of information about the study, the consent form and the questionnaires. These parents were asked to return their consent form and questionnaire in the stamped self-addressed return envelope.

RESULTS

One of the important questions under investigation in this study was the relation between quality of the school-age care program and successful integration. Therefore, analyses regarding this issue will be presented first. This encompasses a description of the measure of quality of the center visited, the quality of the integration of the children with special needs as measured by the special items of the SACERS and this will be termed successful integration. Then, the relationship between the quality of the programs and successful integration will be presented, followed by qualitative measures of successful integration that were derived from responses given by directors, educators, and parents. Parental satisfaction with the school-age care program will be presented and the results of the correlation analyses between quality of the school-age care program and parental satisfaction will follow. Based on these results regarding the quality of the programs, additional analyses, based on the differences in quality of school-age care, were conducted for each factor of success. The results of these analyses will be included in the section designated for each factor of success.

Another objective of this research was to obtain descriptions and definitions of successful integration from directors, educators, and parents and to determine the factors related to successful integration. This was examined in terms of the percentages of educators', directors' and parental definitions and perceptions of successful integration and will be presented as the second set of results. The recommendations provided by childcare staff regarding the means of improving integration will follow. Finally, the findings related to the quality differences will be presented.

Then, results will be presented according to the seven other factors of success mentioned in the literature review. The first factor that will be addressed is training, a description of the training, education (formal academic and informal: workshops) and experience of the childcare staff will be presented. Results of the correlation analysis between training and quality and successful integration will follow. Finally, results based on differences of quality will be outlined.

The second of these seven factors of success that will be addressed is the attitude of the childcare staff toward integration. The results of the attitude and reality questionnaire will be presented first. Then, results of the correlation analysis between attitude and reality will be presented, followed by an analysis of correlations between scores of directors and educators. Results of the difference of scores differences between directors and educators will follow. In addition, results of the correlation analysis between training and attitude will be presented. From a more qualitative perspective, the parental perception of childcare workers' attitude will be defined. Finally, findings regarding difference of quality will be presented.

The remaining five factors will be examined as a group as their function is to provide support for the directors and educators regarding successful integration of children with special needs. The five factors of success will be presented in the following order: preparation and planning, communication with the parents, external support, modifications to the program, and policies on integration. These factors all focus on facilitating the successful integration of the children and the task of the educator and director. For each of these factors, mostly qualitative information will be provided. However, each of the variables was also looked at in terms of quality differences, and

results of these analyses will be presented as the last point in the results of each factor. It is important to note that a significance level of .05 was used for all statistical tests.

Quality of School-Age Care Programs

For parents of children with special needs attending school-age care programs, quality issues supersede the question of segregation and integration in school-age care. In fact, Fink found that the majority of the parents of children with special needs would have preferred mainstreamed program if they were sure that the quality of the program their child was attending was good (Fink, 1988). In this study the quality of the school-age care programs was determined using the School-Age Care Environment Rating Scale (SACERS, Harms et al., 1996). The results of the measure of the quality of the participating programs are described in Table 2. The overall quality was found to be better than "minimal" but not quite at the "good" level.

Successful Integration and Quality

Based on a review of literature examining quality issues in school-age programs (Albrecht, 1993; Jacobs et al., 1998) it was hypothesized that the quality of the program would be related to the successful integration of children with special needs. Programs rated as good or excellent should meet the needs of the child and the parents successfully, while programs rated as inadequate or of minimal quality should be less successful.

The supplementary items of the SACERS were used as an objective measure of successful integration. On average the school-age care programs received a score of 4.19/7 ($SD = 1.13$) and the scores ranged from 2.17 to 6.67 (refer to Table 2). This score indicated that the quality of the integration was better than minimal (score of 3), but not quite good (score of 5).

In order to determine if successful integration was related to the quality of the school-age care program, a correlation analysis was conducted between overall SACERS score (excluding the special needs items) and the scores for the special needs items. There was a significant correlation between the special needs items subscale of the SACERS and the overall quality measured with the SACERS ($r = .51, p = 0.02$).

In order to examine this hypothesis in further detail, the school-age care programs were separated into two groups: lower quality and better quality. Low quality programs were those having an average score lower than 4 on the SACERS scale, and better programs were those with average score equal to or higher than 4. This score of 4 is between the minimal (3) and good (5) quality criteria, establishing a fair limit to the “better than” category. As a result, 10 school-age care programs were in the “lower group” and 10 programs were in the “better group”.

Results on the SACERS subscale for both groups are presented in Table 3. T-tests were conducted on each subscale score in order to determine if differences between the two quality groups were significant. The lower quality group had a mean total score of 3.48 (SD = .99), whereas the higher quality group had a mean total score of 4.90 (SD = .78), which was significant at $p < .001$. T-tests conducted on difference between groups for the other subscales were all significant at a minimum α level of .05 (refer to Table 3).

Subjective Measures of Successful Integration: Interview with Educators and Directors

Child care staff members were questioned about whether the children with special needs who were currently enrolled in their program were successfully integrated, if they took part in the activities offered, and if they were able to form friendships with the other children. The results pertaining to these questions are presented in Table 4. Differences

and similarities were noted between the directors' and educators' perspective on successful integration, friendship and activity participation. Educators were significantly more positive regarding their assessment of successful integration than the directors $\chi^2(2) = 7.40, p = .02$. However, directors and educators had similar views about the participation of the children with special needs in the activities and friendships with peers. In fact, they were relatively positive regarding these two issues. Respondents gave three types of responses: yes, no and depend. For example, reasons given by directors and educators, for a "depend" response were that certain children with special needs who attend the school-age care program do have friends, or participate in the activities, but not all of them, so it depended on the specific children they were asked to assess.

No significant difference was found on the three variables presented in Table 4 between the two quality groups ($p > .05$). This indicates that child care staff members in both groups felt that the children with special needs were participating in the activities, were involved in friendships and successfully integrated, no matter of the quality of the environment of the centres in which they were enrolled

Parental View of Successful Integration

In order to obtain information regarding the parents' perception of the integration of their child with special needs, questions about their needs and their children's needs in terms of before and after-school arrangements were posed. Of all parents, 90% indicated that their children's needs were met ($n = 19$), and 81% said that their parental needs were met ($n = 17$). Very few parents answered that either their needs or their children's needs were not met, 5% in each case ($n = 1$). Some parents however, mentioned that their

needs and those of their child were met only sometimes 14% ($n = 3$) and 5% ($n = 1$) respectively.

No significant difference was obtained for these two variables where quality of care was concerned, indicating that parents in both groups of quality felt that their needs were fulfilled and their children's needs were met ($p > .05$).

Parental Satisfaction Regarding the Quality of the School-Age Care Program

The current study examined the relation between quality of care and parental satisfaction with their children's school-based child care programs. Previous studies had examined parental satisfaction with their preschool arrangements (Bradbard et al., 1994; Endsley & Bradbard 1987 ; Erdwins & Buffardi, 1994 ; Phillips et al., 1990 ; Roche & Camasso 1993 ; Sonenstein & Wolf, 1991), and consistently found that the majority of parents of preschoolers reported being satisfied with their child care arrangements regardless of the quality of the program. A recent study of school-age care found similar results for parents of older children enrolled in school-age care (Maheux, 1998). It was hypothesized that parents of children with special needs children would have similar opinions regarding their children's current after-school arrangement regardless of the quality of the program. The present study examined several variables thought to be related to parental satisfaction (e.g., curriculum offered, relationship between parent and caregiver, relationship between caregiver and children).

Parental satisfaction with the school-age care program of their child with special needs was measured with a questionnaire (see Appendix E) and results are presented in Table 5. The range options for responses was from 1 (very dissatisfied) to 5 (very satisfied) and 0 for not applicable. On average, parents were more than just "satisfied"

with the school-age care program of their child but not “very satisfied” ($M = 4.36/5$; $SD = 0.35$).

Correlation between quality and parental satisfaction

No correlation was found between the overall quality score as measured with the SACERS (Harms et al., 1996) and the score of parental satisfaction with the school-age care program ($r = .06$, $p > .05$). Parents of children who attended higher quality program, as assessed by the researcher, were not more satisfied than parents of children who attended lower quality programs. This result is in keeping with previous research finding (Bradbard et al., 1994; Endsley & Bradbard 1987). However, one subscale of the parental satisfaction questionnaire was positively correlated with the overall quality score ($r = .49$, $p = .02$). Parents were more satisfied with the physical environment (settings) when the quality of the school-age care program was higher. The physical environment subscale assesses parental satisfaction with elements such as accessibility to indoor and outdoor space, the security, the atmosphere, the cleanliness, and adult: child ratio.

There were no significant differences on parental satisfaction scores between the better and lower quality groups $t(19) = .04$, $p = .97$. Parents of children attending the better quality school-age care programs were not more satisfied with the school-age care programs than parents of children attending lower quality programs.

Definitions, Factors Associated with Successful Integration and Recommendations

Another objective of this research was to obtain descriptions and definitions of successful integration from directors, educators, and parents and to determine what they considered to be the factors related to successful integration. Because this study focused mainly on the child care staff, only the directors and educators were questioned about

what they would recommend to facilitate the successful integration of children with special needs.

Descriptions and Definitions of Successful Integration

Respondents were asked to define or describe successful integration. Two types of answers were obtained: (1) actual definitions or descriptions of a successful integration and (2) factors that would facilitate successful integration. Responses were coded accordingly and results regarding the definition provided by the respondents are presented in Table 6 and factors of success are presented in Table 7 and are discussed in the following section.

With respect to the results presented in table 6, it is interesting to note that the three levels of integration suggested in the literature (ASGEMSQ-COPHAN, 1997; Warnock, 1978) were mentioned by the childcare staff in this study as well. These levels were locational or physical integration (accepting the children in the setting), social integration (the children with special needs are playing with the other children), and functional integration (the children with special needs are participating in the activities). Responses between the three groups of respondents were significantly different for two levels of definition, physical integration $\chi^2(2, n = 56) = 9.32, p = .009$ and social integration $\chi^2(2, n = 56) = 18.31, p = .0001$). In fact no parents mentioned physical integration and very few mentioned social integration. However, analyses conducted between the educators and directors did not reveal any statistically significant differences for the definitions of successful integration

Respondents also provided responses that were not mentioned in the literature and suggested that a successful integration could be defined or described by the well-being of

the child and by a positive experience for everyone involved in the process. Examples of comments illustrating these definitions are “a child that becomes confident”, “a child that is happy to come to the school-age care program and feels good about herself” and “when everybody is learning and developing without negative experiences.

Chi-square analyses were then conducted in respect to the definitions provided by the respondents in the “better” and “lower” quality groups. None of the responses provided by the directors, educators, and parents were significantly different ($p > .05$).

Factors Affecting Successful Integration

Respondents were asked to define or describe successful integration and, in many cases, respondents suggested factors that they judged were affecting successful integration. Answers were then coded and categorized accordingly to the factors that were found in the literature. Results of the factors mentioned by directors, educators, and parents are presented in Table 7.

More parents answered this question by giving factors of success and therefore certain significant differences were noted between the three groups of respondents. Parents suggested planning more often as an important factor of success, but none of the educators did ($\chi^2(2, n = 56) = 14.57, p = .0007$). Collaboration and external support was also significantly more frequently mentioned by parents than directors and educators ($\chi^2(2, n = 56) = 5.81, p = .05$). For example, parents suggested that “periodical formal meetings with the team involved with their child” would be beneficial. A trend of response was observed for modifications to the program, where more parents tended to suggest that this was important for successful integration ($\chi^2(2, n = 56) = 5.43, p = .06$). Significantly more parents than child care staff suggested attitude toward integration as

factors of success $\chi^2(2, n = 56) = 9.78, p = .008$. It is interesting to note that only parents suggested training as a factor of success.

Again, Chi-square analyses were conducted for the factors associated with successful integration provided by the respondents from the “better” and “lower” quality. None of the responses provided by directors, educators, and parents were significantly different in these two groups. This indicates that respondents from the two quality groups did not suggest different factors of success.

Recommendations of Directors and Educators for Facilitating Successful Integration

Because this study focused mainly on the childcare staff and how they integrated children with special needs, only those respondents were questioned through interviews (see Appendix D), regarding what they would recommend to facilitate successful integration. Results pertaining to these questions are provided in Table 8.

Directors and educators agreed and recommended most frequently collaboration and external support, which was also mentioned most often on the factors of success. Communication with parents was also strongly recommended by both groups. Significant differences were obtained between child care staff for the recommendation of planning $\chi^2(2, n = 37) = 4.38, p = .04$, and attitudes toward integration $\chi^2(2, n = 37) = 5.81, p = .02$. In fact, 53% of the educators recommended planning, whereas only 20% of the directors, and 40% of them suggested that attitude was important whereas only 6% of the educators acknowledged it. Finally, only one director recommended more financial support, and another suggested that maintaining quality for all children was important.

Once more. Chi-square analyses were conducted for the recommendations made to facilitate successful integration by the staff in “lower” and “better” quality groups. Among the educators, none of the recommendations differed between the two groups. However, one significant difference in responses was noted for the directors, nine directors from the better quality group recommended good communication between the school-age care program and the parents, whereas only five from the lower quality group did $\chi^2 (1, n = 20) = 3.81, p = .05$. In addition, a trend was noted for another recommendation. More directors from the better quality group than the lower quality group recommended more specialized training ($\chi^2 (1, n = 20) = 3.20, p = .07$).

Factors Associated with Successful Integration

In this section, results regarding the factors associated with successful integration will be presented. The first factor that will be addressed is training and it will be followed by attitude. The last five factors of success will be presented as a group given that they are related to the support of the child care staff. The five factors are: preparation and planning, communication with the parents, external support, modifications to the program, and policies on integration.

Training

Another question examined in this study was whether there was a relationship between training, education, experience, and quality of the school-age care program. It was hypothesized that better trained, educated, and/or more experienced staff would work in better quality environments. In order to examine this issue, childcare staff were interviewed regarding their education, training, and experience in school-age care and with special needs children. The coding system used in this study for education and

training is presented in Table 9 and is an adaptation of the system developed by Whitebook et al. (1989). Results regarding these questions are presented in Table 10.

Relationship between Education, Training, Experience and Quality of the School-Age Care Program

Correlation analyses were conducted between the five variables related to education, training, experience that are presented in Table 10, and the quality as measured by the SACERS. None of the variables was significantly related to the quality of the environment for either directors or educators ($p > .05$). Thus, the hypothesis that the quality of the school-age care would be related to the education, training or experience of the child care staff was not supported. These findings were surprising because based on another study (Whitebook, 1989) it was expected that education and training of childcare staff would influence the quality of the environment.

Relationship between Education, Training, Experience and Successful Integration

The child care staff's education and training was also expected to be crucial for successful integration process (Krajicek & Moore, 1993; Panitch et al. 1992). It was hypothesized that more highly educated, trained, or experienced childcare staff would be more successful at integrating children with special needs. Thus, the relationship between education, training, experience and successful integration as measured by the supplementary items of the SACERS was investigated. Results did not support the hypothesis, because none of the variables presented in Table 9 was related to successful integration ($p > .05$).

