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Students With Disabilities In Urban Massachusetts Charter Schools: Access To Regular Classrooms

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Keywords:
Inclusion, access, charter schools, students with disabilities

Abstract

This paper examines the access of students with disabilities to regular classrooms in charter and traditional schools in cities across Massachusetts. Public school enrollment and placement data are examined for 2003-07; overall, access to regular classrooms showed high variability by city. Urban charter schools educated significantly lower percentages of students with disabilities in substantially separate classrooms (0-5.7%), compared to urban traditional schools (15.0%-45.8%); however, charter schools enrolled significantly fewer students who are not easily included in regular classes. Both charter and traditional schools have increased regular classroom access considerably from 2003-2007. Discussion focuses on the challenges of interpreting variability in regular classroom access, given major enrollment gaps of students with disabilities between charter and traditional schools. Future policy and regulatory work should emphasize improving charter school access among students with disabilities.

Introduction

Public education in the Commonwealth of Massachusetts is now almost four centuries old. The City of Boston opened the first public school in America — Boston Latin School — in 1635, and the years since have seen schools in Boston and throughout Massachusetts develop a well-earned reputation for quality (BLS, 2008; Graham, 2005). Notably, the 'public' being educated by public schools, within the Commonwealth and across the nation, has expanded over time. Boston Latin
School admitted its first young women in 1972, and that same year, the Massachusetts legislature recognized the right of students with disabilities to access public education (M.G.L. 71B, Acts of 1972, Ch. 766).

'Chapter 766,' as the Massachusetts special education act became known, served as a blueprint for the later Individuals with Disabilities Education Act (IDEA), which nurtured and regulated special education nationwide (P.L. 94-142, 1975; P.L.101-336, 1990; P.L. 101-476, 1990). The changes in public education brought about by Chapter 766 and IDEA throughout the Commonwealth have been rapid, fundamental, and widely applauded for their successes (Hehir, 2005). In less than two generations, identification rates of students with disabilities in Massachusetts public schools has blossomed to 16.7% of all students (Massachusetts Department of Education [hereafter MDE], 2008), while academic performance of students and schools has continued to rank among the best in the nation (Massachusetts Department of Education, 2007).

Yet even after the implementation of Chapter 766, many thought the public schools in Massachusetts could still improve, especially in urban areas. To that end, the Commonwealth passed the Education Reform Act of 1993, a comprehensive education reform bill with several stated goals — including improvements in student learning, teacher professionalism, school management, and funding equity (Driscoll et al., 2005; M.G.L. Ch. 71, §§1-105, 1993). A major component of the Education Reform Act was the creation of charter schools, the first of which opened in the fall of 1995 (ibid, §89). The purposes for creating charter schools were numerous, but among the most-discussed were: "...the development of innovative programs within public education… [the establishment of] schools with alternative, innovative methods of educational instruction and school structure and management... and to provide models for replication in other public schools (M.G.L. Ch. 71, §89[d])." The Educational Reform Act responded to hopes within various groups that charter schools could serve as laboratories of innovation — and, eventually, could transfer gained knowledge back to traditional schools.

The extent to which charter schools were expected to bring innovations to the education of students with disabilities was unclear at passage in 1993, and remains unclear now that 61 charter schools are operating statewide. Though charter schools, like all public schools, are subject to federal and state antidiscrimination laws, there was almost no guidance in the Education Reform Act or subsequent regulations as to whether charter schools would be expected to innovate in the realm of special education.

Each charter school in the state must adopt a nondiscrimination clause; additional regulations clearly prohibit things like 'counseling out': "...a charter school may not discriminate on the basis of …mental or physical disability… special need… or prior academic achievement when recruiting or admitting students (M.G.L. Ch. 71, §89[d])." Moreover, a charter school may not set admissions criteria that are intended to discriminate or that have the effect of discriminating based upon any of these characteristics (M.G.L. c. 71, § 89(l); 603 CMR 1.06[1]). However many charter schools (such as college preparatory and performing arts charter schools) have mission statements and academic programs that may have discriminatory impact; several also require audition and application procedures that may serve (however inadvertently) to discourage or deny admission to students with disabilities. Perhaps the most explicit law regarding students with disabilities in charter schools deals with funding; charter schools are exempt from educating any student with a disability whose educational placement extends beyond that of a
Advocates outside Massachusetts have, however, pointed out that charter schools do have the potential to improve special education delivery, particularly in the area of inclusive education (Ascher & Wamba, 2005; Fiore, Warren & Cashman, 1998; Rhim & McLaughlin, 2001). This is perhaps especially true, in light of recent findings that many charter schools have much lower enrollments of students with disabilities than their traditional counterparts, and that they are typically small schools that can be flexible in a variety of ways that larger schools cannot (Carnoy, Jacobsen, Mishel, & Rothstein, 2005; Hehir & Mosqueda, 2007; Howe & Wellner, 2005; Ramanathan & Zollers, 1998; Rhim, Ahearn, Lange & McLaughlin, 2006; Wilkens, 2009a). With fewer students who have disabilities — and who require special education services - it seems at least plausible that charter schools may be able to pursue inclusive educational approaches that would be challenging within traditional schools.

Inclusion has generally been understood to mean the education of students with disabilities alongside nondisabled peers in regular education classrooms (Albrecht, Seelman, & Bury, 2003; Hehir, 2002). The promotion of inclusive education has been motivated by a desire on the part of parents and advocates to improve student learning, including socialization, academics, vocational skills, and educational attainment (Hehir, 2005; Stroman, 2003). Charter schools have come to represent a possible vehicle for the promotion of inclusive education, because they have been expected by many to do things differently (Downing, Spencer, & Cavallaro, 2004; Fiore, Harwell, Blackorby, & Finnegan, 2000).

