

3. *Changes in the Out-of-School Activities of Children with Disabilities* By Camille Marder and Tracy Huang

As pointed out in *The Other 80% of their Time: The Experiences of Elementary and Middle School Students with Disabilities in their Nonschool Hours* (Wagner et al., 2002), children spend the majority of their waking hours outside of school, at play with other children, taking part in extracurricular activities, pursuing individual interests, or engaging in community activities or various forms of recreation. As children age, the ways they spend their out-of-school time may change. For example, more time may be spent with peers as friendships deepen, and children's use of the computer may increase as they become more competent with that technology. In addition, as children identify interests and hone skills, they may participate increasingly in a variety of extracurricular sports or clubs.

This chapter examines the extent to which the out-of-school experiences of students with disabilities who were in elementary and middle school in 2000 have changed over a 2-year period, as reported by their parents. Specifically, changes in children's informal friendships, after-school care arrangements, and extracurricular activities are presented for children with disabilities as a whole and for children who differ in their primary disability category, age, and selected demographic characteristics, when significant.

Informal Friendships

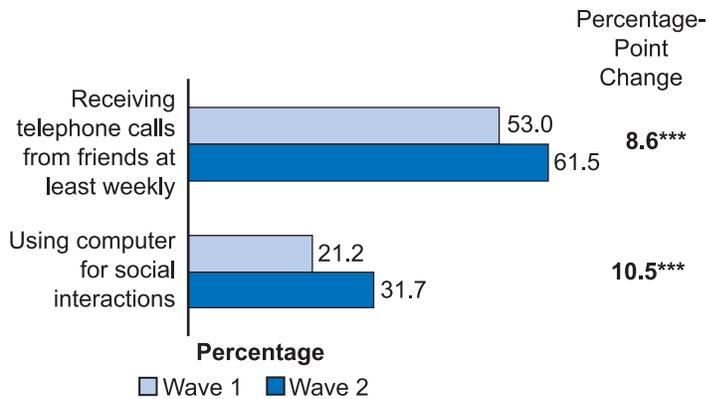
Relations with peers have been strongly linked to the social adjustment of children and adolescents (Asher and Coie, 1990; Bukowski, Newcomb, and Hartup, 1996; Parker & Asher, 1987). Friendship interactions may be particularly important for children and youth with disabilities because they can provide a safe environment in which to learn social skills, help define appropriate behavior, and develop accepting and supportive relationships.

SEELS examines the frequency with which students with disabilities engage in several forms of informal friendship interactions: seeing friends outside of school or organized groups, being invited to social activities, and receiving telephone calls from friends. Whether students with disabilities interact with others by e-mail or in chat-rooms also is considered.

There has been little change in the frequency of face-to-face interactions of students with disabilities with their friends since Wave 1. In Wave 2, approximately 65% of children see friends outside of school and organized groups at least weekly, and approximately 90% have been invited to other children's social activities in the past year. In contrast, there have been increases in interactions by telephone and computers.

- From Wave 1 to Wave 2, the percentages of children who receive telephone calls from friends at least weekly and who use computers for social interactions have increased by approximately 10 percentage points each (Exhibit 3-1).

Exhibit 3-1
Changes in Receipt of Phone Calls from Friends and Use of Computers for Social Interaction among Children with Disabilities



Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following level:

*** $p < .001$.

- Not all children have experienced such increases (Exhibit 3-2). Only children with learning disabilities or speech or hearing impairments have experienced increases of more than 8 percentage points for both receipt of phone calls and computer use for social interactions. Children with emotional disturbances show a 9-percentage-point increase in receipt of phone calls, and children with other health impairments show a 10-percentage-point increase in use of the computer for social interactions.
- In Wave 2, there continue to be wide ranges in the percentages of children who receive phone calls from friends at least weekly and who use computers for social interactions. In both cases, children with learning disabilities are at the high end of the continuum, and children with autism are at the low end. For computer use, children with hearing impairments also are at the high end of the continuum, and children with multiple disabilities also are at the low end of the continuum.