Specialized training regarding children with special needs

Of the 37 individuals interviewed, only three directors and one educator had specialized formal training in special education (11%), thus it was not possible to conduct any statistical analyses. Directors and educators were also questioned about their access to workshops on integration. The majority of the directors 95% ($n = 19$) stated that they had access to workshops on this issue, and 64% ($n = 11$) of the educators stated that they had access to this kind of workshop. In most cases the workshops were available through the ASGEMSQ, except one that was offered by the special education program of the St-Jerôme CEGEP. Only 20% ($n = 4$) of the directors and none of the educators mentioned that there were workshops about integration provided by the school boards. However, only four childcare workers indicated that they had attended workshops related to the integration of children with special needs.

T-tests for independent samples were conducted to determine if the level of education and training as well as the number of years of experience were different for the childcare staff from the lower and the better quality groups. All analyses were non-significant at the .05 level of significance. These findings indicate, that school-age care programs of better quality did not have child care staff who were more educated, train, or with more years of experience, than school-age care of lower quality.

Attitudes toward integration of children with special needs

The second factor associated with successful integration that will be addressed is the attitude of childcare staff toward the integration of children with special needs. According to different authors, one of the most important factors associated with successful integration is the positive attitude of the educators and parents (ASGEMSQ-COPHAN, 1997; Chang & Teramoto, 1987; Panitch, 1992; Pavillon du Parc, 1988; Rule

et al., 1985). The attitude of the educator toward the special needs children is expected to determine the quality of the interventions, the pedagogical approach, and shape the emotional climate of the program (ASGEMSQ-COPHAN, 1997). Therefore, it was hypothesized that children with special needs would be better integrated in school-age care where the child care staff held more positive attitudes toward integration.

In order to examine this hypothesis, a questionnaire designed by Martlew and Hodson (1991), on teachers' attitude toward integration was adapted for the childcare staff (see Appendix E). In addition to the questions on attitude, a statement was added, for each question, to assess what was actually experienced by the childcare staff regarding the integration of the children with special needs. Consequently, two scores were provided, one for the attitude and a second one for the actual experience, that is termed the reality score. Results of the attitude and reality scores for the childcare staff are presented in Table 11. Attitude scores ranged between 1 (strongly disagree) and 4 (strongly agree) and 0 (don't know). The reality score ranged between 1 (never happened) to 3 (often happened). Child care staff members obtained scores that indicated that they are more likely to "agree" with integration and have in between "sometimes" and "often" positive experience with integration.

Relationship between attitude and reality scores

Because attitudes are learned through experience and interaction with other people, social objects, and environmental events, (Antonak & Livneh, 1988), it was hypothesized that the past and present experiences with integration would influence the attitudes of the child care staff. Therefore, a correlation analysis was conducted between the attitude score and the reality score of the child care staff. Significant correlations

were obtained for both the directors ($r = .70, p = .001$) and the educators ($r = .57, p = .02$). These findings supported the hypothesis that experiences influence attitude.

Comparisons of Attitude and Reality between Directors and Educators

Based on Goupil and Brunet (1984) findings related to teachers' and principals' attitudes toward integration, it was hypothesized that educators would have a more positive attitude than directors. T -tests for independent samples were conducted to determine if directors and educators had the same attitude and if they had the same kind of experience with the integration of children with special needs in their centres. It appeared that directors and educators did not have different experiences $t(35) = .74, p = .47$ and did not have different attitude toward integration $t(33) = 1.08, p = .29$.

Relationship between attitude, reality and training, education, and experience

Another issue investigated was attitudes with respect to training and education. Again, because attitudes are learned through experience and interaction with other people, social objects, and environmental events (Antonak & Livneh, 1988), it was hypothesized that childcare staff with higher levels of education and training would have more positive attitudes toward integration than childcare staff with lower levels of education and training. Several correlation analyses were conducted between the attitude and reality scores, training, education, and experience. However, none of these analyses was statistically significant ($p > .05$) (refer to Table 12). These findings indicate that the attitude and the reality of the childcare staff were not related to their educational background nor their experience.

Attitude and Reality of Childcare Staff with and without Formal and Informal Specialized Training in Special Education

T-tests for independent samples were conducted to determine if child care staff with and without formal or informal specialized training had the same attitude and had the same kind of experience in terms of integration. Results for the attitude score of the childcare staff were non-significant, $t(33) = .83, p = .41$, as well for the reality score, $t(35) = 1.07, p = .29$. These findings indicated that the attitudes or the experiences of the childcare staff were the same regardless of specialized training.

Differences according to quality groups

Comparisons between the lower and the better quality groups were also conducted for the attitude and reality scores for the directors and educators. Again it was hypothesized that childcare staff from the better quality group would have had a more positive experience and attitudes toward integration. Results of attitude and reality scores based on quality groups are presented in Table 13. T-tests for independent samples were conducted in order to determine if experience (reality) and attitudes of staff in better quality center differed significantly from the attitudes and reality of staff in lower quality program.. The attitude and the reality score of the educators were not different between the two groups according to the quality of the environment, $t(14) = -.12, p = .91$ and $t(14) = .56, p = .59$. However, the reality score of the directors was different in the by better and lower quality groups, $t(18) = -2.06, p = .05$, but not the attitude score of the directors $t(17) = -.65, p = .53$.

Parental Perception of Child care Staff's Attitude toward Integration

Parents were questioned about their perceptions of the attitudes of the child care staff's attitude toward integration. Comments were recorded and coded into two categories, positive and negative perceptions of attitude. Ten parents had a negative

perception (48%), nine parents had a positive perception of the staff's attitude toward integration (43%), and two parents did not respond (10%). Examples of positive comments were that the child care staff provided parents with a great deal of support, good communication existed between parents and staff, that a positive attitude from the staff was very important, the integration was a very positive experience, the childcare staff's attitude was better than the teachers' attitude toward integration, they were sensitive to the special needs of the children and were open to changes. Comments that represented a more negative perception were that child care workers lacked specialized training and resources, were insecure and were fearful of the disabilities and of potential injuries or accidents, and stopped certain children from participating in some activities, needed support and to be convinced that integration could be positive for all parties. These findings indicated that parental opinions were split regarding staff attitude toward integration of children with special needs.

Parental perception of staff attitude toward integration was also examined in terms of the quality of the environment. Chi-square analysis was conducted and the result was not significant, $\chi^2 (1, n = 19) = .09, p = .76$. This result indicated that parents from better and lower quality programs did not have different perception of the attitudes of the staff.

Support to Child Care Staff

The remaining five factors will be examined as a group as their function is to provide support for the directors and educators regarding successful integration of children with special needs. The five factors of success will be presented in the following order: preparation and planning, communication with the parents, external support,

modifications to the program, and policies on integration. These results are mostly qualitative in nature and were obtained through the interviews with childcare staff and questionnaires for the parents (see Appendices D and E).

Preparation and Planning

According to Baillargeon (1986) for integration to be successful, it must be carefully planned and prepared with the child care staff, the parents, and with the child at the heart of the issue and the child's peers. For the majority of the directors in this study, this was not their first experience with the process of integration. In fact, 95% had integrated children in the past, however only 41% of the educators had previous experience integrating a child with special needs into their group. Among all the educators, 41% were consulted and informed in advance. This means that they were asked if they were willing to integrate a child with special needs before the child arrived at the school-age care program. Another 23% were not consulted, but were notified in advance and 12% were not consulted or informed in advance about the integration of children with special needs. They simply found out on the first day of school that they had a child that had a disability in their group. The other 23% of educators were not leading a group but were in charge of activities, or functioned by age group and did not need to be individually consulted or prepared because they knew there would be a year that the children with special needs would be in their age-group or activity. In addition, 40% of the directors and 53% of the educators had received enough information on the child prior to the actual integration. Only 15% of the directors, but 41% of the educators said that they had received no information. However, 45% of the directors said that it depended on the child and parents, but only 6% of the educators said so. The majority of

the directors mentioned that they met the parents prior the integration, however, only 12% of the educators had met the parents prior the integration.

Individual education plan. An important element of the preparation and planning for the integration of a child with special needs is the individual education plan (IEP) (Baillargeon, 1986). Child care staff were questioned in order to determine their involvement in the IEP of the children. The majority of the directors (80%) knew if the child with special needs had an IEP, whereas, only 40% of the educators knew if the child had an IEP or not. Thirty-five percent of the directors were involved in the IEP team, but only 6% of the educators were. However, if not involved in the IEP, 40% of the directors knew about the objectives to work on from the IEP, but only 29% of the educators were informed of this.

Parents were also questioned about the IEP issue. They were asked if they knew if their child had been assessed by or for the school board and all of them answered that their child had not been assessed and did not know if it was the case. Then the parents were asked if they knew if their child had been assigned a code by the school board and only 38% could identify their child's code. Parents were also asked if they knew if their child had an IEP, 80% said that they did. Finally, the parents were asked if they thought the educator had a role to play in the IEP, of all the respondents of this question ($n = 19$), 58% said that the educator had a role to play in the IEP.

Differences according to quality groups. There were no significant differences related to quality of the program on the variables that examined if child care staff received prior information about the child before the integration or if they sought help or met the parents before the integration. However, several variables related to the IEP were

found to be significant. All directors from the better quality group knew about the IEP of the children with special needs, whereas, only 60% of the directors of the lower quality group did $\chi^2 (1, n = 20) = 5.0; p = .03$. In addition, there was a trend toward more involvement in the IEP from part of directors in the better quality group $\chi^2 (3, n = 20) = 6.0; p = .07$. In fact, 60% of the directors from the better quality group reported that they had objectives from the IEP to work towards with the children with special needs, whereas, only 20% of the directors from the lower quality group reported the same. Educators from the better quality group were significantly more likely to know about the children's IEP than educators from the lower quality group $\chi^2 (3, n = 17) = 10.8; p = .01$. However, the educators from the better quality group were not necessarily themselves more involved in the elaboration of the IEP, but they did have significantly more objectives from the IEP to work on $\chi^2 (2, n = 17) = 6.0; p = .05$. Finally, significantly more parents from the better quality group (69%) thought that the educator had a role to play in the IEP, whereas 29% of the parents from the lower quality group did $\chi^2 (2, n = 21) = 5.8; p = .05$.

Communication with Parents

In addition, in order to successfully integrating children, parents must be involved and consulted throughout the process of integration (Baillargeon, 1986). Childcare staff members were questioned about their relation and communication with the parents of children with special needs (see Tables 14, 15, 16). The majority (60%) of the directors did not have difficulties with the parents. The majority (59%) of educators also reported that parents did not ask for support, but whenever they did, they were usually able to meet the parents' needs. The majority of the directors (65%) and of

educators (59%) mentioned maintaining excellent or good quality of communications between the parents and themselves. According to the parents, 77% reported having very frequent or sufficient communication with the child care staff.

Differences according to quality groups. Each variable presented in the previous paragraph and tables was analyzed according to difference of quality between the “lower” and the “better” quality group. However, none of the results were significant. This was surprising because it was expected that a better quality environment would support better communication between parents and child care staff (Interactions subscale of SACERS) and that it would be perceived this way by these individuals.

External Support

As mentioned previously, the collaboration with specialized resources may provide specific information about a child’s disabilities, methods of intervention, and help in defining appropriate objectives for the child and may be considered as an important source of support for the childcare staff (Baillargeon, 1986). In this study, child care staff were questioned about their need for support at the beginning of the integration process. Among directors, 40% said that they looked for support or help, and 24% of the educators did the same. The type of help that was sought by directors and educators, prior to the integration, was from the personnel in the school such as teachers, “éducateurs spécialisés” or psychologists (see Table 17). Directors also consulted external organisms such as rehabilitation centers and parent’s associations for specific disorders. Finally, only one director and one educator mentioned consulting the parents for some kind of help or support. Child care staff were then questioned about their consultation with sources of support after the integration of the children with special

needs. Half of the directors and 59% of the educators reported discussing the children with special needs with the classroom teacher, a good percentage of directors and educators (45% and 35%) respectively reported consulting with the school specialist or therapist, and very few directors and educators (10% and 6%) respectively reported having contacted therapists external to the school setting. Parents were also asked to comment on the communication between the child care staff and the classroom teacher. The majority (77%) reported that the communication was either frequent or sufficient.

Another important issue related to the external support is the financial assistance for the integration of children with special needs offered by the Minister of Education. Directors were questioned to determine if they received special funds for the integration of children with special needs. Almost all received funds (95%), only one did not because the child did not meet the criteria (number hours spent at the school-age care per day) for additional allocation for integration due to long hours of transportation. However, less than a third of the educators knew that the school-age care program received special funds for the integration of the children with special needs: the majority were unaware of this fact (71%).

The educators were questioned about their perceptions of support from the school-age care program team (directors and other educators). The majority (76%) of the educators felt that the integration process was a shared responsibility among the team. However, some mentioned that it depended on the individuals as some educators would not help or support the children with special needs. Others stated that when a conflict or a crisis would occur with the child with special needs, the problem would be left only to the child's educator.

On the other hand, directors were asked if they were aware of the various sources of support. Almost all directors (95%) felt that they knew whom to ask for support. Among them, a third mentioned that the only source of support for the integration that they knew of was the ASGEMSQ. Directors were then asked if they were satisfied with the support they received: 75% were satisfied, 15% were dissatisfied, and 10% said it was unnecessary or did not apply to them.

T-tests were also conducted in order to determine if child care staff were more successful integrating the children with special needs when they felt supported. A significant difference was obtained only for directors, $t(16, n = 20) = 2.20, p = .04$. In fact, directors who were satisfied with the support they were receiving were more successful integrating the children with special needs than those who were dissatisfied with the support. This is an important finding because it indicates that support is an essential element of successful integration for directors. However this difference was not obtained for educators, $t(15, n = 17) = .03, p = .98$, indicating that educators who felt that the integration was a shared responsibility among the child care staff were not more successful integrating the children than those who did not. This is surprising because one would have thought that the perception of support for the educators would be even more important for successful integration than for the directors.

It was expected that the quality of the program would be a factor in the staff member's perceptions of support. Therefore, each variable previously mentioned in this section was analyzed according to possible differences between the "lower" and the "better" quality groups. However, none of the variables were found to be significantly different in terms of the quality scores. Again, it was expected that there would be a

greater perception of support in school-age care program of better quality, but this hypothesis was not supported.

Modifications to Programs

In some cases, modifications to the program might be necessary to successfully integrate the children with special needs (Baillargeon, 1986). In order to implement the necessary modifications, extra money is often necessary, and as seen in the previous section, almost all of the school-age care programs were provided with some financial assistance. Directors were then questioned about how they used the extra funding allocated for the children with special needs, and as presented in Table 18, the majority (79%) were using it to hire additional staff. The reasons given for this choice of hiring additional staff (see Table 19) were mostly for supervision of children with special needs on fieldtrips and pedagogical days.

Directors were then questioned to determine if they had to make any modifications to the environment or program to integrate the children with special needs. The majority (60%) of the directors responded that they somehow had to make modifications in order to integrate the children with special needs. The modifications included physical arrangements which included the making of a washroom accessible for a child, modification of the space and adapting chairs to the child's needs. There were also modifications of the activities and programs such as a change in the type of activities and modifying the schedule (late arrival or other means of transportation). There were also modifications where personnel was concerned such as hiring a shadow for the child, lowering the ratios in their group and hiring specialized staff to help care for the children.