Yet neither inclusive education in Massachusetts, nor basic access to regular classroom instruction on the part of students with disabilities, immediately flowed from Chapter 766 or IDEA, despite stated preferences in law (M.G.L. 603 CMR 28.06(2)c). For a long time after the above laws passed, special education remained primarily the domain of specialists: it was typically administered in separate schools, separate wings, or separate classrooms, and taught by separate teachers. Students with disabilities — even those entirely capable of benefit — only gradually gained equal access to the regular curriculum or regular teachers. As of the 2002-03 school year (the earliest year for which national placement data are available), 48.2% of students with disabilities nationally had robust access to regular classroom instruction, while in Massachusetts it was just 11.7% (MDE, 2008; NCES, 2007b, Table 48; 'robust access' refers to students placed in "Regular school, outside regular class, less than 21% of the day"). That same year, for a large number of urban districts in Massachusetts, robust access to regular classes was even lower: Boston: 1.5%; Cambridge: 2.3%; Lynn: 4.0%. While the numbers represented progress, parents and advocates for students with disabilities — and, increasingly, students themselves — have pushed for more access to regular classes, coupled with increasingly sophisticated instruction and support (Hehir, 2005; Shapiro, 1994).

Limited access to regular classrooms in cities across Massachusetts is troubling, for a variety of reasons. First, inclusive education within regular classrooms is associated with improved student outcomes; limited access to regular classes for students with disabilities may indicate a lack of equitable education programming for students with disabilities, and/or a lack of technical skill in inclusive educational practices (Blackorby, Knokey, Wagner, Levine, Schiller & Sumi, 2007; Wagner, Cadwallader & Marder, 2003; Wagner, Newman, Cameto, Levine & Garza, 2006). Second, cities in Massachusetts deliver the preponderance of public education in
the state; what happens in urban schools reflects what happens to a large proportion of all students (NCES, 2007b; 2002). Third, the urbanicity of schools in Massachusetts, like schools across the nation, often correlates strongly to percentage enrollments of students of color, students from low-income backgrounds, and students with limited English proficiency (ibid; Losen & Orfield, 2002).

If students with disabilities in urban schools are excluded from regular classes, so too are students of color, students with limited English proficiency, and students from low-income backgrounds. Any such exclusions raise serious questions about equity, and none should be related to regular classroom access. Finally, the Massachusetts Department of Education has a stated preference for locating charter schools in urbanized areas with underperforming school districts (Massachusetts Department of Education, 2008); a preponderance of charter schools (and enrolled students) in Massachusetts are located in urbanized areas, and an examination of their performance will be most likely to generate useful policy guidance.

This paper examines the access of students with disabilities to regular classrooms, in charter and traditional schools in urbanized areas of the Commonwealth of Massachusetts. Charter schools have now been operating across Massachusetts since 1995; increasing numbers of students have enrolled in them throughout their entire k-12 careers. It is a fair time to begin asking whether some of their initial goals have been achieved. Have they been doing anything differently than traditional schools? Specifically, have they been able to expand regular classroom access for students with disabilities?

This paper focuses on data available for the past five years, and asks: To what extent do charter schools in urbanized areas of Massachusetts educate students with disabilities in regular classrooms, compared to traditional public schools?

Charter schools, for a number of parents and advocates, represent a potential path to improving special education. After all, charter schools are all relatively new; they represent clean breaks from their traditional peers, and are not as tied down to past curriculum, instructional approaches, or commitments to outdated infrastructure. Many have hoped that these new schools will be better able to include all kinds of students, in all kinds of classes, and then share their learning and practical knowledge with their traditional counterparts (Ahearn, Lange, McLaughlin, & Rhim, 2000; Nathan, 1998; Rhim & McLaughlin, 2001). It is a good time to begin examining the extent to which these hopes are being realized.

Methods

Dataset

The dataset used for this paper includes all preK-12 public school students in the Commonwealth of Massachusetts, collected, maintained, and made publicly available by the Massachusetts Department of Education from 2002-07 (the most recent complete 5-year span available); it includes information on roughly 25,000 students in 60 charter schools, and nearly 1,000,000 students in 1,876 traditional public schools. This paper examines school- and district-level demographic and student attendance data for students attending schools in urbanized areas. Students in the dataset are sorted in two ways; first, by charter and traditional school attendance; second, by geographic location. The
paper then considers two distinct subsets: (1) charter school students in urbanized areas throughout Massachusetts; and (2) traditional school students in urbanized areas throughout Massachusetts. For this analysis, the definition of an 'urbanized area' is from the U.S. Census Bureau, and includes any city or town with a total population of greater than 50,000 residents, and a population density equal or greater than 1,000 persons per square mile; such areas are of ongoing academic and policy interest within the field of public education.

There were 13 cities and towns in Massachusetts, with charter and traditional schools operating by the 2006-07 academic year, that met these criteria; unfortunately, the structure of the dataset complicates comparisons of charter schools with traditional schools where the charters did not span the full k-12 grade range. This analysis, then, examines only those cities where charters existed with full gradespans, including: Boston, Cambridge, Lowell, Malden, Somerville, Springfield, and Worcester, MA. Data analyzed represent 12,562 out of 14,813 students enrolled in urban charters statewide (84.8%).