Exhibit 3-2
Changes in Receipt of Phone Calls from Friends and Use of Computer for Social Interaction, by Disability Category

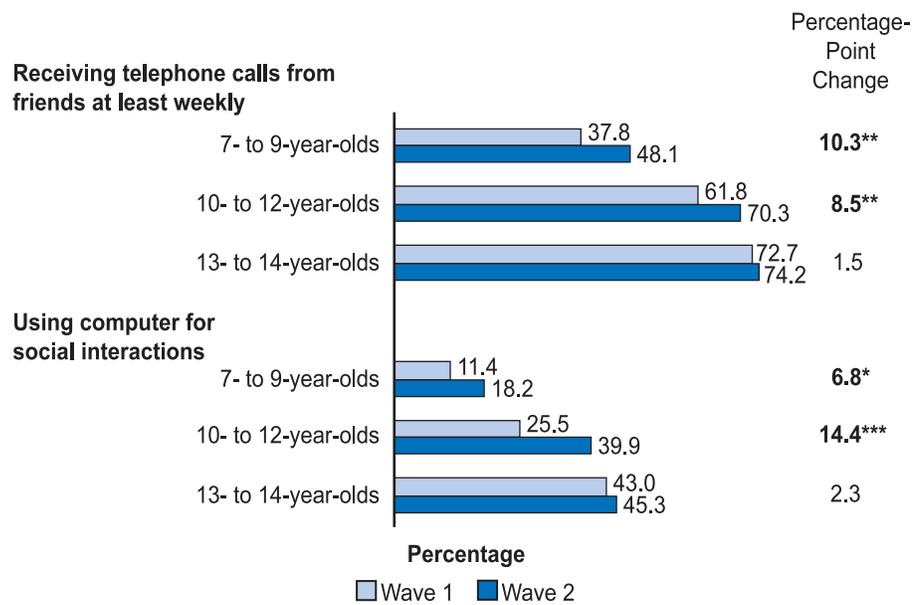
	Learning Disability	Speech/ Language Impairment	Mental Retardation	Emotional Disturbance	Hearing Impairment	Visual Impairment	Orthopedic Impairment	Other Health Impairment	Autism	Traumatic Brain Injury	Multiple Disabilities
Percentage:											
Receiving phone calls from friends at least weekly											
Wave 1	63.9	52.1	35.2	43.4	33.4	48.4	40.5	48.5	11.6	54.2	24.1
Wave 2	72.8	61.1	40.8	52.6	46.5	49.0	43.8	54.3	11.2	55.0	33.7
Percentage-point change	+8.9*	+9.0*	+5.6	+9.2*	+13.1**						+9.6*
Using the computer for social interactions											
Wave 1	27.2	18.2	11.0	17.9	28.6	24.1	22.8	23.8	6.0	14.8	8.7
Wave 2	39.9	29.4	12.4	25.8	40.1	23.6	29.9	33.9	8.7	21.8	9.1
Percentage-point change	+12.7**	+11.2**			+11.5*			+10.1*			

Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following levels: *p<.05, **p<.01.

- Both types of social interaction appear to rise until children enter their early teens and then level off (Exhibit 3-3). Thus, there have been substantial increases for students with disabilities who were 7 through 12 years old in Wave 1, but not for those who were older.
- Boys and girls with disabilities have both experienced an increase of approximately 9 percentage points in receipt of phone calls, so that in Wave 2, 58% of boys and 67% of girls receive phone calls from friends at least weekly.
- The gender gap in computer-based interactions has grown with girls' increase of 16 percentage points in computer use for social interactions—twice the increase for boys with disabilities. In Wave 2, 40% of girls and 28% of boys use computers for such interactions.

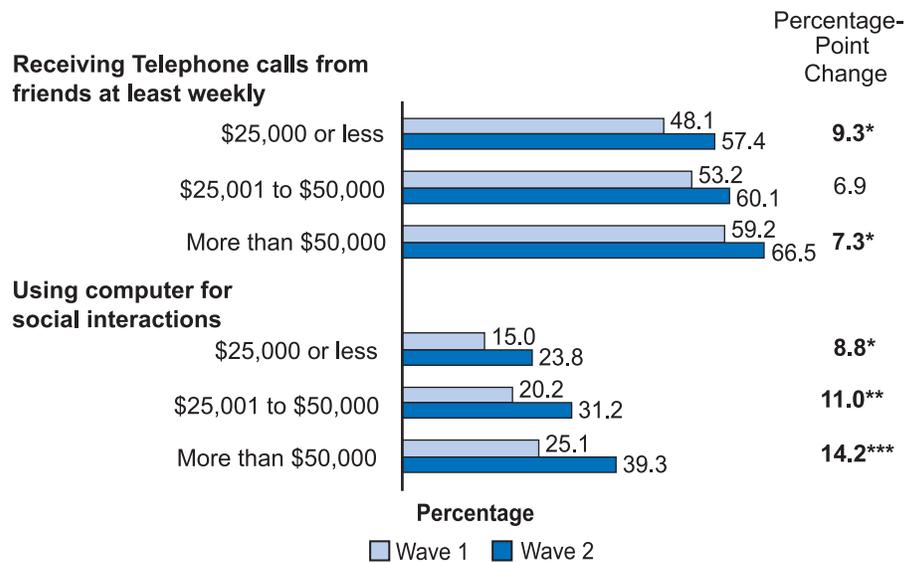
Exhibit 3-3
Phone and Computer, by Age in Wave 1