Parental perspective on modifications. Parents were also questioned about their perception of needed modifications to accommodate their children's needs (see Table 20). Half of the parents who responded to that question ($n = 20$) mentioned that certain modifications had been accomplished to accommodate their children, but no further modifications were necessary. Only 10% stated that no changes were made but some would be necessary, and a final 40% stated that no modifications were made and none would be necessary. Among the modifications that parents reported to have been completed were buying specialized games, and modifying the schedule. Modifications related to the personnel included hiring a shadow or special educator to provide more adequate supervision. The changes that were requested by the parents referred to having a shadow or more supervision by lowering the ratios, providing support for the homework period, and offering specialized services during the after-school hours. Unfortunately, the way the questions were worded and formulated, it is not possible to know if in certain cases some modifications were done and parents still wanted more changes.

Again, each variable mentioned in this section was analyzed in terms of quality differences between the "lower" and the "better" quality group, and one variable was found to be significantly different. Parents from the better quality group were more likely to know about the modifications that were made to accommodate their children in the program, whereas parents from the lower quality group did not know about any modifications, $\chi^2 (1, n = 20) = 5.49; p = .02$.

Policies on Integration

Another condition for success is the elaboration of clear principles and philosophies about integration where the after-school program is concerned (Panitch et al., 1992; Tyler & Newman, 1991). In this study, directors were asked if they had a written policy about the integration of children with special needs. all of them responded that there was nothing written in their policy book (100%). When they were questioned about exclusion of children in general, 60% mentioned they had to exclude children for various reasons. However, in all cases it was for behavioral problems such as violence, cigarettes or drugs, therefore "handicapped children" were not specifically targeted by these measures.

As mentioned earlier, none of the school-age care programs had written policies on integration. However, school-age care programs from the lower quality group had a tendency to exclude children more often than school-age care programs from the better quality group. $\chi^2(1, n = 20) = 3.3; p = .07$.

Summary of the Results with Respect to Research Questions and Hypotheses

The first question that was examined was whether a successful integration of special needs children was related to the quality of the school-age care program. Based on a review of literature examining quality issues in school-age program (Albrecht, 1993; Clarke-Stewart, 1987; Jacobs et al., 1998) it was hypothesized that the success of the integration would be related to the quality of the program. A significant positive correlation was found between the quality of the school-age care programs and successful integration. In addition, a significant difference was also found between the lower and the better quality groups in term of the successful integration of children with special

needs. These findings support the hypothesis that programs rated as good or excellent would meet the needs of special needs child and their parents needs successfully, while programs rated as inadequate or of minimal quality would be less successful.

The present study also investigated the relation between quality of care and parental satisfaction with their children's school-based child care programs. Previous studies have examined parental satisfaction with their preschool arrangements (Bradbard et al., 1994; Endsley & Bradbard, 1987; Erdwins & Buffardi, 1994; Phillips et al., 1990; Roche & Camasso 1993; Sonenstein & Wolf, 1991), and have consistently found that the majority of parents of preschoolers reported being satisfied with their child care arrangements regardless of quality. A recent study of school-age care found similar results for parents of older children enrolled in school-age care (Maheux, 1998). Accordingly, it was hypothesized that parents of children with special needs would be satisfied with their children's school-age care programs regardless of quality. The findings of this study supported this hypothesis because no significant correlation was found between the quality of the school-age care programs and parental satisfaction.

Another issue explored was the definition of what was successful integration for child care staff and parents. Parental and staff's definitions of successful integration were compared with those that already exist in the literature (ASGEMSQ-COPHAN, 1997; Baillargeon, 1986; Warnock, 1978). It was interesting to find that the three levels of integration discussed in the literature were mentioned by child care staff members. However, parents did not mentioned the first level of integration, the physical integration, but did refer to the other two levels, the social integration and the functional integration. The three groups of respondents also provided other definitions that did not appear in the

literature. They suggested that the child's, the parents' and the educator's well-being should be considered as well because the integration process has to be positive experience for everyone involved in it.

Factors facilitating successful integration have been identified in the literature and an exploration of the parents', child care staff members' definitions were investigated. Significantly more parents than child care staff members mentioned that planning the integration, collaboration and external support for the educator, modifications to programs, and attitudes toward integration were important factors related to successful integration. No significant differences were obtained in the factors of success between the directors and the educators.

Directors' and educators' recommendations regarding the achievement of successful integration were explored. For successful integration to occur directors and educators, both recommended collaboration and external support with the highest frequency. The next most frequent recommendation was communication with parents. In terms of frequency of reporting, it was followed by recommendation of specialized training, and modifications to the program. There were differences between frequency of reporting between directors and educators for two issues. More directors than educators stated that educator attitudes were an important element, and more educators than directors stated recommended planning as an important element of successful integration.

The educator's and director's education and training in the field of early childhood as well as their experience in this field was expected to be related to the quality of the environment in which they work in (Whitebook et al., 1989) and to the successful integration of children with special needs (Krajicek & Moore, 1993; Panitch et al. 1992).

It was hypothesized that better quality programs would have child care staff with higher levels of education, training and experience. In addition, it was hypothesized that child care staff with better education, training and experience would also be more successful with the integration of children with special needs. No correlations were found between quality of the school-age care or the successful integration of the children with special needs and any of the variables on education, training, and experience. Thus, the hypothesis that the quality of the school-age care or successful integration would be related to the education, training or experience of the child care staff was not supported.

The literature suggests that specialized education and training of staff regarding children with special needs may be crucial for a successful integration process (Krajicek & Moore, 1993; Panitch et al. 1992). Thus, this study explored the relationship between educators' formal education, and in-service education in the form of workshops and/or on-site training and the successful integration of the children with special needs. More specifically it was hypothesized that child care workers with higher levels of specialized education and training would have more positive attitudes toward integration than those with lower levels of specialized education and training. No significant differences were obtained for the attitude scores or for the reality scores between the two groups of child care staff members. These results indicated that the attitudes or the experiences of the childcare staff were not different whether or not they had specialized training in special education.

The last research question referred to the child care staff members' perception of support and how it related to successful integration. It was hypothesized that child care staff members who felt supported with the integration of the children with special needs

would facilitate the integration process for these children (ASGEMSQ- COPHAN, 1997; OPHQ, 1992; Parette & Murdick, 1994; Perreault, 1997; Rule et al., 1985; Tyler & Newmann, 1991). The majority (75%) of the directors were satisfied with the support they received. Directors who were satisfied with the support they received were more successful integrating the children with special needs than those who were dissatisfied with the support. For their part, most of the educators (76%) felt that the integration process was a shared responsibility among the team. However, this significant difference was not obtained for educators, indicating that educators who felt that the integration was a shared responsibility among the child care staff were not more successful integrating the children than those who did not. Therefore, the hypothesis regarding the perception of support and its impact on successful was only partially supported.

DISCUSSION

Due to the small sample size of this study, caution should be used in trying to draw generalizable conclusions from the data. The study would need to be replicated with a larger sample before generalizations could be made to other samples and/or the larger population. The first section of the discussion will summarize the findings of the present study. Then, the implications for educators and directors of school-age care programs, as well as parents will be presented. Finally, directions for future research will be outlined.

Quality Issues

Overall Quality of the School-Age Care Program

The quality of the participating centers as measured by the SACERS (Harms et al. 1996) was found to be above the minimal rating, but below the good rating of quality. While this finding is in keeping with other studies of quality in school-age care programs in Montreal (Maheux, 1998; Jacobs, 1999), this level of quality of the global environment might be problematic. Previous research conducted in preschool day care studied child developmental outcome (Phillips, 1987; Whitebook et al., 1989) and has found that poor quality day care was related to negative developmental outcomes, whereas good quality day care was related to positive outcomes. Although the focus of the current study was school-age children and child developmental outcomes were not examined, the main thrust of the study was the successful integration of a vulnerable population, children with special needs.

When each item was examined, 10 of the 50 items of the SACERS were found to be lower than the minimal level of quality (3 and below on a 7-point Likert scale), these

items were Room Arrangement, Furnishing for Relaxation and Comfort, Health Policy, Safety Practice, Departure, Drama/Theater, Science /Nature, Cultural Awareness, Greeting/Departing, and Opportunities for Professional Growth. None of the items of the Special Needs Supplementary Items were found to be at or below the minimal level of quality. This is important because it indicates that, on average, children with special needs were receiving above minimal support for their integration. These findings will be discussed in more detail in the section on successful integration.

The first two items that were below the minimal level of quality were elements of the Space and Furnishings subscale. In terms of the integration of the children with special needs, such a low score for Room Arrangement, and Furnishings for Relaxation is worrisome because this means that the furniture may overcrowd the room, which would impede the children with gross motor or visual disabilities from moving freely in the room. In addition, the quiet and noisy centers were often not separated, and soft furnishings or cozy areas were often absent. The first element could contribute to the attention and concentration difficulties of some children if the room is too noisy. In addition, the absence of cozy areas could impede some children with special needs for relaxing or taking a pause when necessary. In fact, some of the children with special needs might need to take a pause more often than the other children because they may become tired if the activity is long and difficult.

Three items of the Health and Safety subscale were found to be below the minimal level of quality. The item dealing with Health Policy was very low because, in many cases the school-age care program scored 1 for not having written policies concerning contagious illnesses, or what to do if a child got sick; there were no health

records and staff had not had a physical exam or TB test in the last two years. Some of the school-age care programs had written guidelines on health policies and procedures, but none of the programs had written policies on integration. This is an important issue, because the elaboration of clear principles and philosophies are an important condition of successful integration (Panitch et al., 1992; Tyler & Newman, 1991). In addition, these policies should be reflected in the creation of practices that respect the differences of children with special needs.

The item, Safety Practice, was the lowest of the entire scale because none of the programs practiced evacuation procedures monthly or even yearly. Some children with special needs are bussed from different schools and they need to know where to go if an emergency occurs. The justification that the children practice the evacuation procedure during the day with their teacher is not applicable to them.

Another one of the very low items concerned Departures, for which the majority of school-age care programs received a score of 2, which is better than inadequate but not quite minimal, because parents were not required to sign out their children before they left. Regarding the Departure procedure, scores were below minimal because the majority of the programs did not use a sign out procedure. However, it was reported by child care staff that some children with special needs had run away from the program and could not be located by the staff. In order to determine their whereabouts staff had to call the parents to see if they had picked up their child already. In order to avoid such situations, asking the parents to sign out when leaving with their children would decrease the risk of losing a child.

Three items of the Activities subscale were also found to be below the minimal quality level. The item, Drama/Theater, was one of the lowest of these subscale items, perhaps because it was felt that this area would be less interesting for older children than the younger children, and thus fewer activities and props were made available. With respect to children with special needs this type of activity could be very important for those who seldom have the chance to express themselves, this could be an interesting way to spend some of their extra energy. Science/nature activities also scored rather low. This is surprising, because one would think that children of this age would be very interested and intrigued with activities of this type. Perhaps staff think that it is complicated to prepare such activities or perhaps the staff lacks interest in this subject matter. For children with special needs who are not as mobile, recreation activities can take many forms that all of which must not be based on physical activities. Science and nature activities can be more sedentary and meet the needs of children with motor disabilities. It was also very surprising to note the definitive absence of cultural awareness in the school-age care programs that participated, since the metropolitan area is such a multicultural environment. In fact, none of the school-age care programs scored higher than a 4 on the 7-point scale for the item on Cultural Awareness. In terms of integration of children with special needs, the diversity of activities is as important for them as for the other children. Cultural awareness is important because it opens the minds of children to people who are different and this is another way to impact the acceptance people who are different because of a disability.

Another item found to be lower than minimal was Greeting/Departing on the Interactions subscale. This item examines the transition between the end of the school

day and the beginning of the school-age care program, as well as the end of the program and the rest of the day with the parents. These transitions are important especially for children with Downs Syndrome , for example, who require a well-structured and familiar routine in order to function smoothly.

Finally, the last item to have a mean below the minimal level of quality was Opportunities for Professional Growth from the Staff Development subscale. This means that in-service training and professional resource materials were scarcely available, and that very little orientation was provided for new staff. In terms of the integration of children with special needs, this is a real problem because it means that child care staff have very little support for specialized training and little or no access to specialized materials regarding integration. It is essential for staff to have access to specialized in-service training and materials as this might be their only possibility to acquire formal knowledge regarding the integration of children with special needs. The demographic data from the study indicate that very few child care staff of this study had prior specialized training in special education. Therefore, the absence of opportunities for in-service professional development translates into a lack of support for improved functioning with children with special needs. The importance of training will be discussed later in more detail in section dedicated to this issue.

Before discussing differences in the quality of the program any further, it is important to mention that there were three programs where the director was also an educator and that these programs were in the lower quality group. This is an interesting finding. Perhaps because the directors also have to care for the children, this leaves them with less time to write a good policies and procedures book, to prepare schedules, to plan

and organize workshop and supervision and evaluation of staff. On the other hand, the directors' task might also interfere with the educators' task, which could impede good interactions from occurring between them and the children.

Successful Integration

The supplementary items of the SACERS were used as an objective measure of successful integration. The score obtained for this subscale was above the minimal level of quality, but below the good level of quality. This indicates that children with special needs were receiving some support for the integration, but were not fully integrated into the school-age care programs.

Successful Integration and Quality

One of the important questions of this study was about the relationship between the quality of the school-age care program and successful integration. It was hypothesized that programs of higher quality would be more successful than programs of lower quality at integrating children with special needs (Albrecht, 1993; Clarke-Stewart, 1987; Jacobs et al., 1998). Indeed, a correlation was found between the successful integration of the children with special needs and the overall quality of the school-age care program. This is an important finding because it indicates that a good quality environment can provide the necessary elements for successful integration.

Additional analyses between two groups according to quality levels were conducted in order to examine this hypothesis in greater detail. These analyses revealed those school-age care programs that scored higher on the overall quality score, also obtained significantly higher scores for each of the other subscales, including the special needs supplementary items. In fact, school-age care programs of the better quality

obtained a mean score of 4.90 for the Special Needs Supplementary Items, which is very close to the good level (5), whereas school-age care programs of the lower quality group obtained a mean score of 3.48, which is just above a minimal score (3). This indicates that better quality programs were better able to meet the integration needs of children than were the school-age care programs of lower quality.

In addition, given that every subscale of the SACERS was significantly different between the two groups, it might indicate that school-age care programs of better quality are better equipped in all areas to support the integration of a child with special needs. For example, the subscale on Interactions was found to be significantly different between the two groups. The better quality groups obtained a mean score that was above the good quality level (5), whereas the lower quality group had a score that was just above the minimal level (3). These findings are important for integration because the relationships that are developed between the children with special needs and the educators and children are very important for their social integration. This subscale also investigates the interactions between the staff and parents and as it was highlighted before that the communication between these two is also important for successful integration, the school-age care programs that scored higher on this subscale are on the right path towards successful integration. The same is true for the subscale regarding Staff Development for which there was significant difference between the two groups. Having the opportunity to attend a workshop or in-service training should result in staff being better prepared and more willing to integrated children with special needs than staff who do not have these opportunities. Very few staff development opportunities were observed through the SACERS, however, child care staff reported that they had access to workshops on

integration. Based on this research findings, very few children with special needs are integrated in each school-age care. In addition, very few educators had previous experience with the integration of children with special needs, and this could have been their only experience. Therefore, perhaps child care staff do not feel motivated to attend such workshops because they feel that they do not need it. In conclusion, assuring good quality school-age care programs may be a way of assuring successful integration, since most of the factors that are facilitators of successful integration may be readily present in such environments.