The primary question predictor is school type — charter or traditional. The outcome explored is classroom placement of students with disabilities; following MDE guidelines, student placements are defined as "robust access" (IEP services are provided outside the general education classroom less than 21% of the time), "partial access" (that IEP services are provided outside the general education classroom at least 21% of the time but no more than 60% of the time), or "substantially separate" (IEP services are provided outside the general education classroom for more than 60% of the time). The terminology used in Massachusetts to describe disability categories does not always match the federal terminology; this paper uses the federal categories to avoid reader confusion.

Analysis

The classroom placement of students with disabilities in traditional schools in urbanized areas throughout the Commonwealth is compared to the classroom placement of students with disabilities in charter schools within the same city. This paper concerns itself with both current classroom placement data, and in year-to-year trends, from 2006-07 school year stretching back through the previous five years.

First, mean student classroom placement risk (perhaps best conceptually understood as 'rate') is calculated for students with disabilities within traditional and charter schools in urbanized areas of Massachusetts, both collectively and by disability category. Calculation of placement risk allows determination of the extent to which students with disabilities are included in regular classroom instruction. The null hypothesis, which would be true if classroom placement within schools was random, is that the classroom placement risk within traditional and charter schools, for all disability categories, is equal. \(X^2\) tests are used to determine whether any calculated differences in classroom placement risk between traditional and charter schools are significant.

Additionally, this paper examines classroom placements of two distinct groups of students with disabilities. First, it considers the representation in urban charter and traditional schools of students with disabilities across school types who are
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(nationally) most likely to have robust regular classroom access - students with:
learning disabilities, speech/language impairments, other health impairments,
visual impairments, and developmental delays. Students with these disabilities
demonstrate mean robust regular classroom access rates, nationally, higher than
the overall national mean of 54.2% (United States Department of Education,
2007a, Table 49).

Second, this paper considers the representation in urban charter and traditional
schools of students with disabilities who tend to have much more limited access to
regular classes than other students with disabilities — those with intellectual
disability, emotional disturbance, deafblindness, multiple disabilities, autism, or
traumatic brain injury; students in these disability categories demonstrate robust
regular classroom access rates, nationwide, more than one standard deviation (+/-
10.3) below the national mean of 54.2% (United States Department of Education,
2007a, Table 49). The relative representation of these two groupings of students
across school types can be considered one indicator of inclusive practices within
schools, given that providing access for students with different disabilities often
requires extensive, differentiated special education supports, accommodations,
and curriculum modifications (Dittrich & Tutt, 2008; Florian & McLaughlin, 2008;
Mayer, Van Acker, Lochman & Gresham, 2008; Nolet & McLaughlin, 2005).

For reporting purposes, following typical practice in special education research, risk
ratios are calculated for classroom placement using the mean risk rates for
traditional and charter schools in urbanized areas of Massachusetts. The
advantage of reporting risk ratios (rather than risk) is that they directly compare risk
in an easily understandable format (Parrish, in Losen & Orfield, 2002).

Limitations

One of the major stated purposes driving the development of charter schools
was that they could develop innovative (and, in some cases, site-specific)
school practices (Nathan, 1998). This paper faces a common challenge
encountered by all other studies of charter schools: such schools almost by
definition have different missions, educational philosophies, and approaches to
student instruction. This paper aggregates school- and district-level data into
city- and statewide datasets; an approach that risks collapsing schools with
different missions, strategies, and student bodies into a single dataset.
However, at this point in time, given that so little is known about the
attendance and inclusion of students with disabilities within charter schools,
the analysis here represents a necessary compromise.

Even though charter schools are legally distinct entities, and deserve
consideration individually on a wide range of criteria, this paper can help to
shed some light on the extent to which students with disabilities have been
able to access regular charter school classrooms. None of the work here
precludes the need for additional research exploring practices within individual
schools that are able to demonstrate success, whether charter or traditional.
Readers should also note that the analytic technique presented here
precludes an ability to comment on the condition of special education within
any single school — or between any number of particular schools that may
have different missions or educational approaches.

In any case, aggregation of urban charter schools into a single category may
be a less severe limitation than it first appears. Although charter school
advocates have often stated the goal of creating 'laboratories of innovation,' in Massachusetts many charter schools have remarkably similar missions, focused on similar groups of students. Massachusetts charter school law codifies a preference for replicable programs, along with minimum quotas (three per year) of charter schools located in underperforming areas, and caps (one per year) on charter schools in successful areas. Many (if not most) of the missions described by charter schools to be aggregated in this analysis are more similar than different, particularly in the City of Boston, where the most charter schools and students are located.

Perhaps surprisingly, there appears to be more variety in the mission statements of traditional schools across Massachusetts cities. Though completely nonscientific, a glance at the missions for many of the charter schools in this study reveals remarkable uniformity; virtually all mention college preparation and success. For example: "Our mission is to prepare each student for college" (Boston Collegiate Charter School); "Excel Academy Charter School prepares middle school students to succeed in high school and college;" "Our mission is to help our students achieve success in college and beyond" (MATCH school); "Edward W. Brooke Charter School is a public school committed to preparing all of its students for college;" and "Roxbury Preparatory Charter School… prepares its students to enter, succeed in, and graduate from college."

Findings

Table 1 shows that, for most studied cities during the 2006-07 school year, urban charter schools provided robust regular classroom access to significantly greater percentages of their students with disabilities than did urban traditional schools. The exceptions were in Cambridge and Lowell, where regular classroom access rates were not significantly different by school type, and in Springfield, whose charter schools included a significantly lower percentage of students with disabilities in regular classes than did Springfield's traditional schools. Variability in regular classroom access rates by city was substantial in both charter and traditional schools. Robust access to regular classrooms in traditional schools ranged from 6.6%-78.2% (Somerville & Cambridge, respectively); in charter schools, robust access rates ranged from 17.8%-100% (Springfield; Malden & Cambridge). As for all other presented data on regular classroom access, tables and figures exclude from consideration students with disabilities whose educational placement is at home, in a hospital, in a private setting, or otherwise off-campus. Data include only students with disabilities attending regular schools (91.83% of all students with disabilities in cities studied; n = 40,541 for 2006-07).