Source: SEELS parent interviews, Waves 1 and 2.
 Statistically significant difference in a two-tailed test at the following levels:
 * p < .05; ** p < .01; *** p < .001.

- The likelihood of receiving phone calls at least weekly has increased by 9 and 7 percentage points among students with disabilities from families in both the lowest and highest income groups. Those from families in the middle-income group families have experienced minimal change.
- Although use of computers for social interaction has increased among students with disabilities from all three household income levels, greater changes are associated with higher-income households. Among children from households with incomes of less than \$25,000, the share using computers for social interaction has increased by 8 percentage points, whereas among children whose household incomes exceed \$50,000, the share has increased by 14 percentage points (Exhibit 3-4).

Exhibit 3-4
Changes in Students' with Disabilities' Receipt of Phone Calls from Friends, by Household Income



Source: SEELS parent interviews Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following levels:

* $p < .05$; ** $p < .01$; *** $p < .001$.

- The likelihood of receiving phone calls from friends at least weekly has increased by 7 and 8 percentage points for white and African-American children, respectively, but not notably for Hispanic children. As of Wave 2, 63% of white children, 61% of African-American children, and 55% of Hispanic children receive phone calls from friends at least weekly.

After-School Care and Supervision

The dramatic increase of both single-parent families and families with two working parents has made it difficult for many families to provide supervised, safe, and productive activities for children after school. *The Other 80% of their Time: The Experiences of Elementary and Middle School Students with Disabilities in their Nonschool Hours* (Wagner, et al., 2002) reports on the after-school care arrangements of students with disabilities in 2000. This section describes the extent to which the after-school care arrangements of those children have changed in subsequent 2 years.

- In Wave 2, the large majority of students with disabilities (87%) usually go directly home after school. There is little variation across the disability categories, with a range of 82% to 90%. These proportions are unchanged from Wave 1.

- Like their peers in the general population, as children with disabilities age, they become increasingly independent. For example, there is a modest increase in the share that go home no adult supervision. In Wave 1, 4% of 7- to 10-year-olds went directly home from school to situations in which no adult was present; in wave 2, 7% of these same children go directly home to situations in which no adult is present.¹
- The only disability categories for which there has been a notable decrease in children going home to unsupervised situations are youth with speech or hearing impairments, among whom proportions have risen from 3% to 7% and from 3% to 11%, respectively. In Wave 2, the percentages of children who go home to unsupervised situations range from 3% of children with mental retardation or multiple disabilities to 11% of children with hearing impairments, with all other disability categories falling in the range of 4% to 8%.
- The increase in the likelihood of not having an adult at home has occurred only for those from the most affluent families. In Wave 2, 11% of children whose household incomes exceed \$50,000 go directly home to situations in which no adult is present—up by 7 percentage points from Wave 1. Approximately 4% and 7% of students with disabilities from the lowest and middle income groups go directly home to situations in which no adult is present—percentages that represent minimal changes from Wave 1.
- Changes in after-school supervision have occurred almost entirely among white children with disabilities, whose likelihood of going home to an unsupervised situation has risen from 4% to 9%. The percentage of African American, Hispanic, and Asian/Pacific Islander children who go home to unsupervised situations in wave 2 are 4%, 2%, and less than 1%, respectively.