Subjective Measures of Successful Integration Across all School-Age Care Programs

Child care staff were asked to comment on their perception of the successful integration of the children with special needs, their participation in the activities, and their involvement in friendships. Directors and educators had similar positive perceptions about the children with special needs' participation in the activities and involvement in friendships. However, significantly more educators than directors felt that the children with special needs in their group were successfully integrated. The different population of children referred to by the two groups of respondents might explain this difference. It seems that educators were referring to the children currently in their group, whereas directors were referring to the children with special needs enrolled in the whole program, which could explain why more directors answered "depends on the children". It is also possible that this question referring to the educator's effectiveness in integrating the children was too direct, and therefore forced them to assess the children's integration more positively than the directors who were less directly involved in the success or failure of the integration process. On the other hand, the directors who

intervened less directly with the children may have felt less threatened about evaluating what they saw happening and so were more critical in their responses to this question. In addition, directors had more years of experience with the integration of children with special needs, which would give them a broader range of comparisons.

Another interesting finding is that regardless of the quality of the environment they worked in, child care staff reported high levels of children's participation in activities, involvement in friendships, and successful integration. Most educators thought that children were successfully integrated, but according to our findings not all of them were. Children in low quality programs were not successfully integrated. It would be easy to say that lack of training made them unaware of what constitutes successful integration. However, child care staff from the better quality programs also lacked specialized training and stated accurately that the children were successfully integrated. So, what accounts for this statement by the educators could be an overly generous statement of their own success or it could be that they do not know what constitutes real successful integration and rate any involvement for example, the acceptance of child into the school-age care program, as successful integration. On the other hand, again may be this question referring to the staff's effectiveness in integrating the children was too direct, and therefore forced them to assess the children's integration more positively than they should have.

Parental satisfaction

Parents reported very high levels of needs satisfaction in terms of school-age care for the child and themselves. Interestingly, parents reported high levels of needs fulfillment regardless of the quality of the school-age care program in which their child

was enrolled. Perhaps this finding could be related to the very high levels of parental satisfaction with the quality of the school-age care programs that were obtained.

In fact, in all studies of parental satisfaction (Bradbard et al., 1994; Endsley & Bradbard, 1987; Erdwins & Buffardi, 1994; Maheux, 1998; Phillips et al., 1990; Roche & Camasso, 1993; Sonenstein & Wolf, 1991) all researchers found that parents were satisfied with their choice of care regardless of the quality of care their children received. This was evident in the current study as well. No correlation was found between the parental satisfaction and total score on SACERS. In addition, no significant difference was found on parental satisfaction between the two quality groups, indicating again, that regardless of the quality of the environment, parents report high levels of satisfaction. However, one subscale of the parental satisfaction questionnaire was correlated to the overall quality measure of the SACERS. This subscale examines elements such as the child: staff ratio, accessibility to indoor and outdoor space, the security, the atmosphere, and the cleanliness of the environment. Perhaps these elements are more likely to be observed and noticed by the parents.

This general level of satisfaction was a surprising finding as parents of children with special needs tend to have to communicate with educators more frequently than parents of children without special needs (i.e., children with special needs have special appointments with doctors and therapists and this requires more coordination and reporting of attendance). So one would expect that they would be more discriminating in their assessment of what is going on and this would have an impact on their level of satisfaction. However, it may be that parents of children with special needs are pleased

when their children are accepted in the school-age care programs and their reported satisfaction is an indication of this.

Definitions, Factors of Success, and Recommendations from Child Care Staff

Definitions of Successful Integration

Parents and child care staff were asked to define or describe what represented a successful integration for them. Child care staff were asked this question through an interview, whereas parents were asked this through a questionnaire. Directors and educators responses were similar and referred to the three levels of integration mentioned in the literature (ASGEMSQ-COPHAN, 1997; Warnock, 1978). However, none of the parents referred to the physical level of integration, but did mention the other two levels. This finding might indicate that for parents the simple act of accepting the child in the physical setting is not interpreted as integration. Child care staff also mentioned the social integration significantly more often than parents perhaps because this is a major part of the general mandate of a school-age care program. In fact, the program occurs at the end of the day and usually focuses on nonacademic activities and more on social activities.

In addition, the difference in the medium used for questioning the respondents could explain some of the differences between groups that were obtained. In fact, parents were less likely than child care staff to give a definition of successful integration, but instead were more likely to present factors associated with successful integration.

No significant differences were reported between the quality groups, which means that child care staff, and parents from better and lower quality groups did not define or describe successful integration differently. This is not a surprising finding because child

care staff had similar training in both quality groups, and very few of them had any specialized training regarding integration which could have made a difference.

Some respondents in the three groups also suggested definitions that were not in the literature, and these referred to the child's, the parents' and the educator's well-being. It seems that the definitions provided in the literature were missing some important elements for the parents and child care staff. The fact that the child was involved in the activities but unhappy, and that the educators were able to manage reasonably well with the children but were exhausted and dissatisfied can certainly not be interpreted as successful integration. It is important to recognize that just accepting the child in the school-age care program is not successful integration, however it is very important to satisfy the needs of the children but also of those individuals involved in the integration, who are the educators and parents. These are certainly elements that will need to be included in a future definition of successful integration.

Factors Associated with Successful Integration

Significantly more parents than child care staff suggested planning, collaboration and external support, modifications to programs, and attitudes toward integration as factors of success. Again, the difference between the parents and the child care staff could be explained by the medium for questioning the respondent. In fact, more parents than child care staff suggested factors associated with successful integration when they were asked to define or describe a successful integration. Nevertheless, it is not surprising that parents mentioned these factors because their children were also attending school during the day and most of them were already involved in an IEP team for their children. For this reasons they may have been more knowledgeable about these issues

because they were already dealing with these with the classroom teacher. Again, no significant difference between the quality groups was obtained for any of these factors for each type of respondent. Once more this could indicate that child care staff and parents did not have the knowledge about the importance of quality and how it might facilitate a successful integration. The present findings will be contrasted with the recommendations made by the child care staff in the following section.

Recommendations Made by Child Care Staff for Successful Integration

The two most frequently suggested recommendations for successful integration by both groups of child care staff were collaboration and external support, and communication with the parents. Child care staff mentioned that it was important when possible to be involved in the IEP team in order to have common goals to work on. They also mentioned that it was important to have a similar line of action and similar methods of handling problematic situations among the people intervening with the children in order to ensure stability for them.

One important significant difference between directors and educators that was noted, was that educators recommended preparation and planning more often than the directors did and directors mentioned attitudes regarding integration more often than educators did. The need for preparation and planning was interpreted by child care staff as meeting the parents before the integration in order to obtain a portrait of the child's difficulties and the information regarding effective methods of intervention. Ideally, they also preferred to be notified in advance by the parents or principals when there was to be a new child coming to the school, and they wanted this information to be shared by the directors with the educators. In addition, child care staff also recommended preparing the

group of children in advance of the arrival of the child. They wanted to explain the child's needs and how they were going to be different. Educators reported that this made a big difference in the adaptation of the group to the presence of the child with special needs.

The fact that educators suggested planning the integration process more often than directors may be the result of their actual experience working with the children with special needs. It was previously mentioned that educators received very little information about the needs of the children before the integration and were seldom involved in the IEP, and this would explain their concern with the preparation and planning. The educators are the ones working with the children and know that they must plan with various children's needs in mind in order to be successful. Directors know this as well however, from where they sit educators' attitudes would seem to them to take precedence over planning. The favorable attitudes that were most often mentioned by child care staff were open-mindedness, flexibility and not be afraid to try, and to question themselves and their methods.

Financial support was recommended very infrequently. On the one hand, directors knew they had funds, on the other hand the educators were in most cases unaware that it was available, so did not mention it. Quality was also very infrequently mentioned by the child care staff as a recommendation to facilitate successful integration. One possible explanation is that quality is a composite item that is very subjective, therefore child care staff named processes and elements that could be the end result of quality.

Directors from the better quality group recommended communication more often than directors from the lower quality group. Perhaps this belief that successful integration comes from communication with parents is a product of what they were actually doing in their own program (see high scores on Interactions subscale of the SACERS, and high percentages of good communication with parents). Perhaps they saw good communication with the parents as the route to successful integration.

Directors from the better quality also tended to recommend more specialized training more frequently than directors from the lower quality group. It is interesting to note that the training of staff in better quality programs was not significantly different than training levels in lower quality programs, and the fact that this has been mentioned by directors in the higher quality programs could be an indication of their awareness of the outcomes of specialized training and of their staff's lacunae. Maybe they felt that weaknesses in the programs perhaps could be improved through specialized staff.

When the recommendations made by child care staff were compared with factors associated with successful integration suggested by the parents interesting parallels were found. For the parents, planning was the most frequently mentioned, followed by collaboration and external support, which were also highly recommended by child care staff. Surprisingly, specialized training was not highly recommended by educators, nor highly suggested by the parents. Perhaps parents assumed that staff had the proper training to work with their children. On the other hand as mentioned previously, very few staff development opportunities were observed through the SACERS, however, child care staff reported that they had access to workshop on integration. Based on this research findings, very few children with special needs are integrated in each school-age care. In

addition, very few educators had previous experience with the integration of children with special needs, and this could have been their only experience. Therefore, perhaps child care staff do not feel motivated to attend such workshops because they feel that they do not need it.

Factors Associated with Successful Integration

Training

Another purpose of this study was to investigate if education, training, and years of experience were related to the quality of the school-age care program and to the successful integration of the children with special needs. The results of this study did not support the hypothesis that variables related to education and experience would be related to better quality and more successful integration (Whitebook et al., 1989). No difference was found between the two quality groups for these variables. Perhaps the sample was too small to find significant positive correlations. In addition, too few staff members had a special education background to conduct significant analysis on the impact of this type of education and training. An explanation for why so few child care staff had specialized training in special education could be that the working conditions are very limiting. Child care staff work very few hours a day in what can be termed staggered shifts and with a special education background individuals can easily find better paying jobs with a more regular schedule. Perhaps it is for this reason that very few child care staff members had such specialized training. On the other hand, at least half of the directors and almost a third of the educators recommended specialized training in order to achieve successful integration. In addition, directors from the better quality school-age care programs tended to recommend specialized training with greater frequency than directors

of the lower quality programs. This finding could indicate that directors of better quality programs are more likely to recognize that specialized training is necessary.

Nevertheless, high percentages of child care staff mentioned that they had access to workshops on integration. However, only four staff members had attended such workshops. An explanation for such findings could be that salary and job status are relatively low among child care staff and they are unlikely to get additional training that will not improve neither salary nor status. Again, maybe they simply feel, that this is unnecessary, because they will probably have to deal with the children with integration for only one year.

Attitudes Toward Integration

As expected, a positive correlation was found between the attitude scores and the reality scores of the child care staff members. The reality score was a measure of what the child care staff were experiencing in terms of integration, and the attitude scores referred to the attitude of the child care staff toward integration. This finding supports the ideas of Antonak and Livneh (1988) who proposed that attitudes develop through experience and interaction with other people. In other words, the events concerning integration that were experienced by the child care staff were related to their attitudes toward integration.

No significant difference was found between the attitude and reality of directors and educators, which is not in keeping with the original hypothesis that directors were expected to have more negative attitudes than educators (Goupil & Brunet, 1984). Brunet and Goupil (1984) had found that principals of elementary schools in Quebec were less inclined to integrate children with special needs than classroom teachers. This

finding was of concern because principals are the ones making the final decisions about the access of these children to the regular classroom. It was expected that similar findings would appear in this study: but directors did not have different attitudes than educators. This might be explained by the difference in the type of settings between the classroom and the school-age care programs. The fact that school-age care programs are less focused on academic objectives, and more on socialization could lead the directors to be more inclined towards integration than are principals.

Another hypothesis was that education, training or years of experience of child care staff would be positively related to attitudes on the part of child care staff. Only analyses concerning level of general education, training and experience were able to be conducted and did not support this hypothesis since no correlations were found between these variables and attitudes and reality scores. Analyses pertaining to more specialized training in special education were impossible to conduct because only four child care staff members among the 37 had such training. Thus, it may be hypothesized that it is not just general education that is needed to change attitudes but specialized education, training, or experience regarding integration. Unfortunately, it was not possible to test this hypothesis because too few child care staff had such education, training, or experience.

When quality group differences were examined, it was found that directors from the better quality group had significantly more positive experiences with integration than the directors from the lower quality group. This finding could be related to the significantly more successful integration of children with special needs in the better quality group than in the lower quality group. In addition, the fact that directors from the

better quality programs were more involved in the IEP team could also explain their higher reality scores.

Parental perceptions regarding child care staffs' attitudes toward integration were split. Half of the parents had a positive perception of the attitudes of child care staff, whereas the other half had a negative perception. This finding was surprising because it did not seem to have an impact on their satisfaction with the quality of the school-age care program since the majority of the parents still reported to be "satisfied" or "very satisfied". Perhaps their answers referred mostly to their initial perception of the child care staff when they first met them, and when the staff could have been somewhat anxious before the integration and led the parents to interpret their behaviors as not being inclined to integrate and make modifications for their child. Perceptions of attitudes tend to come from words and actions. Perhaps the parents were familiar with the type of communication and behavior that their children's classroom teachers exhibited and used that as a yardstick to measure the caregivers' attitudes. It should be remembered that the ratio of adults to children in school-age care programs in Quebec is 1 to 20. It may not be perceived by parents that their children are receiving sufficient attention or special care from the adults in the school-age care programs. On the other hand parents may not say that they are dissatisfied because that would indicate that they have erred (made a mistake in their choice of programs), but may not be as reluctant to indicate that the educators do not have positive attitude, thereby making the educators responsible for any of their concerns.

Preparation and Planning for the Integration

In order to have a better feeling about how the integration of the children with special needs was occurring several questions of the child care staff interviews were designed regarding this issue. It was found that almost all directors had previous experience integrating children with special needs, but not even half of the educators had such hands-on experiences. In addition, less of a quarter of the educators were not consulted but were at least notified in advance about the integration. Surprisingly, almost one quarter of the educators were neither consulted or informed in advance about the integration of the child in her/his group. In addition, almost half of the educators said that they had not received enough information prior to the integration, and only 12% of the educators had met the parents before the integration, whereas the majority of the directors had. These findings indicate that educators not only have very little experience integrating children with special needs, but they are often not consulted or informed by the directors before the actual integration takes place. This is a serious concern because it indicates that educators are not considered by the directors who impose the integration on the educators, do not share the information with them, and not invite them to meet with the parents.

Baillargeon (1986) states that an initial meeting between the parents and the educator is important to instill trust and confidence and to establish good lines of communication. On the other hand, the data from this study show that meeting the parents does not seem to be a guarantee of directors' satisfaction regarding the information they received concerning children with special needs. Perhaps other sources

of information such as the last child care placement would be useful for the directors to help them provide the necessary information to the educators.

Individual Education Plan

An important element of the preparation and planning for the integration of a child with special needs is the individual education plan (IEP) (Baillargeon, 1986). It was good to see that the majority of the directors (80%) knew that the children with special needs had an IEP. However, it was surprising to find that fewer than half of the educators knew about the IEP of the children with special needs. It was even more disturbing to find that only 6% of the educators were involved in the IEP, since they were the ones interacting with the children on a daily basis. However, a higher percentage of educators (29%) at least knew about the objectives that needed to be worked on from the IEP.