Table 1. Regular classroom access of students with disabilities in urban Massachusetts traditional (n = 24,969) and charter schools (n = 1,352), 2006-07.

<table>
<thead>
<tr>
<th>City</th>
<th>Traditional schools</th>
<th>Charter schools</th>
<th>χ²</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>% full inclusion</td>
<td>n</td>
<td>% full inclusion</td>
</tr>
<tr>
<td>Boston</td>
<td>10,377</td>
<td>33.0%</td>
<td>619</td>
<td>78.7%</td>
</tr>
<tr>
<td>Cambridge</td>
<td>1,153</td>
<td>78.2%</td>
<td>63</td>
<td>100.0%</td>
</tr>
<tr>
<td>Lowell</td>
<td>1,993</td>
<td>70.4%</td>
<td>87</td>
<td>87.4%</td>
</tr>
</tbody>
</table>

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<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Malden</td>
<td>943</td>
<td>68.0%</td>
<td>119</td>
<td>100.0%</td>
<td>1.47</td>
<td>17.96***</td>
</tr>
<tr>
<td>Somerville</td>
<td>1,072</td>
<td>6.6%</td>
<td>62</td>
<td>67.7%</td>
<td>10.23</td>
<td>349.69***</td>
</tr>
<tr>
<td>Springfield</td>
<td>5,200</td>
<td>29.7%</td>
<td>207</td>
<td>17.9%</td>
<td>0.60</td>
<td>9.69**</td>
</tr>
<tr>
<td>Worcester</td>
<td>4,231</td>
<td>49.3%</td>
<td>195</td>
<td>92.8%</td>
<td>1.88</td>
<td>75.02***</td>
</tr>
</tbody>
</table>

Notes: 'Full inclusion' is defined by the Commonwealth of Massachusetts as: "IEP services are provided outside the general education classroom less than 21% of the time." Risk ratios are the calculated risk of full inclusion in charter schools, compared to traditional schools in the same district. A risk ratio of 1.00 indicates identical risk.

~ p<.10; * p<.05; ** p<.01; *** p<.001

Figure 1 shows that the percentage of students with disabilities deemed to be in 'full inclusion' placements by the Commonwealth of Massachusetts increased substantially across school types between 2003 and 2007. Urban traditional schools increased 'full inclusion' placement rates from 26.4%-40.3%, while urban charter schools increased 'full inclusion' placement rates from 53.5%-74.3%.

Notably, the term 'full inclusion,' in the field of special education, implies an approach to education that involves teaching strategies, supports, accommodations, and modifications of curriculum that may or may not be provided in practice — and which are not accounted for in these classroom placement data; the term 'full inclusion' here is used only because it is the one designated by the Commonwealth of Massachusetts to indicate placement in regular classrooms >80% of the school day.

Figure 1. Robust regular classroom access among students with disabilities in urban Massachusetts traditional (n = 24,969-25,070) and
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At the other end of the inclusion spectrum, urban charter schools in all studied cities educated significantly lower percentages of students with disabilities in substantially separate classrooms (0.0-5.7%; multiple cities and Boston, respectively), compared to urban traditional schools (15.0-45.8%; Cambridge and Boston, respectively), during 2006-07. Additionally, for substantially separate placements, variation by city appeared to be much greater for traditional schools than for charter schools.

Table 2. Rates of substantial separation for students with disabilities in urban Massachusetts traditional (n = 24,969) and charter schools (n = 1,352), 2007.

<table>
<thead>
<tr>
<th>City</th>
<th>Traditional schools n</th>
<th>Traditional schools % substantially separate</th>
<th>Charter schools n</th>
<th>Charter schools % substantially separate</th>
<th>Charter schools Risk ratio</th>
<th>χ²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>10,377</td>
<td>45.8%</td>
<td>619</td>
<td>5.7%</td>
<td>0.12</td>
<td>218.02***</td>
</tr>
<tr>
<td>Cambridge</td>
<td>1,153</td>
<td>15.0%</td>
<td>63</td>
<td>0.0%</td>
<td>0.00</td>
<td>9.45**</td>
</tr>
<tr>
<td>Lowell</td>
<td>1,993</td>
<td>15.9%</td>
<td>87</td>
<td>0.0%</td>
<td>0.00</td>
<td>13.79**</td>
</tr>
<tr>
<td>Malden</td>
<td>943</td>
<td>17.4%</td>
<td>119</td>
<td>0.0%</td>
<td>0.00</td>
<td>20.70***</td>
</tr>
<tr>
<td>Somerville</td>
<td>1,072</td>
<td>22.6%</td>
<td>62</td>
<td>0.0%</td>
<td>0.00</td>
<td>14.00***</td>
</tr>
<tr>
<td>Springfield</td>
<td>5,200</td>
<td>33.9%</td>
<td>207</td>
<td>4.3%</td>
<td>0.13</td>
<td>53.41***</td>
</tr>
<tr>
<td>Worcester</td>
<td>4,231</td>
<td>25.5%</td>
<td>195</td>
<td>0.0%</td>
<td>0.00</td>
<td>49.78***</td>
</tr>
</tbody>
</table>

Notes: ‘Substantially separate’ is defined by the Commonwealth of Massachusetts as: "IEP services are provided outside the general education classroom for more than 60% of the time." Risk ratios are the calculated risk of full inclusion in charter schools, compared to traditional schools in the same district. A risk ratio of 1.00 indicates identical risk.