Participation in Extracurricular Activities

As children enter adolescence, they gain autonomy, in part, by expanding their participation in activities beyond the classroom, through school or community organizations. Through such activities, children can explore interests, learn skills, and interact with other children and adults. Parents of SEELS children were asked whether their children took lessons or classes outside of school,²

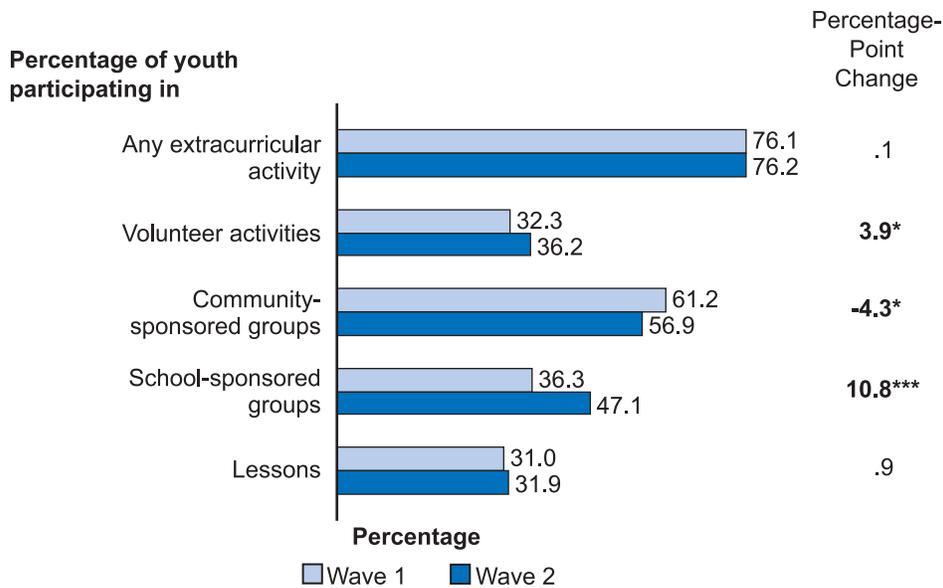
¹ Data from Waves 1 and 2 regarding whether an adult is present when children get home from school are available only for children who were under 11 years old in Wave 1.

² Parents were asked whether children had participated in any “lessons or classes outside of school in things like art, music, dance, foreign language, religion, or computer skills” during the preceding school year

participated in school-sponsored- or community-sponsored groups,³ or volunteered or did other forms of community service.

From Wave 1 to Wave 2, many aspects of the extracurricular activities of children with disabilities have not changed. In Wave 2, three-fourths of children with disabilities participate in at least one extracurricular activity during the school year, and approximately one-third take extracurricular lessons or classes. However, levels of participation in other types of extracurricular activities have changed (Exhibit 3-5).

Exhibit 3-5
Changes in Participation in Extracurricular Activities
by Students with Disabilities



Source: SEELS parent interviews, Waves 1 and 2.
 Statistically significant difference in a two-tailed test at the following levels:
 * p < .05; *** p < .001.

³ For school-sponsored activities, parents were asked whether children had participated “any school activities outside of class, such as sports teams, band or chorus, or student government” during the preceding school year. For community-sponsored group activities, parents were asked whether children had participated in “any out-of-school activities, such as clubs, sports, religious groups, or scouting” during the preceding school year.

- There has been an 11-percentage-point increase in participation in school-sponsored group activities and a 4-percentage-point decrease in participation in community-sponsored group activities. A 4-percentage-point increase in participation in community service or volunteer activities also is noted.
- Increases in participation in school-sponsored activities are largest for children with speech impairments or traumatic brain injuries (15 and 18 percentage points, respectively; Exhibit 3-6). Increases of 8 to 12 percentage points are noted for children with learning disabilities, hearing impairments, autism, or multiple-disabilities.

Exhibit 3-6
Changes in Participation in School-Sponsored Group Activities, by Disability Category