These findings suggest that this is a lack of communication between the directors and the educators. It may be that directors prefer to be involved in the IEP to ensure continuity on the IEP team over the years that the child is in the program, since the educators might be changing year after year, and also that they believe that educators need more training. However, it is the educator who really implements the modifications and interacts directly with the child and parent most of the time, therefore their participation in the IEP should not be neglected, as the majority of parents (58%) also support the involvement of the educators in the IEP. Maybe these parents are more inclined to involve the educators because this is what they were actually experiencing with their children's classroom teachers and expected that those directly involved with their child in the school-age care would do the same and have the same kind of approach.

Differences according to quality groups. Important differences between the quality groups were found relative to the IEP for the children with special needs. Staff working in the better quality programs were more likely than the staff from the lower quality programs to know about the IEP, to be involved on the team and to have objectives to work on from the IEP. In addition, even more parents from the better quality program than the lower quality program agreed that the educator had a role to play in the IEP. It was suggested in the literature that the IEP is an essential tool for the integration of each children (Baillargeon, 1986). The findings of the current study indicate that educators' involvement in the IEP plan, and the elaboration of objectives to work on may be crucial elements of successful integration for children with special needs. In fact, the IEP helps to describe the child from a global perspective, to pinpoint the difficulties and special needs, but also the areas that are strengths from which the staff may work. In addition, it allows a better understanding of the family situation, and permits to meet the specialists that are already involved with the child. It also permits the school-age care program to state their limitations regarding the integration. With all this information, a framework regarding the important decisions to make and the actions to be taken is more likely to emerge and guide the IEP team (Baillargeon, 1986). Finally, it seems reasonable to say, that if such plan of action is undertaken and that all members agree to it, this is really the basis for the achievement of successful integration of children with special needs in school-age care.

Communication with Parents

Good communication between the child care staff and the parents is recognized to be important to accomplish successful integration of children with special needs

(Baillargeon, 1986; ASGEMSQ-COPHAN, 1997). In this study it was also found to be highly recommended by child care staff and parents as an important factor of success (see Table 7). In addition, questions were designed to assess the actual communication between the child care staff and parents. It was found that the majority of child care staff did not experience difficulties with the parents and were able to meet the demands of the parents when it was necessary. Furthermore, the majority of the child care staff and parents also reported being satisfied with the amount or with the quality of the communication with one another.

As mentioned previously, no difference was found on any of these variables relative to communication where quality of care was concerned. This was surprising because it was expected that a better quality environment would support better communication between parents and child care staff. The fact that more directors from the better quality school-age care programs were more involved in the IEP than the lower quality programs, could imply that there was more communication with these parents. However, this difference was not found on the subjective measure of communication from the respondents.

Nevertheless, these findings were also contrary to the objective measure of the Interactions subscales of the SACERS, which examines the communication between the staff themselves, the parents and the children, and showed that better interactions were taking place in the better quality group than in the lower quality group. Maybe respondents overestimated the amount and quality of the communication, on the other hand maybe the contents of the communication should have been investigated. In fact, the school-age care program is a place where parents actually come into contact with the

educators. This is the place where they pick up their children at the end of the school day and everyone at that time seems more disposed to conversing informally. So the parents may be able to talk to the educators, and the educators may have felt that they were getting to see the parents and communicate with them at will. However, maybe they were not exchanging the type of information that is necessary to ensure successful integration. This is an area that would need to be investigated in another research project, because it was not examined in the present study.

External Support

External support is also known to be an important factor of success (Baillargeon, 1986). In this study questions were designed to investigate the external support available and used by child care staff. It was mentioned earlier that 60% of the directors and 45% of the educators had not received enough information prior to the integration. However, only 40% of directors and 24% of educators responded that they had looked for support prior to the integration or in the early stage. This means that a certain percentage (40% of directors and 53% of educators) felt that they had not received enough information and also did not try to find answers to their questions by their own means. It seems more natural that fewer educators looked outside of the school-age care program to find support, since it is supposed to be the director's task to provide support and information for the educators regarding the integration. Nevertheless, the findings of this study indicate that as much as 20% of the directors felt they did not receive enough information, but did not investigate further to obtain the necessary information.

The source of support that was used frequently in the early stages of the integration was the school personnel, such as psychologists, teachers, and "éducateur

spécialisé” who were easily accessible. Some child care staff also contacted external institutions/organizations such as rehabilitation centers and parents’ associations. During the rest of the school year, the classroom teacher and the other specialists in the school were still most often contacted and very few had maintained a contact with the external therapists. Overall, the majority of directors (75%) were satisfied with the support received and 76% of the educators felt supported by the rest of the child care staff team (directors and other educators) with regards to the integration of the children with special needs.

In addition, child care staff recommended with a high frequency collaboration and external support. perhaps this is related to their high level of satisfaction with the support they received. No significant difference was found for any of the variables where quality of care was concerned. These findings also indicate that no matter what the quality of the school-age care program is, there were no differences in the type of support they used. In fact, sources of support most frequently used were those easily accessible within the school.

One of the important findings was that directors who were satisfied with the support they were receiving had children with special needs who were integrated more successfully than directors who were not satisfied. It was surprising to find that educators who also felt better supported were not more successful with the integration than the educators who felt less supported. A possible explanation for these findings could be that directors of the better quality programs were more involved in the IEP and therefore would feel supported by the IEP team.

As mentioned earlier, another important element of external support was the financial assistance received by school-age care program to integrate children with special needs. Most of the directors received extra funds, however very few educators were aware of this fact. This is another example of the lack of communication and openness on the part of the directors with the educators. It is important to know why the educators are uninformed about the money for the integration of the children in their group. An explanation could be that directors do not want to share this information, as they may want to have control about the decision-making processes regarding how this money will be spent. This explanation could be illustrated by the fact that more than a third of directors included the money in the global budget, and did not use the money specifically for the integration of the children. In fact, perhaps directors fear that if the educators know about the money that is available they might request certain changes, like more paid time to prepare special activities, specialized materials or games, the right to attend workshop on integration, or a shadow for the child on fieldtrip and pedagogical days. These findings indicate a lack of transparency on the part of the directors, but also seem to be unfair to the educators.

Modifications to the Program

In order to successfully integrate the children with special needs, modifications to the program might be necessary in certain circumstances (Baillargeon, 1986). The majority of the directors (60%) reported having implemented some modifications in order to integrate the children with special needs. The modification that was most often mentioned by the directors was to hire additional staff for fieldtrips and pedagogical days. Many of the child care staff raised the issue of the pedagogical days as a very difficult

one, because they did not have the resources and support on these full days at the school-age care program. In fact, caring for the entire group for a whole day in addition to a child with special needs is very different than a few hours before and after school. This is recognized as such in other provinces where regulations state that ratios must be better on pedagogical days than on regular days. The most problematic situations seemed to occur when a fieldtrip for the entire day was planned. An example given was if they plan to go to the "Biodôme" with the children on a pedagogical day, they sometimes have to ask the parents to make alternate care arrangements for their children with special needs because there are not enough adults to supervise all the children, especially those who require constant supervision.

Another problem raised by hiring extra staff with no background or training in shadowing the children with special needs is that their actions might prevent successful integration from occurring. In fact, it was observed that certain aids only played with the children or supervised them, but made no attempt to help the children with special needs to interact with the rest of the group and play together. In a situation where there might be more than one child with special needs, it could be tempting to hire a person to care for only these children, however, caution must be used in such situations. The additional staff member is there to aid the integration process, not simply take the children away and occupy them and supervise them in a smaller group. It is true that additional staff might be necessary to supervise some of the children with special needs, however successful integration must involve the active inclusion of the children with special needs in the activities with the other children.

When parents were questioned as to whether the school-age care programs had made modifications to integrate their child, 50% of the respondents said some were made, but no further modifications were necessary. Their high level of satisfaction with the modifications could also relate to the general level of high satisfaction with the quality of the programs reported by parents. Parents in this study were generally satisfied with the services provided. However, the analyses by quality groups revealed that parents from the better quality programs were more aware of the modifications made to accommodate their child's needs. This finding could be related to the better communication that occurs between staff and parents in better school-age care program (as found on the interactions subscale of the SACERS), that parents from better quality programs demand more what from the school-age care program or that they do a better follow-up of what is happening with their child.

Policies on Integration

In the literature, one of the identified factors of success is the elaboration of clear principles and philosophies about integration (Panitch et al., 1992; Tyler & Newman, 1991). Thus, it was very surprising to find that not one school-age care program had written policies about the integration of children with special needs. It was even more surprising because most of the directors had been integrating children with special needs for a few years, and in several schools there were special classes for children with special needs. In schools where special classes existed, and where the directors had been accepting children with special needs for a few years, they should have been aware of the importance of such policies on integration, and so it was logical to expect a written policy.

Regarding exclusions of the school-age care programs, children with behavioral difficulties were the ones excluded because of problems such as violence, cigarettes, or drugs. Therefore “handicapped children” were not specifically targeted by these measures. These findings highlight the importance of getting resources for the children with behavioral problems, because they might be a population with important integration difficulties. Actually, children with behavioral difficulties do not qualify for subsidies for their integration. It is felt that these children would probably benefit from smaller group size and closer supervision by adults provided by better child-staff ratios. It was also found that programs of lower quality had a tendency to exclude these children more often than programs of better quality. This could indicate that better quality programs are better equipped to deal with such difficult children, or that the clientèle of children in the lower quality school-age care is more difficult to deal with. Educators often complained that they did not know how to handle children with behavioral problems; perhaps proper training on appropriate methods of interventions with these children would enable them to attend and avoid their exclusion of the school-age care programs.

Theoretical Model

The current study explored several variables and factors related to the successful integration of children with special needs and was developed with Bronfenbrenner’s ecological model in mind. The different layers of the environment were examined. The main focus of this study was on the microsystem, the school-age care program.

Although relations between the elements of the microsystem (director, educator, parents and children with special needs) were predicted, few were found. The education, training and experience of the staff were investigated and no relationships were found

between those variables and the quality of the program or the successful integration. No relationships were found between the attitude of the staff and successful integration, however, their attitude toward integration was related to their experience with integration. It was expected that the type of disability and its severity would influence the integration process, however, it was not possible to investigate all of those relationships.

Next the elements of the mesosystem were examined and it was found that the resources available from the school such as the support from the specialist and the involvement in the IEP were very important to the integration of the children with special needs. In school-age care programs where the directors were involved in the IEP and were satisfied with the support they received, the integration of the children with special needs was more successful than in school-age care programs where this did not happen.

It was expected that the exosystem would play a significant role in the life of these children. For example, it was expected that the population of children with special needs investigated would be followed by some therapists and that the health care system would be more involved with the education milieu. Such issues could not be examined in the current study, since very few parents indicated that their children were in any kind of therapy and very few staff reported to being in contact with these resources and resource people.

The macrosystem was of some importance in this study, more specifically the health care and education policies had influence on the integration of the children with special needs. First, it was found that none of the school-age care programs had policies regarding integration since there is no education legislation regarding written policies. Difficulties were reported by the educators regarding the children with behavioral

problems. These children were not eligible for integration subsidies provided by the Education Ministry, they did not qualify because they did not require modifications to the environment. However, in some schools with special classes for children with behavioral problems, those children did not have access to the after-school programs because they could not provide the same ratio of five children per adult that was available in the classroom setting. Other difficulties that were mentioned and that could be related to educational policies concerned pedagogical days. On those days, the school-age care programs did not receive more financial assistance to improve adult/child ratios. Therefore, children with special needs were penalized because they were unable to participate in the organized fieldtrips, because the staff could not provide the adequate supervision of the children. Finally, where health policies were concerned, there were the long waiting lists for assessments and diagnosis by the proper therapist. In fact, if the children did not receive a diagnosis and a "code de difficulté" by September 30th, they were not eligible for any assistance for their integration.

Although all systems were not examined specifically, it was evident that those that were had a strong influence on the school-age care programs as a microsystem. It would be interesting to study other aspects of the microsystem in greater depth. For instance, it would be interesting to focus on the children and study the relationships between the type and severity of the disability, as well as the previous day care integration experience of the child, the parents' level of acceptance regarding the difficulties of their child with special needs and the successful integration of the children.

CONCLUSION

In conclusion, results demonstrated that the quality of the school-age care programs is an indicator of successful integration. In addition, it was found that school-age care programs of better quality scored higher than those of lower quality on each subscale of the SACERS, including the Supplementary Items for children with Special Needs. Therefore, school-age care programs of better quality were found to be more successfully integrating children than programs of lower quality. It was also found that directors of better quality programs had a better experience with integration, were more likely to know and being involved in the children's individual education plan. Educators of better quality school-age care programs were also more likely to know about the IEP and have specific objectives to work on, whereas, parents from better quality programs were also more likely to know about the modifications that had been implemented to integrate their children.

Recommendations

One of the most important findings of this study is that successful integration of children with special needs is related to the quality of school-age care these children attend. It can then be suggested that quality of care must be taken very seriously as an indicator of successful integration. This is very important because the quality of school-age care programs vary greatly in the Montreal area as found in this study. Therefore, parents of children with special needs should aim to select a good quality program in order to ensure more successful integration. This finding is true as well for the parents of children without disability. However, it seems that parents are unable to recognize good quality school-age care programs. Consequently, it is recommended that parents should

be educated regarding what constitutes good quality environment. However, there is one limiting factor, which is that in the province of Quebec most of the school-age care programs are located in schools. This can be considered a convenience for most families but particularly for families of children with special needs children who are integrated in regular classrooms, as they can remain in the same locale with which they are familiar and then travelling to another site for child care is not an issue. Thus, even if the school-age care program is not of good quality, they might still opt to enroll their child because of the convenience factor alone. It is then also to help parents become advocates for quality child care, but in addition, child care staff members should increase their knowledge of the quality factors, in order that most school-age care programs become developmentally appropriate and successful with the integration of children with special needs.

Interesting factors were proposed by child care staff and parents regarding definitions of successful integration. They proposed that the child's well-being, as described by the child being happy to come to the school-age care program, being confident and feeling good about him/herself, should also be included as factors that define successful integration. In addition, the integration should be a positive experience for everybody involved in the process (child, parents, and child care staff). Thus, it is recommended that these factors be added to the three levels of integration that were present in the literature (ASGEMSQ- COPHAN, 1995; Warnock, 1978) to form a new definition of successful integration.

Child care staff seemed to be unable to assess accurately whether the children with special needs enrolled in their programs were successfully integrated. Based on the

demographic information pertaining to the level of specialized education and training. very few child care staff had specialized training. Therefore, when high percentages of child care staff members recommended that more specialized training would be helpful and necessary it was surprising to find that the majority of the staff stated that specialized education was already available, very few of them had attended these workshops. The reasons for this should be explored further so that the motivation necessary to get child care staff members to these training sessions can be provided.

In order to facilitate successful integration, it is recommended that parents and child care staff maintain good level of communication that they say already exists, and they should not be afraid to share all pertinent information with one another. This study found that directors were meeting with the parents prior to the integration and were part of the IEP team. It is recommended that directors invite the educators to meet the parents as well and include the educators in the IEP of the children. It is also recommended that directors should be more transparent with the educators and share all the pertinent information with the educators, especially concerning the funds that are available for the integration of the children with special needs.