~ p<.10; * p<.05; ** p<.01; *** p<.001

Next, Tables 3 and 4 represent an attempt to quantify the proportional representation of disability types within urban traditional and charter schools. Specifically, Table 3 details the representation of students with 'high-inclusion' disabilities; those who, nationally, have had robust access to regular classroom instruction. This ‘high-inclusion’ group includes students with learning disabilities, speech/language impairments, other health impairments, visual impairments, and developmental delays. Table 4 presents the representation of students with 'low-inclusion' disabilities; those who have had, nationally, much more limited access to regular classrooms. This 'low-inclusion' group includes students with intellectual disability, emotional disturbance, deafblindness, multiple disabilities, autism, or traumatic brain injury. Documented differences between school types in the composition of students with 'high-inclusion' and 'low-inclusion' disabilities can be useful in understanding relative differences in regular classroom access by school type — as explored in the discussion section (below).

Table 3 indicates that the proportional representation of students with 'high-inclusion' disabilities is about the same in urban charter and traditional schools in
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Massachusetts. Of those students with disabilities enrolled in urban traditional and charter schools, about two-thirds had disabilities that (nationally) have tended to have robust regular classroom access.

Table 3. Enrollment of students with high-inclusion disabilities in urban M traditional (n = 24,969) and charter schools (n = 1,352), 2006-07.

<table>
<thead>
<tr>
<th>City</th>
<th>Traditional schools n students with disabilities</th>
<th>Traditional schools n students with high-inclusion disabilities</th>
<th>Traditional schools % high-inclusion disabilities</th>
<th>Charter schools n students with disabilities</th>
<th>Charter schools n students with high-inclusion disabilities</th>
<th>Charter schools % high-inclusion disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>10,377</td>
<td>7,103</td>
<td>68.4%</td>
<td>619</td>
<td>410</td>
<td>66.2%</td>
</tr>
<tr>
<td>Cambridge</td>
<td>1,153</td>
<td>957</td>
<td>83.0%</td>
<td>63</td>
<td>59</td>
<td>93.7%</td>
</tr>
<tr>
<td>Lowell</td>
<td>1,993</td>
<td>1,385</td>
<td>69.5%</td>
<td>87</td>
<td>64</td>
<td>73.6%</td>
</tr>
<tr>
<td>Malden</td>
<td>943</td>
<td>635</td>
<td>67.3%</td>
<td>119</td>
<td>56</td>
<td>47.1%</td>
</tr>
<tr>
<td>Somerville</td>
<td>1,072</td>
<td>858</td>
<td>80.0%</td>
<td>62</td>
<td>38</td>
<td>61.3%</td>
</tr>
<tr>
<td>Springfield</td>
<td>5,200</td>
<td>3,566</td>
<td>68.6%</td>
<td>207</td>
<td>159</td>
<td>76.8%</td>
</tr>
<tr>
<td>Worcester</td>
<td>4,231</td>
<td>2,621</td>
<td>61.9%</td>
<td>195</td>
<td>154</td>
<td>79.0%</td>
</tr>
<tr>
<td>All cities</td>
<td>24,969</td>
<td>17,125</td>
<td>68.6%</td>
<td>1,352</td>
<td>940</td>
<td>69.5%</td>
</tr>
</tbody>
</table>

Notes: ‘High-inclusion’ disabilities are those whose mean national full-inclusion percentage is higher than the overall national mean of 54.2%; this includes students with: learning disabilities, speech/language impairments, other health impairments, visual impairments, and developmental delays.

~ p<.10; * p<.05; ** p<.01; *** p<.001

Table 4, however, shows that urban charter schools in Massachusetts enrolled significantly fewer students with intellectual disability, emotional disturbance, multiple disabilities, autism, deaf-blindness, and traumatic brain injury, all of whom are less likely to have robust regular classroom access compared to their peers (United States Department of Education, 2007b). Enrollment of these students comprised between 5.1–8.2% of all disabled students in urban traditional schools, while comparable enrollment in charter schools was significantly lower, between 0.6% (in Cambridge charters) and 3.3% (in Boston charters).

Table 4. Percent of students with low-inclusion disabilities (intellectual disturbance, deafblindness, multiple disabilities, autism, or traumatic brain injury) Massachusetts traditional (n = 138,112) and charter schools (n = 8,191), 2006-07.

<table>
<thead>
<tr>
<th>City</th>
<th>n students</th>
<th>Traditional schools n students with low-inclusion disabilities</th>
<th>Traditional schools % students with low-inclusion disabilities</th>
<th>Charter schools n students with low-inclusion disabilities</th>
<th>Charter schools % students with low-inclusion disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>56,774</td>
<td>3,750</td>
<td>6.6%</td>
<td>3,198</td>
<td>3,198</td>
</tr>
<tr>
<td>Cambridge</td>
<td>5,742</td>
<td>293</td>
<td>5.1%</td>
<td>488</td>
<td>488</td>
</tr>
<tr>
<td>Lowell</td>
<td>13,963</td>
<td>706</td>
<td>5.1%</td>
<td>980</td>
<td>980</td>
</tr>
</tbody>
</table>
Students with Disabilities in Urban Massachusetts Charter Schools: Access to Regular Classrooms