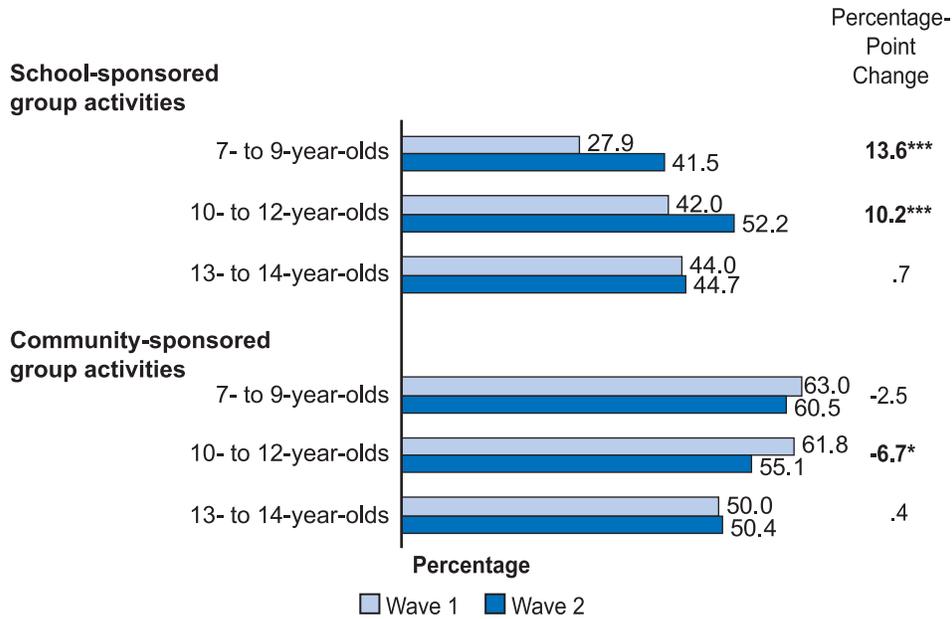
	Learning Disability	Speech/ Language Impairment	Mental Retardation	Emotional Disturbance	Hearing Impairment	Visual Impairment	Orthopedic Impairment	Other Health Impairment	Autism	Traumatic Brain Injury	Multiple Disabilities
Percentage taking part in school-sponsored group activities in the current school year											
Wave 1	41.0	38.4	19.7	28.7	38.9	31.4	26.7	38.5	17.7	22.0	20.2
Wave 2	49.6	53.8	26.3	37.6	49.8	42.9	34.3	47.1	25.5	40.3	28.5
Percentage-point change	8.6*	15.4***		8.9*	10.9**	11.5*		8.6*	7.8*	18.3***	8.3*

Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following levels: *p<.05, **p<.01, ***p<.001.

- Changes in community-sponsored group activities and community service or volunteer activities do not differ across the various disability groups.
- Children who were ages 7 to 9 in Wave 1 have experienced the greatest increase in participation in school-sponsored group activities—a change of 14 percentage points (Exhibit 3-7). Children who were 10 to 12 in Wave 1 have increased their participation in these types of activities by 10 percentage points. These changes may result from the fact that some students in these two groups made the transition from elementary to middle school, where opportunities for school-sponsored extracurricular activities are more numerous than in elementary school. Their Wave 2 participation rate exceeds that of children in the oldest age group, who already had left elementary school and whose participation rate has remained stable.

Exhibit 3-7
Participation in Extracurricular Activities by Children with Disabilities, by Student’s Age



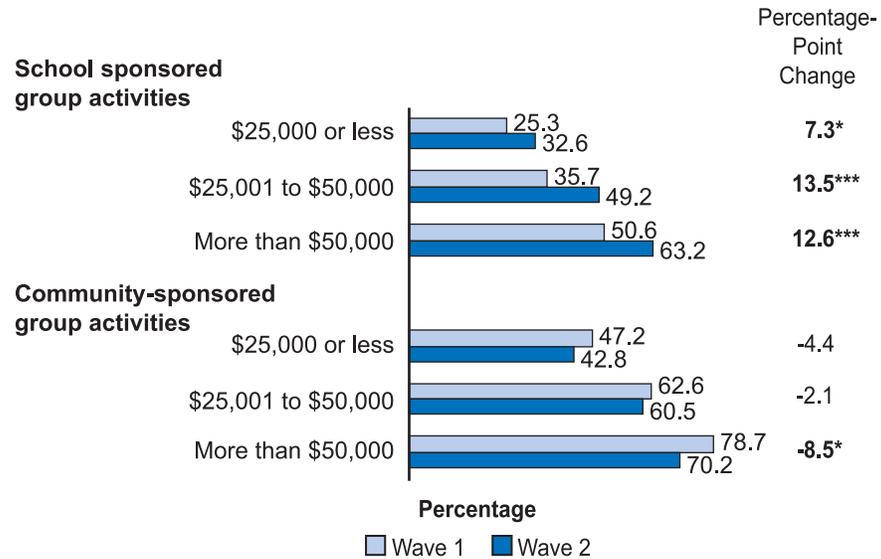
Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following levels:

* p < .05; *** p < .001.