Concerning the use of subsidies for integration, it is recommended that this money be spent on the integration process and not simply included in the global budget. Maybe this money could be used for relevant workshops and in-service training, or for reference materials on integration and children with special needs.

Certain children who do receive a “code de difficulté” do not have access to subsidies for their integration. This is the case for the children with behavioral difficulties who do not qualify for the subsidies. It is recommended that these children

should be recognized as having difficulty with integration, and therefore become eligible for the extra money. This is essential because all children who were excluded or denied access to the school-age care programs were those with behavioral problems.

Another important issue frequently mentioned by the child care staff is the difficulty related to the pedagogical days. In fact, more support of staff is recommended on these days. This could be obtained by allotting more financial support to hire more staff in order to enhance the ratio on these days. Therefore, children with special needs could profit from the fieldtrips that are organized on those special days just like the other children.

Surprisingly, written policies on integration were not found in a single school-age care program. However, the elaboration of clear principles and philosophies about the integration is believed to play an important role in the success of the integration (Panitch et al., 1992; Tyler & Newman, 1991). In fact, these policies should be reflected in the creation of an environment that respects the differences of special needs children, but also acknowledges their equality with other children (Panitch et al., 1992; Pavillon du Parc, 1988). Accordingly, it is recommended that staff in school-age care programs should take time and write in their policies and procedures books what constitutes their philosophies and principles regarding the integration of children with special needs. The procedures regarding the integration should also be included and a special section on the IEP should be written.

Limitations of the Current Study

The current study was exploratory in design and had some limitations. To begin with, the small sample size of the study may have affected the results. In addition, the

population used was mostly from French-speaking school-age care programs. Some of the measures had unknown validity and reliability. Finally, two hypotheses were impossible to test because too few child care staff members had specialized training relative to integration of children with special needs. Child care staff with specialized training were hypothesized to have more positive attitudes toward integration and to successfully integrate the children with special needs than child care staff without specialized training.

The first limitation was that very few children with special needs, as defined in this study, were enrolled in the participating school-age care programs. Even if 37 school-age care programs were contacted and 20 of them agreed to participate in the study, only 50 packages of questionnaires were sent to the parents of children with special needs. However, the response rate of parents was quite good (42%), since 21 parents did return the package answered. Nevertheless, an increased sample size would have allowed for more adequate comparisons and analyses.

The second limitation concerns the population studied, which was mostly French-speaking. This bias could come from the membership list of the Association des Services de Garde en Milieu Scolaire du Québec (ASGEMSQ) that was used to recruit participants. In fact, very few school-age care programs of the English school boards were members of the ASGEMSQ. Therefore, it was very difficult to identify which of the English programs had integrated children with special needs. For this reasons only one anglophone program participated. It would be important to have information about the English speaking population, since bilingualism is a reality in the Province of Quebec.

The third limitation concerns the validity and reliability of the measures. The parental questionnaires and the interviews of child care staff were based on a compilation approach. Even though the questionnaires were pilot-tested, and while the measures appeared to be well understood by the participants, the reliability and the validity of the measures remain unknown. This might have affected the results, and future research should attempt to verify the quality of these measures.

Finally, it was impossible to test hypotheses on specialized training because too few staff members had such training. This limitation was not one of the design of this study, however it should be taken into account for the future research.

Implications for Future Research

Obviously, this research was exploratory in design, therefore numerous issues will have to be replicated before definite conclusions can be drawn. For example, it was the first time that the relationship between quality of care and successful integration was investigated in school-age care. In addition, the question pertaining to the relationship between education, training, and experience with quality of care remains intriguing. Previous national research (Whitebook et al., 1989) had found a relationship between education, training and quality, however this finding was not evident in the current study, therefore additional research is needed regarding this issue. Furthermore, due to the fact that too few child care staff had specialized training two hypotheses were not possible to test. It was impossible to determine if specialized training would influence the attitudes of child care staff, as well if it would impact on the successful integration of the children with special needs.

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APPENDIX A

Tables

Table 1.

Diagnosis of Children with Special Needs Based on the Parents Report

Syndrome Asperger	1 child
Trouble de déficit de l'attention	1 child
Audimutité	1 child
Autisme	2 children
Syndrome Brachmann de Lange	1 child
Retard de développement	1 child
Diplégie	1 child
Trisomie	4 children
Dysphasie et problèmes de comportements	1 child
dysphasie	1 child
Déficiência intellectuelle moyenne	1 child
Déficiência motrice	1 child
Déficiences multiples	1 child
Sclérose tubéreuse de Bourneville	1 child
Épilepsie et trouble de l'attention avec hyperactivité	1 child
Syndrome de William	1 child
sans diagnostic défini: déficiência intellectuelle avec traits autistiques	1 child
	total of 21 children

Table 2

Mean Quality Scores for the 20 School-Age Care Programs Determined by the SACERS
(Harms et al. 1996)

SACERS score	<u>M</u>	<u>SD</u>
Space and furnishings	4.22	.89
1. Indoor space	4.80	1.88
2. Space for gross motor activities	4.25	1.89
3. Space for privacy	3.40	1.76
4. Room arrangement	2.95	2.28
4a. Homework	4.55	1.79
5. Furnishings for routine care	6.30	1.63
6. Furnishings for learning and recreational experience	4.05	1.79
7. Furnishing for relaxation and comfort	2.30	1.59
8. Furnishings for gross motor activities	4.25	1.25
9. Access to host facilities	4.35	1.84
10. Space to meet personal needs of staff	4.60	1.35
11. Space to meet professional needs of staff	4.65	1.84
Health and safety	3.50	.80
12. Health policy	2.85	2.15
13. Health practices	3.85	1.78
14. emergency and safety policy	3.50	1.99
15. Safety practice	1.20	.41
16. Attendance	5.80	1.36
17. Departure	2.85	1.56
18. Meals/snacks	3.80	1.10
19. Personal hygiene	4.15	1.35
Activities	3.33	.78
20. Arts and crafts	3.90	1.59
21. Music and movement	3.50	1.76
22. Blocks and construction	4.25	2.00
23. Drama/theater	2.45	1.40
24. Language/reading activities	3.70	1.17
25. Math/reasoning activities	3.95	1.05
26. Science/nature activities	2.50	1.76
27. Cultural awareness	2.40	1.10

Table 2(continued)

Quality of the 20 school-age care programs determined by the SACERS (Harms et al. 1996)

Interactions	4.39	1.27
28. Greeting/departing	2.85	2.23
29. Staff-child interactions	5.95	1.73
30. Staff-child communication	4.70	1.81
31. Staff supervision of children	5.25	1.45
32. discipline	4.25	2.25
33. Peer interactions	5.05	1.28
34. Interactions between staff and parents	3.45	1.47
35. Staff interaction	3.85	1.81
36. Relationship between program staff and classroom teachers	4.15	1.63
Program structure	4.46	1.10
37. Schedule	3.50	2.01
38. Free choice	4.65	1.69
39. Relationship between program staff and program host	5.50	1.93
40. Use of community resources	4.20	1.01
Staff development	3.68	1.17
41. Opportunities for professional growth	2.95	.69
42. Staff meetings	4.90	2.47
43. Supervision and evaluation of staff	3.20	1.28
Special needs supplementary items	4.19	1.13
44. Provisions for exceptional children	4.05	1.85
45. Individualization	4.00	1.56
46. Multiple opportunities for learning and practicing skills	4.90	1.74
47. Engagement	4.40	1.14
48. Peer interactions	3.85	2.03
49. Promoting communication	3.95	1.61
total mean score	3.98	.74

Table 3

Mean Scores of Quality of the Better and Lower Quality Group

SACERS subscale	lower quality group <u>n = 10</u>		better quality group <u>n = 10</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Space and furnishings*	3.82	.87	4.62	.75
Health and safety***	2.90	.49	4.10	.56
Activities**	2.88	.76	3.79	.50
Interactions***	3.50	.91	5.28	.92
Program structure*	3.95	.83	4.95	.95
Staff development*	3.17	1.08	4.20	1.08
Special needs supplementary items**	3.48	.99	4.90	.78
Total score***	3.40	.41	4.56	.50

* significant at $p < .05$ ** significant at $p < .01$ *** significant at $p < .001$

Table 4

Perceptions of Directors and Educators Regarding Successful Integration in their School-Age Care Program

Assessment factors	Directors n = 20			Educators n = 17		
	Nature of response			Nature of response		
	positive %	depends on child %	negative %	positive %	depends on child %	negative %
Takes part in activities	65	30	5	88	6	6
Forms friendship with peers	50	10	40	64	12	24
Successfully integrated*	60	40	0	82	12	6

* significant at $p < .05$

Table 5

Parental Satisfaction with the School-Age Care Program of their Children

Parental satisfaction score	<u>Parents</u> <u>n = 21</u>	
	<u>M</u>	<u>SD</u>
Basic operating features	4.63	.44
Curriculum	4.07	.52
Physical environment	4.39	.43
Teacher child interaction	4.44	.43
Teacher parent interaction	4.37	.48
philosophy	4.18	.62
total score	4.36	.35

Higher scores indicated higher parental satisfaction with the school-age care program.

Table 6

Percentages of Directors, Educators, and Parents Mentioning Each Definition of Successful Integration^a

	Directors <u>n</u> = 20	Educators <u>n</u> = 17	Parents <u>n</u> = 19 ^b
Definitions	%	%	%
Physical integration*	40	24	0
Social integration**	75	65	10
Functional integration	30	47	16
Well being of the child	15	29	10
Positive experience for everyone involved	5	6	16

^a Respondents were free to give as many definitions or descriptions as they wanted. for this reason percentages do not add up to 100.

^b 2 parents did not answer this question.

* significant at $p < .05$

** significant at $p < .001$

Table 7

Percentages of Directors, Educators, and Parents Mentioning each Factor Associated with Successful Integration^a

Factors	Directors n = 20	Educators n = 17	Parents n = 19 ^b
	%	%	%
Training	0	0	10
Attitudes toward integration *	5	0	26
Planning**	10	0	47
Communication with parents	5	6	21
Collaboration and external support*	15	12	42
Modifications to program	5	12	32

^a = Respondents were free to give as many definitions or descriptions as they wanted. for this reason percentages do not add up to 100

^b = 2 parents did not answer this question

* significant at $p < .05$

** significant at $p < .001$

Table 8

Recommendations Made by Directors and Educators to Achieve Successful Integration

Recommendations	Directors $n = 20$	Educators $n = 17$
	%	%
Training	50	29
Attitudes toward integration*	40	6
Planning*	20	53
Communication with parents	70	59
Collaboration and external support	70	71
Modifications to program	30	35
Financial support	5	0
Quality of SAC	5	0

* significant at $p < .05$

Table 9

Coding System for Level of Education, Training and Qualification Based on Whitebook et al. (1989)

Variable	Numeric value
Level of education	
high school	1
some college	2
2 year DEC	3
3 year vocational	4
university 1 year or certificate	5
university 2 years or diploma	6
university 3 years BA or equivalent	7
university 4 years	8
master or more	9
Level of training in ECE	
none	0
high school	1
some college 1 year DEC	2
1 year certificate university ECE	3
2 year CEGEP attestation in ECE	4
3 years CEGEP DEC in ECE	5
BA in ECE	6

Qualification = sum of education and training

Table 10

Training, Education, and Experience of Child Care Staffs Members

Number of years of	Directors $\underline{n} = 20$		Educators $\underline{n} = 17$	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Specialized training in education	3.5	2.5	2.2	2.4
Education	3.8	1.6	3.8	1.8
Qualification	7.3	4.0	5.9	3.3
Experience in school-age care	10.3	3.5	5.6	3.6
Experience with special needs children	4.9	4.1	1.5	1.9

Qualification = sum of education and training

Table 11

Attitude and Reality Scores of Directors and Educators^a

	Directors <u>n</u> = 20		Educators <u>n</u> = 17	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Attitude score	2.86/4	.33	2.73/4	.35
Reality score	2.41/3	.18	2.35/3	.23

^a higher scores indicate a more positive attitude and experience with integration of children with special needs.

Table 12

Relationships Between Attitude, Reality, and Education, Training, and Experience

Number of years	Directors $n = 20$		Educators $n = 17$	
	Attitude score	Reality score	Attitude score	Reality score
Specialized training in education	$r = .04$ $p = .86$	$r = .32$ $p = .18$	$r = -.03$ $p = .92$	$r = -.16$ $p = .56$
Education	$r = .05$ $p = .83$	$r = .19$ $p = .44$	$r = -.10$ $p = .72$	$r = .36$ $p = .18$
Qualifications	$r = .05$ $p = .83$	$r = .28$ $p = .24$	$r = -.07$ $p = .79$	$r = .07$ $p = .78$
Experience in school- age care	$r = .06$ $p = .82$	$r = .00$ $p = .99$	$r = .16$ $p = .55$	$r = .34$ $p = .20$
Experience with special needs children	$r = .02$ $p = .94$	$r = .22$ $p = .35$	$r = .19$ $p = .48$	$r = -.11$ $p = .68$

Table 13

Attitude and Reality of Directors and Educators from Lower and Better Quality Group^a

	Lower Quality Group				Better quality group			
	<u>Directors</u> <u>n = 10</u>		<u>Educators</u> <u>n = 6</u>		<u>Directors</u> <u>n = 10</u>		<u>Educators</u> <u>n = 6</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Attitude	2.80/4	.36	2.72/4	.20	2.91/4	.31	2.75/4	.43
Reality	2.33/3*	.20	2.39/3	.20	2.49/3*	.12	2.32/3	.25

^a higher scores tend to indicate a more positive attitude and experience with integration of children with special needs.

* p = .05.

Table 14

Difficulties Encountered and Support for Parents

	Directors $\underline{n} = 20$		Educators $\underline{n} = 17$		
	yes	no	no	yes some	yes a lot
	%	%	%	%	%
Experienced difficulties with parents?	40	60	-	-	-
Parents sought support?	-	-	59	29	12
Able to meet parental needs ($\underline{n} = 7$)	-	-	0	86	14

- the respondents were not ask these questions

Table 15

Quality of the Communication between Child Care Staff and Parents

	Directors n = 20	Educators n = 17
Quality of the communication between staff and parents	%	%
Excellent	30	12
Good	35	47
Poor	15	29
Depend on parents	20	6

Table 16

Perceptions of the Communication Between Child Care Staff and Parents

	Parents n = 21
Quality of the communication between parents and child care staff?	%
Very frequent	29
Sufficient	48
Insufficient	14

Table 17

Type of Help Sought by Childcare Staff

Sources	Directors <u>n</u> = 8	Educators <u>n</u> = 4
	%	%
Personnel in the school	50	75
External organisms (rehabilitation center, association)	38	0
Books and internet	25	0
Parents	12	25

Table 18

Percentage of Utilization of the Extra Funding for Integration

Uses	Directors n = 19
	%
Additional staff	63
Adapted games	16
Special education reference books	11
Other children's needs	5
Incorporated into the global budget	42

Table 19

Reasons for Additional Staff

Purpose	Directors n = 15
	%
Supervision on field trips and pedagogical days	40
Child needs permanent supervision	27
Additional attention during homework	13
To care for a group of three severely handicapped children	7
Needed an interpret to communicate	7
To lower the ratio	7

Table 20

Parental Perceptions of Modifications to the Program

Responses	Parents $n = 20$
	%
Certain modifications were made, and no other modifications are necessary	50
No changes were made but some would be necessary	10
No changes were made and none was necessary	40

APPENDIX B

Letters of consent

CONCORDIA UNIVERSITY
DEPARTMENT OF EDUCATION

CONSENT FORM

DO SCHOOL-AGE CARE PROGRAMS MEET THE SPECIFIC NEEDS
OF SPECIAL NEEDS CHILDREN?