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Somerville</td>
<td>5,050</td>
<td>328</td>
<td>6.5%</td>
<td>864</td>
</tr>
<tr>
<td>Springfield</td>
<td>26,258</td>
<td>2,139</td>
<td>8.1%</td>
<td>810</td>
</tr>
<tr>
<td>Worcester</td>
<td>23,959</td>
<td>1,962</td>
<td>8.2%</td>
<td>1,851</td>
</tr>
</tbody>
</table>

Notes: Students with disabilities placed outside traditional schools excluded from analysis. Disability categories chosen demonstrate inclusion rates fall more than one standard deviation below the mean nationally (NCES 2005, Table 49, Table 2-2). 'Substantially separate' defined by the Commonwealth of Massachusetts: "IEP services are provided outside the general education classroom more than 60% of the time." Four schools excluded from this analysis due to unreliable placement data: School A (Boston): 13 of 23 students classified with ID, School B (Boston) 44 of 44 students classified with ID, School C (Boston): 21 of 124 students classified as multiply disabled; and School D (Springfield): 27 of 128 students classified as multiply disabled.

~ p<.10; * p<.05; ** p<.01; *** p<.001

Discussion

This paper posed a single question: to what extent do charter schools in urbanized areas of Massachusetts educate students with disabilities in regular classrooms, compared to traditional public schools? Three potential avenues were explored to reach an answer: rates of robust regular classroom access, rates of substantial separation, and enrollment of students with 'high-inclusion' and 'low-inclusion' disabilities. All three yield slightly different components, all important to answering the original question — and all revealing some gaps in current knowledge that future work would do well to engage.

Enrollment

Current research reveals complexity in determining the extent to which charter schools may or may not be fully inclusive. One aspect of inclusivity is found in overall enrollment, or access to schools — and another in the educational settings within schools, such as access to regular classroom instruction (Heubert, 2002; McLaughlin, Henderson & Ullah, 1996). Although this paper focuses on classroom placement — the differences in where students with disabilities go to class within schools — readers should keep in mind that regular classroom access is just one (important) component of a larger whole.

Notably, previous studies have documented that charter schools in various locales often enroll proportionately fewer students with disabilities than their traditional counterparts — and very few (if any) students with disabilities that require extensive special education supports, such as intellectual disability and emotional disturbance. Here in Massachusetts, a study by this author found that urban charter schools enrolled significantly fewer students with disabilities overall than urban traditional schools from 2002-07 (Wilkens, 2009a). That paper found that the percentage of enrolled students with disabilities in urban charter schools, 7.2%-12.9% (n = 12,562), was significantly lower — roughly half — compared to the percentage attending urban traditional schools, 15.2%-24.3% (n = 136,587) for 2006-07.

It also found that enrollment of students with disabilities in specific disability
categories varied considerably by school type; no urban charter school enrolled any students who were deaf-blind in 2006-07; several cities' charter schools also had zero enrolled students who were deaf, who were blind, who had physical or orthopedic impairments, who had multiple disabilities, who had autism, or who had traumatic brain injury. Additionally, significantly fewer students were enrolled in urban charter schools who had intellectual disability, emotional disturbance, specific learning disabilities, autism, or developmental delays. The findings presented in this paper must be interpreted in light of such overall numbers — urban charter schools educate substantially fewer students with identified disabilities, proportionally, than do urban traditional schools. Therefore, the regular classroom access rates discussed below include only those (comparatively and significantly fewer) students with disabilities who gain access to charter schools in the first place.

Robust Access To Regular Classrooms

The Commonwealth of Massachusetts (and the U.S. Department of Education) defines classroom placements as 'full inclusion' when students with disabilities are educated in regular classrooms for at least 80% of the school day. Though this definition of 'full inclusion' does not match current practice in the field, it is used in this paper on some tables for simplicity's sake; true 'inclusion' is not a classroom placement, but an educational philosophy regarding how schools, classrooms, families, and students can work together to provide robust support and opportunity for all learning types (Gruner, 2002; Hehir, 2005). This paper uses the term 'robust access' to regular classrooms interchangeably with the Commonwealth's 'full inclusion' classroom placement. Integration into regular classrooms has been associated with a large number of positive outcomes for students with disabilities (Wagner et al., 2006), and rising rates of regular classroom access (independent of additional outcomes) have been seen as evidence of success for some in the various disability communities (Hehir, 2005). The first data analysis was conducted with the intent to determine whether there were differences between urban traditional and charter schools in the extent to which they provide students with disabilities robust access to regular classroom instruction.

The story of access to regular classrooms for students with disabilities in urban districts in Massachusetts, as presented in Table 1, appears to be about variability by city, perhaps more than school type. For example, during 2006-07, just 6.6% of students with disabilities attending traditional schools in Somerville had robust access to regular classes — a rate far below the national mean of 54.2% (STD 10.3; NCES, 2007, Table 49). Just over the Somerville city line is the City of Cambridge; its students with disabilities attending traditional schools had robust regular classroom access rates a full order of magnitude higher: 78.2%. Regular classroom access rates also varied widely in charter schools, by city. For example, Springfield charter schools reported very low rates of robust access (17.9%), while charter schools in Malden and Cambridge reported 100% regular classroom placement for students with disabilities in 2006-07.

Though variation in access by city was large — there were also noticeable differences by school type. Urban charter schools in Boston, Malden, Somerville, and Worcester had significantly higher rates of regular classroom access during 2006-07 than their traditional counterparts — while charter schools in Springfield had significantly lower rates of regular classroom access...
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than the city's traditional schools. The outlier status of Springfield charter schools also raises a question: if the other urban charter schools, generally speaking, have higher rates of full inclusion than their traditional counterparts — what's different about Springfield? The educational approach? The students? Something else entirely? Future comparative, qualitative work should include a focus on Springfield charter and traditional schools to clarify.

