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AUTHOR Temelini, David; Fesko, Sheila

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#### ABSTRACT

This newsletter issue discusses the results of a survey of 242 Family and Youth Service Bureau agencies that investigated the number of youth (ages 16-21) with disabilities served, and the incidence of and response to youth who did not have an identified disability, but whom staff may have suspected had an underlying learning, emotional, or other developmental problem. Results found that 94 percent of the agencies reported having served youth with an identified disability and approximately one quarter of the total number served were youth with an identified disability. Ninety-three percent of the agencies provided services for youth with a suspected disability. Agency staff reported a variety of behavioral indicators used to identify individuals with possible disabilities, including difficulties with interpersonal relationships, difficulties following through on tasks, problems with multi-step instructions, mood swings, and inclinations towards aggressive behavior and hyperactivity. A majority of agency respondents felt concerned that their staff did not have the skills to work with these youth. Two-thirds of the agencies made program modifications to address the needs of youth with disabilities. A list of recommendations are provided for responding to the needs of youth with disabilities who are runaways, homeless, or at-risk for running away. (CR)

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## Research

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Institute for Community Inclusion (UAP), in collaboration with

Bridge Over Troubled Waters, Inc.

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# Responding to the Needs of Youth with Disabilities Who Are Runaway or Homeless By David Temelini and Sheila Fesko

#### Introduction

There exists a growing awareness regarding the needs of youth with disabilities who are runaways, homeless, or at risk for running away. In order to begin to address the unique learning and support needs of these youth and to initiate a comprehensive and coordinated response, the Institute for Community Inclusion (UAP), in collaboration with Bridge Over Troubled Waters conducted a survey of Family and Youth Service Bureau (FYSB) agencies in fifty states. The survey addressed issues such as identification of existing service capacity, barriers to service delivery, perceived needs of the target population, strategies for responding to the need, and future directions.

#### Respondents

A total of 242 agencies responded to the national survey, which requested information about services delivered in 1995. The vast majority described their agency as providing Basic Center Program services such as shelter, outreach and crisis intervention. Of these agencies, 45% provided Basic Center Services only, while 39% provided a combination of Basic Center, Drug Abuse Prevention, and Transitional Living services. Almost half of the agencies provided services to a minimum of 500 individuals during the year, mostly within the 11-18 year age range. A majority of the agencies operated in an urban area, while less than one third provided services in suburban and rural areas. Fifty agencies stated that their primary area was a combination of the three.

#### **Findings**

All of the findings reported below are based on agency experiences with youth in the 16-21 year old age range. The survey focused in part on issues regarding youth who had an identified disability, either through self-report or documentation in school or medical records. Agencies were given disability definitions obtained from fact sheets provided by the National Information Center for Children and Youth with Disabilities (NICHCY). Ninety-four percent of the agencies reported having served youth with an identi-

fied disability; approximately one quarter of the total number of youth served were youth with an identified disability.

Percentage of organizations which provide services to youth with an identified disability

Disability Category	%
Emotional disability	89
Learning disability	88
Physical disability	43
Mental Retardation	36
Sensory Impairment	22

Certain agencies were able to provide the actual number of youth served within each disability category. Youth with learning disabilities and emotional disabilities received services more frequently than youth with other disabilities. Based on the data profile an average agency served 25 youth with a learning disability, 25 youth with an emotional disability, 5 with mental retardation, 3 with a physical disability and 2 with a sensory impairment.

The second focus of the survey was to determine the incidence of and response to youth who did not have an identified or documented disability, but for whom staff may have suspected an underlying learning, emotional or other developmental problem. It has been a concern that these youth may require specialized support services beyond those that agencies typically provide. One goal was to learn how to make programs more responsive to these youth, who might be at risk of dropping out of the service delivery system. Ninety-three percent of the agencies surveyed provided services for youth with a suspected disability, with a majority serving at least 30 youth in this category. Agency staff reported a variety of behavioral indicators to identify individuals with possible underlying disabilities. The most frequently cited behavioral indicator was difficulty with interpersonal relationships. Other indicators included difficulty following through on tasks, problems with multi-step instructions, mood swings, and inclinations towards aggressive behavior and hyperactivity.



#### Obstacles Encountered

Respondents cited several barriers or obstacles encountered in providing services to youth with identified disabilities. A majority of the agency respondents cited the concern that their staff did not have the skills or expertise to work with these youth. Over half of the agencies also responded that their staff did not have sufficient time to provide quality services to youth with disabilities, while others stated that their program could not respond to the individual needs of such youth. Funding issues with respect to staffing and support services along with capacity concerns such as overcrowding and physical plant limitations were also raised.

#### Strategies Utilized

Certain strategies were employed when working with youth with identified or suspected disabilities. The most prevalent strategy utilized was altering expectations to task assignment to meet the youth's individual needs. Most of the agencies made referrals to other agencies for additional services, including public and private mental health centers, Mental Retardation and Vocational Rehabilitation agencies, long-term treatment facilities, and education programs.

#### Alterations/Modifications

Agencies were asked if they had altered any services or approaches to services to address the needs of these youth. Two-thirds of the agencies stated that they made modifications; the majority of these altered their approach by using consultation with other agencies and changing the type of services provided. Many agencies cited the importance of accommodating to individual needs. Examples of accommodations included individualizing treatment and service plans, employing shorter sessions, and breaking down tasks into smaller steps. Several agencies also modified their intake and assessment process. These revisions included making the process more flexible, changing intake forms to make them more understandable for youth and then carefully reviewing the main ideas, and closely checking histories with other agencies and schools. Organizational modifications were made in the areas of changing staff patterns, increasing inservice training, and offering smaller sessions for group meetings with youth.

Finally, agencies were asked to describe the impact on the staff of working with individuals with identified or suspected disabilities. The most frequent comment was that staff experienced increased emotional and physical demands in responding to the more complex needs of these youth. The staff responses ranged from elevated stress to burnout, high turnover, and lowered morale. On the positive side, agencies re-

ported increased staff awareness and understanding, increased knowledge about disability issues, and greater staff satisfaction in succeeding with these youth.

#### **Implications**

This national survey makes it apparent that the vast majority of FYSB agencies are serving youth with both identified and suspected disabilities. While agencies are employing diverse strategies along with altering services in responding to support needs, over two thirds replied that there were youth who were not effectively served because of complex learning and/or emotional needs. Below are a list of recommendations that might be employed to better respond to the needs of youth with disabilities who are runaways, homeless, or at risk for running away.

#### I. Program Modifications

- Integrate information on disabilities and accommodating individual needs into staff training.
- Alter intake and assessment process. Use multiple formats, simpler language; get past the record.
- Provide support to staff in dealing with challenging youth behaviors
- Encourage individual accommodation

#### II. Youth-focused Strategies

- Encourage youth to make a contribution to the program to help foster development of selfesteem and independence
- Promote skill development such as self-advocacy, time management and organization, and job seeking strategies
- Provide specialized support in finding and keeping a job
- Encourage self-awareness and insight into unique learning styles

#### III. Outside Resources

- Utilize school system/other educational services
  - Schools can conduct evaluations to identify the presence of a disability
- Schools can provide accommodations such as untimed tests, note-takers, and assistive technology devices
- Access Vocational Rehabilitation and State Mental Retardation or Mental Health agencies
  - Resource for evaluation and assessment
  - Resource for employment services, vocational training, counseling or residential services
- · Other resources may include
  - Social Security Administration for financial assistance or health insurance
  - Private or public mental health centers

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