Mélanie Couture

Dear director, coordinator,

I am a graduate student in the Department of Education at Concordia University. I am presently conducting a research project under the supervision of professor Ellen Jacobs, in order to fulfill the requirements for a Master's Degree in Child Study.

The project I plan to undertake will examine the supports contributing to the successful integration of school-age children with special needs into the regular after-school program. Issues that will be explored are attitudes toward integration, difficulties and support offered for integration as well as factors of success.

In order to investigate these issues, parents of children with special needs, educators and directors of programs will be asked to fill in a questionnaire. As the director of the program, your questionnaire will consist of a rating scale composed of 20 statements. Sample items on which you will be asked to comment are "Overall, integration is beneficial for the special needs child," "Integration may have detrimental effects on the activities and participation of mainstream children." In order to get a better understanding of the integration process in your program I would like to ask you a few questions such as: "Is this your first experience with the integration of a special needs child?" "Which factors do you think influence successful integration the most?" This interview should take no more than 30 minutes. If possible, I would also like to observe the operation of your center, in order to get a better appreciation of your program.

Your consent is required in order to participate in this study. The consent form is appended to this letter and requires your signature prior to beginning the study. I also require your permission to ask a few questions of the educator of the special needs child and have him/her also fill out a questionnaire. The interview should also last no more than 30 minutes. I will also want to obtain permission from the child(ren)'s parents to have them fill out a questionnaire. It will be asked from your center to distribute to the parents of the special needs child, a package that consists of an information letter about the study, a consent form and a questionnaire.

Your involvement in the research would be greatly appreciated, as it will contribute to the understanding of the population of special needs children attending school-age care program. Furthermore, it will help you identify the various points that are working well for integration in your program and will also point out the specific things to do to improve your services offered to these families.

For further information concerning this study, please feel free to contact me (#284-0046) or professor Ellen Jacobs (#848-2016) at the Department of Education, Concordia University.

Sincerely,

Mélanie Couture

Statement of Informed Consent

This is to state that I have read the letter of information and agree to participate in the study conducted by Mélanie Couture under the supervision of Ellen Jacob from Concordia University. I understand that I am free to withdraw my consent and discontinue my participation at any time without negative consequences. I understand that my participation in this study is confidential. I understand that anonymous group findings from this study may be published. I understand the purpose of this study. No one other than the researcher will have access to the information you provide and you will only be identified by a code number and not by your name.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND AGREE TO PARTICIPATE IN THIS STUDY.

Date: _____

Name: _____
(Please print)

Signed: _____
Director-coordinator

Signed: _____
Investigator

Thank-you for having taken time to fill in this form

Mélanie Couture

If you are interested in receiving the final results of this study, please complete the following section. These results should not be published before a year.

Name: _____

Address: _____

Phone number: _____

N.B. This sheet will be detached and kept separate from any other information that you provide us. For all other information, you will be assigned a participant number and all references will be made according to this number, in order to ensure confidentiality

CONCORDIA UNIVERSITY
DEPARTMENT OF EDUCATION

CONSENT FORM

DO SCHOOL-AGE CARE PROGRAMS MEET THE SPECIFIC NEEDS
OF SPECIAL NEEDS CHILDREN?

Mélanie Couture

Dear educator,

I am a graduate student in the Department of Education at Concordia University. I am presently conducting a research project under the supervision of professor Ellen Jacobs, in order to fulfill the requirements for a Master's Degree in Child Study.

The project I plan to undertake will examine the supports contributing to the successful integration of school-age children with disabilities into the regular after-school program. Issues that will be explored are attitudes toward integration, difficulties and support offered for integration as well as factors of success.

In order to investigate these issues, parents of children with special needs, educators and directors of programs will be asked to fill in a questionnaire. As the educator of the special needs child, your questionnaire will consist of a rating scale composed of 20 statements. Sample items on which you will be asked to comment are "Overall, integration is beneficial for the special needs child" "Integration may have detrimental effects on the activities and participation of mainstream children." In order to get a better understanding of the integration process in your program I would like to ask you a few questions such as: "Is this your first experience with the integration of a special needs child?" "Which factors do you think influence successful integration the most?" This interview should take no more than 30 minutes.

Your consent is required in order to participate in this study. The consent form is appended to this letter and requires your signature prior to begin the study. It will also be asked from your program to distribute to the parents of the special needs child, a package that consists of an information letter about the study, a consent form and a questionnaire.

Your involvement in the research would be greatly appreciated, as it will contribute to the understanding of the population of special needs children attending school-age care program. Furthermore, it will help you

identify the various points that are working well for integration in your program and will also point out the specific things to do to improve your services offered to families of children with special needs.

For further information concerning this study, please feel free to contact me (514-284-0046) or professor Ellen Jacobs (514-848-2016) at the Department of Education, Concordia University.

Sincerely,

Mélanie Couture

Statement of Informed Consent

This is to state that I have read the letter of information and agree to participate in the study conducted by Mélanie Couture under the supervision of Ellen Jacob from Concordia University. I understand that I am free to withdraw my consent and discontinue my participation at any time without negative consequences. I understand that my participation in this study is confidential. I understand that anonymous group findings from this study may be published. I understand the purpose of this study. No one other than the researcher will have access to the information you provide and you will only be identified by a code number and not by your name.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND AGREE TO PARTICIPATE IN THIS STUDY.

Date: _____

Name: _____
(Please print)

Signed: _____
educator

Signed: _____
Investigator

Thank-you for having taken time to fill in this form

Mélanie Couture

If you are interested in receiving the final results of this study, please complete the following section. These results should not be published before a year.

Name: _____

Address: _____

Phone number: _____

N.B. This sheet will be detached and kept separate from any other information that you provide us. For all other information, you will be assigned a participant number and all references will be made according to this number, in order to ensure confidentiality.

CONCORDIA UNIVERSITY
DEPARTMENT OF EDUCATION

CONSENT FORM

DO SCHOOL-AGE CARE PROGRAMS MEET THE SPECIFIC NEEDS
OF SPECIAL NEEDS CHILDREN?
Mélanie Couture

Dear Parents,

I am a graduate student in the Department of Education at Concordia University. I am presently conducting a research project under the supervision of professor Ellen Jacobs, in order to fulfill the requirements for a Master's Degree in Child Study.

The project I plan to undertake will examine the supports contributing to the successful integration of school-age children with disabilities into the regular after-school program. Issues that will be explored are attitudes toward integration, difficulties and support offered for integration as well as factors of success.

In this research we are studying arrangements made by after-school programs for children with special needs. Our definition of special needs or children included in this study may present intellectual deficit, physical or motor deficit, sensory deficit (visual or auditory), pervasive developmental disorder (autism) behavioral problems or multiple deficits. We will not include children who are diagnosed with only learning disabilities.

In order to investigate these issues, parents of children with special needs, educators and directors of programs will be asked to fill in a questionnaire. As a parent of a special needs child, your questionnaire will consist of three sections. The first section consists of multiple choice questions and open questions on current and previous experiences with integration of your child in school and child care. Sample question is: "Have you had difficulties finding arrangements for your special needs child in the past?" The second section looks more specifically at your child's social integration by mean of six multiple choice and open questions like: "Does your child mention that he/she likes to go to the school-age care program?" The last section is a rating scale, which is specifically designed to assess your satisfaction with your child school-age care program.

Your consent is required in order to participate in this study. The consent form is appended to this letter and requires your signature prior to

beginning the study. Your participation in this study is very important and will provide us with critical information on how to improve and meet the needs of special needs children in school-age care programs. Furthermore, it will help you identify the various points that are working well regarding integration in your child's program and will also point out the specific things to do to improve the services offered to families of children with special needs.

For further information concerning this study, please feel free to contact me (#284-0046) or professor Ellen Jacobs (#848-2016) at the Department of Education, Concordia University.

Sincerely,

Mélanie Couture

Statement of Informed Consent

This is to state that I have read the letter of information and agree to participate in the study conducted by Mélanie Couture under the supervision of Ellen Jacob from Concordia University. I understand that I am free to withdraw my consent and discontinue my participation at any time without negative consequences. I understand that my participation in this study is confidential. I understand that anonymous group findings from this study may be published. I understand the purpose of this study. No one other than the researcher will have access to the information you provide and you will only be identified by a code number and not by your name.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND AGREE TO PARTICIPATE IN THIS STUDY.

Date: _____

Name: _____
(Please print)

Signed: _____
Parent

Signed: _____
Investigator

Thank-you for having taken time to fill in this form

Mélanie Couture

If you are interested in receiving the final results of this study, please complete the following section. These results should not be published before a year.

Name: _____

Address: _____

Phone number: _____

N.B. This sheet will be detached and kept separate from any other information that you provide us. For all other information, you will be assigned a participant number and all references will be made according to this number, in order to ensure confidentiality.

APPENDIX C

Attitude and reality questionnaire for child care staff members

EDUCATOR AND COORDINATOR QUESTIONNAIRE

The placement of special needs children into regular school and regular school-age care programs is an interesting issue for people in the field of education. The attached questionnaire is an attempt to address some factors associated with the successful integration of children with special needs. A number of points of views are included and your opinion will help to provide information regarding the areas of mainstreaming that contribute to successful experiences for special needs students and those that impede their participation in regular school-age care programs.

In this research we are studying arrangements made by after-school programs for children with special needs. Our definition of special needs or children included in this study may present intellectual deficit, physical or motor deficit, sensory deficit (visual or auditory), pervasive developmental disorder (autism) behavioral problems or multiple deficits. We will not include children who are diagnosed with only learning disabilities.

Please try to respond to all the statements as honestly and frankly as you can. Please do not omit any of the questions. Remember that you are not required to identify yourself, so all your responses are anonymous.

Instructions: Use the following rating scale to indicate your response

- 1 = strongly disagree
- 2 = disagree
- 3 = don't know
- 4 = agree
- 5 = strongly agree

For example, if you are asked to comment on: "Overall, teaching is a great job" and that you do not really know about this statement, write a 3 on the short line preceding the statement.

 3 Overall, teaching is a great job

In our program I have seen this:

often sometimes _r

You will notice that there are three little boxes. After each statement, you are also asked to comment on the actual situation in your school-age care program. You simply have to put a mark in the appropriate box beside the word that represents your current situation. In our preceding example, if you think this is true only certain days, than you would have to check the "sometimes" box!

Thank you very much for your cooperation.

Mélanie Couture

- 1 = strongly disagree
- 2 = disagree
- 3 = don't know
- 4 = agree
- 5 = strongly agree

Also make a mark in the box of the appropriate statement that represents your situation.

_____ 1. Integration will provide experiences and challenges that will enable the special needs child to realize his/her full potential.

In our program I have seen this: often sometimes never

_____ 2. The special needs child will be better adjusted as a result of integration.

In our program I have seen this: often sometimes never

_____ 3. The special needs child will feel more rejection and isolation in an integrated setting than he/she would if placed in a segregated setting.

In our program I have seen this: often sometimes never

_____ 4. The special needs child will be able to learn social skills by watching and imitating the interactions of mainstreamed children in the mainstream school-age care program.

In our program I have seen this: often sometimes never

_____ 5. Integration will give the special needs child the chance to participate in activities not available in segregated programs.

In our program I have seen this: often sometimes never

_____ 6. Special needs children who are integrated may suffer more teasing than in a segregated setting.

In our program I have seen this: often sometimes never

_____ 7. A special segregated program is better equipped to give the special needs child the skills they need to integrate into society.

In our program I have seen this: often sometimes never

_____ 8. Overall, integration is beneficial to the special needs child.

In our program I have seen this: often sometimes never

_____ 9. Generally the provision for the special needs children in mainstream after-school program is appropriate for their needs.

In our program I have seen this: often sometimes never

Instructions: Use the following rating scale to indicate your response

1 = strongly disagree

2 = disagree

3 = don't know

4 = agree

5 = strongly agree

Also make a mark in the box of the appropriate statement

_____ 10. On the whole, integration means no more than the physical placement of the special needs child into the mainstream school-age care program.

In our program I have seen this: often sometimes never

_____ 11. In an integrated school-age care program special needs children and mainstreamed children will be happy to play together.

In our program I have seen this: often sometimes never

_____ 12. In an integrated after-school program there is a danger that the standard of the program activities will fall.

In our program I have seen this: often sometimes never

_____ 13. Mainstream educators need additional training for integration to be successful.

In our program I have seen this: often sometimes never

_____ 14. Special needs children in special segregated programs benefit from having more attention from educators.

In our program I have seen this: often sometimes never

_____ 15. Integration will be more successful if educators prepare mainstream children for meeting and playing with special needs children.

In our program I have seen this: often sometimes never

_____ 16. Integration may have detrimental effects on the activities and participation of mainstreamed children.

In our program I have seen this: often sometimes never

_____ 17. Mainstreamed children will develop an understanding and appreciation of the needs of special needs children as a result of integration.

In our program I have seen this: often sometimes never

_____ 18. Mainstreamed children prefer to play with other mainstreamed children

In our program I have seen this: often sometimes never

_____ 19. Special needs children regress when transferred to an integrated environment.

In our program I have seen this: often sometimes never

1 = strongly disagree

2 = disagree

3 = don't know

4 = agree

5 = strongly agree

Also make a mark in the box of the appropriate statement that represents your situation.

_____ 20. Children select friends with similar interests so it is unreasonable to suppose that mainstreamed children will play with special needs children.

In our program I have seen this: often sometimes never

_____ 21. Educators in special segregated programs are more aware of children's needs and how to help them to develop and progress than educators in mainstream programs.

In our program I have seen this: often sometimes never

APPENDIX D

Interviews with child care staff members

DIRECTOR/COORDINATOR INTERVIEWS - QUESTIONS

Child's ID _____

In this research we are studying arrangements made by after-school programs for children with special needs. Our definition of special needs or children included in this study may present intellectual deficit, physical or motor deficit, sensory deficit (visual or auditory), pervasive developmental disorder (autism) or multiple deficits. We will not include children who are diagnosed with only learning disabilities or children with only conduct or behavioral disorder.

1. What is/are the disability/ies of the special needs children enrolled in your program?

2. Is this your first experience with the integration of a special needs child?

3. Were you provided with any pertinent information on the special needs of the child and special instruction on how to manage with this child when first asked to integrate him/her in your program?

4.a (Support-parents) Did you have any contact with the parents prior to the integration of the special needs child?

4.b What do you think of the parents' involvement and communication with the school-age care? (Ex. can you talk to them often enough, can you get a feeling of what is going on at home, do they talk about their child's progress, do they talk about their child's integration etc.)

5.a (Policies) Does your school-age care program have a written policy statement regarding the inclusion of special needs children?

5.b Did you ever have to make any modifications to your current program or facility to integrate a special needs child?

6. Have you ever had to ask a parent to remove the child from the program? If yes, why was that so?

7. (Support-financial) Have you received any type of funding for the integration of the special needs child? What have you used these funds for? Were they sufficient?