A look at the aggregated traditional and charter school student placement rates over the past four years — shown in Figure 1 — illustrates that there appears to be a large, and growing, gap in the rate at which students with disabilities are accessing regular classrooms in charter and traditional schools. Though both traditional and charter schools have substantially increased access rates for students with disabilities over the past four years, the rate difference between them has grown over time; as of 2006-07, urban charter schools educated 74.3% of students with disabilities in predominantly regular classroom placements, while urban traditional schools reported a comparable rate of just 40.3%.

Both the current rates of regular classroom access, and the trends over the past four years, are encouraging. It is important to remember that students with disabilities gained robust access to public education just over thirty years ago; access to regular classes has come even more recently (Hehir, 2002). Here, gains in regular classroom access rates at both urban traditional and urban charter schools in Massachusetts are encouraging, and hint at the policy and implementation commitments made at a variety of levels — not least of which the individual school level — that can make real differences in the lives of children with disabilities. That this paper focuses on differences by school type should in no way overshadow the improvements taking place in cities across the Commonwealth, or within schools by committed teachers and school leaders.

However, the above patterns of inclusion do raise serious questions: why do regular classroom access rates vary so much between school types? Why do they vary so much between cities? Partial answers lie below, in examinations of substantial separation and disability types — but clearly much room remains for more comprehensive reviews of special education programming within districts, and within individual schools.

Substantial Separation

Substantial separation of students with disabilities is a placement defined by the Commonwealth of Massachusetts as education in regular classrooms less than 40% of the school day. Substantial separation matters, because it is a placement that typically involves special classes, exclusively for students with disabilities, taught by special education staff. Substantially separate placements mean that students have minimal or no contact with regular education teachers, curriculum, or nondisabled peers. Substantial separation has been associated with fewer positive school outcomes among graduates, relative to less restrictive placements — including poor attendance, detrimental behaviors, and lower academic performance on exams and schoolwork — and as such, high rates of substantial separation are cause for concern (Lipsky & Gartner, 1997). Rea, McLaughlin, & Walther-Thomas (2002) found specifically that higher rates of separation were associated with lower grades, lower scores on standardized tests, more behavioral infractions,
and more missed days of school (see also McDonnell, McLaughlin & Morison, Eds., 1997).

Table 2 shows relatively wide variation in substantially separate placement rates, by city, among traditional schools; Cambridge public schools placed just 15.0% of all students with disabilities in substantially separate environments, while just across the Charles River, Boston public schools reported a separation rate three times higher: 45.8% of all students with disabilities (2006-07 school year). With the exception of Cambridge and Lowell, all cities’ rates of substantial separation were above the national mean rate of 16.7% (STD 5.8). These are large student numbers in Boston — 4,756 students out of 56,774 total (8.4% of all students in the district).

Urban charter schools showed clear differences from their traditional counterparts on rates of separate placements. Table 2 shows that students with disabilities in urban charter schools were significantly less likely to be placed in substantially separate environments for their education. In fact, only two cities — Boston and Springfield — had charter schools reporting any substantially separate placements, and both cities’ charter schools were collectively almost two standard deviations below the national mean rate.

High rates of substantial separation in most cities' traditional schools are a cause for concern — and relatively low rates in all cities' charter schools potentially indicate progress. However, before too much stock can be placed in the relative difference, it is worth considering (below) why such contrasts may be appearing.

**Students With 'High-Inclusion' And 'Low-Inclusion' Disabilities**

The educational needs of students with disabilities vary widely; some special education interventions have lent themselves relatively smoothly to provision within regular classrooms — such as notetaking, or the use of audio texts — while others have not. This has meant that, nationally, some students with disabilities have had greater access to regular classrooms than others. For example, 88.7% of students nationally with speech or language impairments are fully included in regular classrooms, while just 14.1% of students with intellectual disability are fully included (U.S. Department of Education, 2007b). The most recent available national-level data (2004-05 school year) indicate that students with learning disabilities, speech/language impairments, other health impairments, visual impairments, and developmental delays have access to regular classes at rates above the national mean, while students with intellectual disability, emotional disturbance, multiple disabilities, autism, deaf-blindness, and traumatic brain injury seriously lag their peers in regular classroom access. Additionally, students with these latter disabilities are much more likely to be placed in substantially separate placements than their peers.

Table 3 indicates that roughly two-thirds of the enrolled students with disabilities in both urban traditional and urban charter schools have 'high-inclusion' disabilities. Though there are major total enrollment differences between school types (see Wilkens, 2009a), Table 3 indicates that, within schools, both appear to have similar proportions of students who are relatively straightforward to include in regular classrooms. This finding is perhaps surprising, given the overall differences demonstrated in regular classroom access (Tables 1 & 2). If both types of schools have large majorities of
students whose disabilities appear to lend themselves to special education provision within regular classrooms — why do we see such stark differences in rates of access to regular classes?

Table 4 provides at least part of an answer: it is in the proportional enrollment of other disability types that major differences appear between urban traditional and urban charter schools. Table 4 shows that urban traditional schools, in 2006-07, enrolled much higher percentages of students with intellectual disability, emotional disturbance, multiple disabilities, autism, deaf-blindness, and traumatic brain injury, compared to urban charter schools. Between 5.1-8.2% of all students in traditional schools were classified as having one or more of the above disabilities; charter schools in the same cities all enrolled significantly fewer students with such disabilities, between 0.6-3.3%. The numbers of these students were not small. In Boston, for example, 6.6% of all students — 3,750 (out of 56,774) for 2006-07 — were so classified, while Springfield and Worcester each had roughly 2,000.