- Participation in community-sponsored group activities declines in the early teens. Among students with disabilities who were 10 to 12 years old in Wave 1, the participation rate in such groups has declined by 7 percentage points. As they moved to middle school and joined the older age group, their Wave 2 participation rates became very similar. Participation rates of children who were 7 to 9 years old in Wave 1 also have been fairly flat.
- Boys and girls with disabilities show similar changes in participation rates in both school-sponsored and community-sponsored group activities. In contrast, girls are more likely to have increased their participation in community service and volunteer activities—by 7 vs. 2 percentage points—resulting in Wave 2 participation rates of 42% and 34%, respectively.
- Participation in school-sponsored group activities has increased among students with disabilities from all household income groups (Exhibit 3-8). However, the approximately 13-percentage-point increases among children from households in the middle and highest income groups are about twice as large as the increase among children from lower-income households.

Exhibit 3-8
Participation in Extracurricular Activities by Children with Disabilities,
by Household Income Level



Source: SEELS parent interviews, Waves 1 and 2.
 Statistically significant difference in a two-tailed test at the following levels:
 * p < .05; *** p < .001.

- The rate of participation in community-sponsored group activities has decreased by 8-percentage points among children from households in the highest income group; however, the large majority of children in this group still participate in such activities. Minimal changes in these types of activities are observed among children from households in the lowest and middle-income groups. This trend may represent a shift from community to school-sponsored activities.
- The rate of participation in school-sponsored group activities of white students with disabilities has risen by 13 percentage points (from 41% to 54%), whereas their rate of participation in community-sponsored group activities has declined by 5 percentage points (from 70% to 65%). No significant changes are noted for children of other races/ethnicities.
- In Wave 2, one-third of African-American students with disabilities participate in school-sponsored group activities, and one-half participate in community-sponsored group activities. Approximately one-third of Hispanic students with disabilities participate in each type of activity.

Summary

In the 2 years between Waves 1 and 2 of SEELS, students with disabilities who were 6 to 13 years old at the outset have not substantially changed their level of face-to-face social interactions; however, they have increased their use of the telephone and computers for social interactions. Although the likelihood that they participate in at least one extracurricular activity or take lessons or classes outside of school has not changed, they have increased their participation in school-sponsored groups and in community service or volunteer activities, while decreasing their participation in community-sponsored group activities.

Not surprisingly, the greatest changes in out-of-school activities have occurred as children have entered their teenage years and transitioned to middle school. Students with disabilities who were ages 10 through 12 in Wave 1 have increased their use of the phone and computers for social interactions; in Wave 2, fewer of them go directly home after school, and more of them participate in school-sponsored group activities. At the same time, participation in community-sponsored group activities has declined. The only change that has occurred among students of other ages is an increase in participation in school-sponsored group activities of students who were 7 through 9 years old in Wave 1.

Almost all disability groups have increased their participation in school-sponsored group activities, with the largest increases occurring among youth with speech impairments or traumatic brain injuries. Children with speech impairments are joined by children with hearing impairments in being the only children who *have become* more likely to go home to unsupervised situations after school and who *have increased* their use of the telephone and computers for social interaction. Children with emotional disturbance also *have increased* their use of the telephone for social interactions, whereas children with other health impairments have increased their use of computers for social interactions.

As children enter adolescence, girls and boys become somewhat more socially differentiated. Use of computers for social interactions and participation in community service or volunteer activities *has increased* more among girls than among boys.

Higher levels of household income are associated with greater changes. Children from households with incomes of more than \$50,000 are among those with the greatest increase in participation in school-sponsored activities, perhaps because any fees associated with such participation are less a barrier for them than other groups. Students in the highest income group also are among those with the greatest increases in computer use for social interactions. Although it is less clear that limited income is a barrier to informal friendship interactions than these other forms of social involvement, receipt of social phone calls from friends also *increased* the most for this group.

Consistent with this pattern of changes for students in the highest income group, white children have the largest number of changes. They are the only racial/ethnic group to have changes in after-school care and in participation in both school-sponsored and community-sponsored group activities. In addition, together with African-American children, they have the largest changes on receipt of social phone calls.

Although this chapter has focused on the activities of students with disabilities in their nonschool hours, their families also are important to students' experiences outside of school. The next chapter addresses the role of families in holding expectations for their children's learning and supporting that learning at home.