8. (Support-external) Do you feel you know enough about possible financial and general support systems and organization for integration? (OSGE - OPHQ - ASGEMSQ - rehabilitation center and hospital)

9.a (Support-external) Do you have formal or informal communication with the child's teacher and/or with children's therapist in the school or from the rehabilitation center?

9.b Do you know if the child has an individualized educational plan, have you been involved in its elaboration? Do you have specific objectives in the school-age care to work on with the child(ren)?

10.a (Training) Have you and your educators had prior training to work with special needs children?

10.b Do you and your educators have access to specific training, workshop or courses for special needs children?

10.c Does the School Board provide you with in-service seminars and/or any other kind of training?

11. (Difficulties) Have you ever experienced problems or difficulties with the child's parents? (Ex. Therapy, transportation, arrival and departure etc.)

12. (Modification) Have you ever had to hire additional staff in order to better support a child with special needs?

13. (Social integration) Are the special needs children actively involved in the activities? Do they have friends in the program?

14. (Success) How would you describe/define successful integration?

15. (Recommendation) In an ideal situation, which factors would be necessary for school-age care integration?

16. What is your child-staff ratio and average group size, what is the prerequisite training for staff to work in your program?

17. Could you describe your role in the integration process?

EDUCATOR INTERVIEWS - QUESTIONS

Child's ID _____

In this research we are studying arrangements made by after-school programs for children with special needs. Our definition of special needs or children included in this study may present intellectual deficit, physical or motor deficit, sensory deficit (visual or auditory), pervasive developmental disorder (autism) or multiple deficits. We will not include children who are diagnosed with only learning disabilities or children with only conduct or behavioral disorder.

- 1.a (Support-personal) How were you informed about the decision to integrate this child with special needs into your group?

- 1.b Is this your first experience with the integration of a special needs child?

- 1.c Were you provided with any pertinent information on the special needs of the child and special instruction on how to manage with this child when first asked to integrate him/her in your program?

- 1.d Do you feel the integration of this child is solely your responsibility or is it a collaborative effort with the other educators?

2.a (Support-parents) Did you have any contact with the parents prior to the integration of the special needs child?

2.b What do you think of the parents' involvement and communication with the school-age care program? (Ex. can you talk to them often enough, can you get a feeling of what is going on at home. do they talk about their child's progress. do they talk about their child's integration etc.)

2.c What are the means of communication used with the parents? (Ex. weekly notes. journal. formal and informal meeting)

2.d Who usually initiates the communication?

2.e What kind of support do parents usually ask for?

2.f Is it possible to provide what they need?

3. (Support-financial) Have you received any type of funding for the integration of the special needs child? What have you used them for? Were these funds sufficient?

4.a (Training) Have you had prior training to work with the special needs children?

4.b Do you have access to specific training, workshop or courses for special needs children?

4.c Does the School Board provide you with in-service seminars and/or any other kind of formation?

5.a (Support-external) Do you have formal or informal communication with the child's teacher and/or with children's therapist in the school or from the rehabilitation center?

5.b Do you know if the child has an individualized educational plan, have you been involved in its development? Do you have specific goals in the school-age care program to work on with the child(ren)?

6. (Modification) Does integration involve extra preparation time? How much time is needed to prepare for adapted activities?

7. (Social integration) Are the special needs children actively involved in the activities? Do they have friends in the program?

8. (Success) How would you describe/define successful integration?

9. (Recommendation) In an ideal situation, which factors would be necessary for school-age care integration?

Appendix E
Parental questionnaires

Parents questionnaire**Section 1**

ID: _____

Dear parents,

This questionnaire was designed to identify your satisfaction with your child's after-school program. Please fill out the first section in order to give us some background information about you and your family, and to help us identify the after-school arrangements your family is using. Thank you for your time and cooperation.

1. Gender

(Please check) _____ female _____ male

2. What is your marital status? (Please check)

- _____ single/never married
- _____ married/common law
- _____ single parent
- _____ not married
- _____ widowed

3. What is the mother's highest degree completed? (Please check)

- _____ High school
- _____ CEGEP
- _____ Undergraduate degree
- _____ Graduate degree
- _____ None

4. What is the father's highest degree completed? (Please check)
- _____ High school
- _____ CEGEP
- _____ Undergraduate degree
- _____ Graduate degree
- _____ None
5. What is the mother's occupation? _____
6. How many hours does the mother work per week? _____
7. What is the father's occupation? _____
8. How many hours does the father work per week? _____
9. Besides currently using the after-school program offered at your child's school, are there other after-school arrangements used for your school-age child participating in the study? (Please check)
- _____ Special after-school program (ballet, swimming classes, or piano lessons)
- _____ Go home with a parent
- _____ Sitter care at home
- _____ Family day care
- _____ Old enough to go home alone
- _____ Other (please specify) _____
10. What were the previous child care arrangements used for your child participating in the study? (Please check)
- _____ Day care
- _____ Home with a parent
- _____ Sitter care at home
- _____ Family day care
- _____ Old enough to go home alone
- _____ Other (please specify) _____

11. Have you had difficulty finding care arrangements for your special needs child in the past? (Please check) _____ Yes _____ No

12. Do you think that your previous care arrangements have had an impact on the actual integration of your child in the school-age care program?

(Please check) _____ Yes _____ No

(Please specify)

13. Are there other children in your family? (Please check)

_____ Yes , please specify the age of all the children

1. _____

2. _____

3. _____

4. _____

_____ No , please indicate the age of your child and his/her disability

14. What were all the previous child care arrangements used by the other children of your family?

Please indicate by number (see above) which child

_____ Day care

_____ Home with a parent

_____ Sitter care at home

_____ Family day care

_____ Old enough to go home alone

_____ Other (please specify) _____

_____ Not applicable

15. What are your special needs child's requirements in terms of after-school arrangements? (Please specify)

16. Do you believe that your child's needs are met at his/her school-based child care program? (Please check)

- Yes
- Sometimes
- No

17. What are your parental needs in terms of after-school arrangements? (Ex. time, activities, transportation etc.) (Please specify)

18. Are your parental needs met with this current after-school arrangement?

- (Please check)
- Yes
 - Sometimes
 - No

19. Do you know if the school-age care program has been changed in any way in order to meet the needs of your child?

- (Please check) Yes No

20. If No, do you think there should have been some changes?

- (Please check) Yes No

21. At the beginning of the school year, did you meet with the new educator to discuss your child's needs?

(Please check) _____ Yes _____ No

22. If Yes, did the educator ask you questions specifically about your child's interests, behaviors, special characteristics etc.?

(Please check) _____ Yes _____ No

23. How many hours per week does your child attend the after-school program located in school? _____

24. Did you initiate the school integration process?

(Please check) _____ Yes _____ No

25. If No, who initiated the integration process? (Please specify)

26. Do you feel there is enough communication between your child classroom teacher and the educator from the after-school program?

(Please check) _____ A lot
 _____ Sufficient
 _____ Insufficient
 _____ None

Comments

27. What means of communication does your child's after-school program use? (Ex. journal, weekly notes, formal and informal meeting)

28. Who usually initiates the communication?

Parent	_____	Often	Educator	_____	Often
	_____	Sometime		_____	Sometime
	_____	Rarely		_____	Rarely
	_____	Never		_____	Never

29. Has your child been assessed by the school board?

(Please check) _____ Yes _____ No

30. Do you know if your child has received a code from the school board?

(Please check) _____ Yes _____ No

31. If Yes, what is it? _____

32. Do you know if your child has an individualized education plan?

(Please check) _____ Yes _____ No

33. If Yes, who was involved in its elaboration? (Please specify)

34. Do you think the school-age care educator has a role in it?

(Please check) _____ Yes _____ No

35. What is your main reason for enrolling your child in the school-age care program? (Please specify)

36. Do you get any financial support for the school-age care and/or general expenditure? (Please check) _____ Yes _____ No

37. Is it sufficient? (Please check) _____ Yes _____ No

38. Do you know about any possible group or association that could help you with general support? (funding, material, psychological) (Ex. OPHQ, OSGE)

(Please check) _____ Yes _____ No

If Yes, how do they help you, what kind of support do they provide you?

39. Is your child presently engaged in therapy?

(Please check) _____ Yes _____ No

40. Are the therapy sessions during school hours?

(Please check) _____ Yes _____ No

41. Are the therapy sessions during the after-school hours?

(Please check) _____ Yes _____ No

42. Now and in the past, have you faced transportation problems?

(Please check) In the past: _____ Yes _____ No

Now: _____ Yes _____ No

If Yes, how have you handled this problem? (Please specify)

43. In general, what do you think about the attitude of the educators and other personnel towards integration? (Please specify)

44. How would you describe/define successful integration? (Please specify)

Parents questionnaire**Section 2**

ID _____

Dear parents,

This questionnaire was designed to identify child's social integration in the after-school program. Please fill out the second section in order to give us some background information about your child's friendships. Thank you for your time and cooperation.

1. Does your child mention that he/she likes to go to the school-age care program? (Please check)

_____ Very much
_____ Most of the time
_____ Not so much
_____ Not at all

2. Does your child talk about friends from the after-school program?
(Please check)

_____ Often
_____ Sometime
_____ Rarely
_____ Never

3. Is your child being invited by his/her after-school friends to visit in their home? (Please check)

_____ Often
_____ Sometime
_____ Rarely
_____ Never

4. Does your child go visit his/her friend in their home?(Please check)
_____ Often
_____ Sometime
_____ Rarely
_____ Never
5. Does your child invite friends to your home?(Please check)
_____ Often
_____ Sometime
_____ Rarely
_____ Never
6. Does his/her friend come to play in your home?(Please check)
_____ Often
_____ Sometime
_____ Rarely
_____ Never
7. Does your child make the arrangement?(Please check)
_____ Often
_____ Sometime
_____ Rarely
_____ Never
8. Do you or your spouse make the arrangement?(Please check)
_____ Often
_____ Sometime
_____ Rarely
_____ Never

9. Does your child friends make the arrangement?(Please check)

- Often
- Sometime
- Rarely
- Never

10. Does the mother of your child's friends make the arrangement?

(Please check)

- Often
- Sometime
- Rarely
- Never

11. Does your child receive phone calls from friends?(Please check)

- Often
- Sometime
- Rarely
- Never

12. Does your child call friends?(Please check)

- Often
- Sometime
- Rarely
- Never

13. Does your child participate in joint activities with friends? (Ex. go to the zoo, swimming, park) (Please check)

- Often
- Sometime
- Rarely
- Never

14. What are the relationships of my child's friends? (Please check)

- From school
 From the after-school program
 From family or relatives
 From neighborhood

15. Has your child mentioned his/her favorite activity at the after-school program? (Please check) yes no

If yes, please, list 3 most favorite activities.

16. Has your child mentioned his/her most disliked activities activity at the after-school program? (Please check) yes no

If yes, please, list 3 most disliked activities.

Parents questionnaire
Section 3

ID _____

Dear parents,

This questionnaire was designed to identify your satisfaction with your child's after-school program. Please fill out the third section in order to give us some background information about various aspects of your child's school-age care program.

Thank you for your time and cooperation.

In this third part of the questionnaire, please circle the appropriate number to express how you feel about each particular statement:

1 = very dissatisfied

2 = dissatisfied

3 = somewhat satisfied

4 = satisfied

5 = very satisfied

0 = not applicable

	very dissatisfied	dissatisfied	somewhat satisfied	satisfied	very satisfied	not applicable
1. Basic operating features						
1.1. Schedule	1	2	3	4	5	0
1.2. Fees	1	2	3	4	5	0
1.3. Board membership	1	2	3	4	5	0
1.4. Policies and procedures toward integration	1	2	3	4	5	0
1.5. Parental access	1	2	3	4	5	0
1.6. Flexibility of hours	1	2	3	4	5	0
1.7. Level of adult supervision	1	2	3	4	5	0

Comments:

	very dissatisfied	dissatisfied	somewhat satisfied	satisfied	very satisfied	not applicable
2. Curriculum						
2.1. Developmentally appropriate activities (age appropriate)	1	2	3	4	5	0
2.2. Diversity of activities accessible	1	2	3	4	5	0
2.3. Activities aimed at all aspect of child's development	1	2	3	4	5	0
2.4. Opportunities for children to select activities	1	2	3	4	5	0
2.5. Children involved in decisions concerning activities	1	2	3	4	5	0
2.6. Parents involved in decisions concerning activities	1	2	3	4	5	0
2.7. Implementation of daily routines	1	2	3	4	5	0
2.8. Availability of learning opportunities	1	2	3	4	5	0
2.9. Program philosophy	1	2	3	4	5	0

Comments:

	very dissatisfied	dissatisfied	somewhat satisfied	satisfied	very satisfied	not applicable
3. Physical environment (Setting)						
3.1. Accessible indoor space	1	2	3	4	5	0
3.2. Accessible outdoor space	1	2	3	4	5	0
3.3. Available adapted supplies and equipment	1	2	3	4	5	0
3.4. Cleanliness	1	2	3	4	5	0
3.5. Safety	1	2	3	4	5	0
3.6. Convenient location	1	2	3	4	5	0
3.7. Adult/child ratios	1	2	3	4	5	0
3.8. Atmosphere (tone of the center)	1	2	3	4	5	0

Comments:

	very dissatisfied	dissatisfied	somewhat satisfied	satisfied	very satisfied	not applicable
4. Child-caregiver relationship						
4.1. Amount of attention	1	2	3	4	5	0
4.2. Quality of verbal communication	1	2	3	4	5	0
4.3. Availability of the caregiver	1	2	3	4	5	0
4.4. Willingness to address the needs of the child	1	2	3	4	5	0
4.5. Ability to answer the needs of the child	1	2	3	4	5	0
4.6. Attentiveness to the specific needs of the child	1	2	3	4	5	0

	very dissatisfied	dissatisfied	somewhat satisfied	satisfied	very satisfied	not applicable
4.7. Encouragement given for the children to participate	1	2	3	4	5	0
4.8. Disciplinary style	1	2	3	4	5	0
4.9. Responsive to child's suggestions	1	2	3	4	5	0
4.10. Warmth of caregiver	1	2	3	4	5	0
4.11. Supportive and guiding caregiver	1	2	3	4	5	0

Comments:

	Very dissatisfied	dissatisfied	somewhat satisfied	satisfied	very satisfied	not applicable
5. Parent-caregiver relationship						
5.1. Availability	1	2	3	4	5	0
5.2. Genuineness	1	2	3	4	5	0
5.3. Openness	1	2	3	4	5	0
5.4. Resourcefulness	1	2	3	4	5	0
5.5. Respectfulness	1	2	3	4	5	0
5.6. Day to day communication	1	2	3	4	5	0
5.7. Regular information	1	2	3	4	5	0
5.8. Parent meetings	1	2	3	4	5	0
5.9. Encouragement of parental involvement (participation)	1	2	3	4	5	0
4.10. Responsiveness to parental suggestions	1	2	3	4	5	0
4.11. Responsiveness to parental needs	1	2	3	4	5	0

Comments

	very dissatisfied	dissatisfied	somewhat satisfied	satisfied	very satisfied	not applicable
6. Philosophy						
6.1. Approach/pedagogy used	1	2	3	4	5	0
6.2. Methods of implementation	1	2	3	4	5	0
6.3. Continuity between school and after-school program	1	2	3	4	5	0
6.4. Continuity between home and after-school program	1	2	3	4	5	0

Comments