Students with disabilities such as intellectual disability and emotional disturbance have not historically proven simple to include in regular classrooms; several authors have suggested that inclusion of such students is one marker of a truly inclusive educational environment (Baker, Wang & Walberg, 1994; Fuchs & Fuchs, 1995; Power-Defur & Orelove, Eds., 1997; Stainback, & Stainback, Eds., 1996). Notably, some traditional public schools in Massachusetts have demonstrated sustained success in providing inclusive education for such students — including the Mary Lyon School in Brighton, the Patrick O'Hearn Elementary School in Dorchester, and the Samuel W. Mason School in Roxbury. As such, Table 4 raises serious questions about the extent to which urban charter schools are welcoming and able to educate such students.

Significantly lower enrollments of students not easily included in each city's charter schools may explain at least some of the urban charter schools' relatively higher overall inclusion rates, compared to traditional schools. In Boston, for example, charter schools in the city enrolled only half the expected number of students with intellectual disability, emotional disturbance, multiple disabilities, autism, deaf-blindness, or traumatic brain injury. Charter schools in all other studied cities did worse: Worcester charters enrolled just one-quarter the expected numbers, while Springfield charters enrolled one-fifth, and Cambridge charter schools a mere eighth.

These enrollment differences by school type for students not easily included are stark, and lead to a range of questions about what it means for schools to be inclusive — and what sorts of educational innovations are (or can be) expected from charter schools. To begin with, why aren't urban charter schools enrolling students that have historically proven difficult to include in regular classes? Are charters failing to recruit such students? Steering them elsewhere? Failing to retain them? Failing to offer services, or provide services of comparable quality as in traditional schools? What implications do such enrollment patterns have for the education of all students, both in charter schools and in traditional schools?

This latter finding, that urban charter schools do not enroll many students with disabilities not easily included, provides perhaps the clearest and most direct area in need of policy improvement. Students with these disabilities typically
require specialized approaches to instruction; their relative absence in urban charter schools may serve to reinforce gaps in either the willingness or the ability of charter schools to serve such students in the future. Such enrollment gaps appear to be legally problematic, as well; all charter schools are public schools, subject to antidiscrimination law, and it is difficult to understand why such a relatively large group of students would have such limited access to charter schools without some barrier at work (U.S. Department of Education, 2000).

Enrollment gaps of students with disabilities are morally troubling, and practically disappointing, as well: after all, charter schools were originally approved with the idea that they could deliver innovative approaches that would improve public education — particularly in urban areas of the state. Instead, what appears to have happened over the past thirteen years is that many students, historically not well integrated into regular classrooms to begin with, have been left even farther out on the margins. To the extent that charter schools have not been successful at improving the delivery of education to these students, they cannot be considered successful (Betts & Loveless, 2005; Wells, 2002). Another area of potential policy improvement may lie in data reporting. Though beyond the scope of this paper, it is entirely reasonable to ask how well students with disabilities are doing in urban charter and traditional schools. Graduation rates are a helpful guide — but charter schools in the Commonwealth are often sufficiently small that results obtained by students with disabilities are unavailable.

Future approaches to the assessment and improvement of charter schools in Massachusetts should include consideration of students with disabilities, especially those whose disabilities have made them difficult to include in regular classrooms. The Commonwealth's Department of Education is fortunate, in that it is the sole authorizing agency for charter schools in the state, and oversees all of their operations — including the 5-year renewal process and funding. Both of these are major levers for reform. The Massachusetts Department of Education would do well to consider carefully what sorts of incentives currently exist for enrollment and inclusion of students with disabilities — and how best they can manage those incentives to move urban charter schools towards increasingly inclusive approaches for students with disabilities.

It is challenging to draw any broad conclusions about the inclusion of students with disabilities in urban Massachusetts charter schools, except perhaps that charter schools appear to be educating a different population of students with disabilities than urban traditional schools. For those students with disabilities that do have access to urban charter schools in the state, most urban charter schools have demonstrated high levels of regular classroom access for students with disabilities; this is to be commended. Also praiseworthy is the low rate of substantial separation reported by urban charter schools across Massachusetts. Although it is impossible to say whether such placements result from inclusive education or are artifacts of low and differential enrollment of students with disabilities, neither need be sacrificed to policy changes that help charter schools improve access in the future. Instead, future policy and regulatory work ought to focus on preserving urban charter school's approaches to inclusive education, while helping them minimize substantial separation — whether through increased teacher training, the development of special education collaboratives for charter schools (or encouraging charter
school participation in traditional school collaboratives), or other approaches promoted by the schools themselves.

Conclusion

Urban charter schools in Massachusetts are educating significantly fewer students with disabilities not easily included in regular classes, compared to urban traditional schools. At the same time, students with disabilities who do attend urban charter schools have significantly greater access to regular classroom instruction than their peers attending urban traditional schools.

It is not clear the extent to which different rates of regular classroom access in urban charter and traditional schools can be attributed to enrollment differences, or to differences in school practices. Additional qualitative work that examines in-school recruitment, retention, and instructional strategies would be extremely helpful in this regard. A comprehensive look would include recruitment, enrollment lotteries, counseling, retention, discipline, supports, instructional practices, and assessment — all from the standpoint of students with disabilities. The question must be posed: how do urban charter schools in Massachusetts make a contribution to the overall improvement of the education available to students with disabilities? And, if such schools do not offer improvement — to what extent can they be judged successful?

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