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NATIONAL LONGITUDINAL TRANSITION STUDY **2**

SERVICES AND SUPPORTS FOR SECONDARY SCHOOL STUDENTS WITH DISABILITIES

A Special Topic Report of Findings from the National Longitudinal Transition Study-2 (NLTS2)

EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

The success that youth with disabilities achieve in school can be influenced by access to a range of services that support their education goals. As part of its mandate, the Individuals with Disabilities Education Act Amendments of 1997 (IDEA '97) requires the provision of related services and supports to students with disabilities who are deemed to need them to benefit from a free appropriate public education, yet little information has been available nationally about the extent to which such services and supports actually are provided. This report fills this gap in the knowledge base by considering the following questions for secondary-school-age youth with disabilities:

- What related services¹ and other supports² are provided to secondary-school-age students with disabilities during a 1-year period, and to what degree are they provided by or through the schools?
- What is involved in parents' acquiring services, including how they learn about services, the amount of effort they expend, and barriers they encounter?
- What is the unmet need for services, according to parents?

These questions are addressed by using data from the first wave of telephone interviews with parents of students with disabilities, which were conducted in 2001 as part of the National Longitudinal Transition Study-2 (NLTS2), funded by the Office of Special Education Programs (OSEP) of the U. S. Department of Education. NLTS2 is a 10-year study that is documenting the characteristics, experiences, and outcomes of a nationally representative sample of more than 11,000 youth who were ages 13 through 16 and were receiving special education services in grade 7 or above in the 2000-01 school year. NLTS2 findings generalize to youth with disabilities nationally and to youth in each of the 12 federal special education disability categories in use for students in the NLTS2 age range.³

Key themes from the report are highlighted below.

¹ This report includes parents' responses to questions regarding their children's receipt of the following related services: assistive technology services or devices, audiology services for a hearing problem; career counseling, help in finding a job, training in job skills, or vocational education; medical services for diagnosis or evaluation related to a disability; nursing care; occupational therapy; orientation and mobility services; physical therapy; psychological or mental health services or counseling; a reader or interpreter, including sign language; respite care; social work services; speech-language pathology or communication services; transportation because of a disability; and tutoring.

² Schoolwide programs other than special education are addressed in this report with information provided on the NLTS2 student's school program survey about participation in the National School Lunch Program; programs for English language learners; summer school; reproductive health education or services, substance abuse prevention education or substance abuse services; teen parenting education or services; and conflict resolution, anger management or violence prevention programs.

³ Further details, including other NLTS2 reports, are available at <http://www.nlts2.org>.

The Important Role of Schools in Providing Related Services and Supports

Parents depend on their children's schools to provide information about services and ultimately to arrange for the services and supports included as part of their sons' and daughters' individualized education programs (IEPs).

- Schools overwhelmingly function as the primary source of information about related services for families; parents of 81% of youth with disabilities report learning about services from their children's schools.
- Overall, 72% of secondary school students with disabilities are reported by parents to receive at least one of the related services investigated in NLTS2; 60% of students with disabilities receive one or more related services from school sources.
- Almost all students who receive speech-language pathology services, occupational therapy or vocational services, have a reader for the classroom, or use transportation services are provided those services through their schools. On the other hand, outside agencies or individuals are more likely to provide psychological or mental health services, social work services, physical therapy, diagnostic medical services, and respite care.
- Schools also provide service coordination for four to six times as many youth with disabilities as do other professionals or family members.

Service System Barriers to Accessing Related Services

- Although navigating the multiple service systems that provide related services to some youth with disabilities can be complicated, 60% of students with disabilities have parents who report that finding services for their children with disabilities took only "a little effort" or "almost no effort." However, 40% of youth with disabilities have parents who report expending greater effort to obtain services, including approximately one in five who report it required "a great deal of effort" to obtain services.
- Seventy-two percent of students with disabilities who receive one or more related services have parents who report that those services are enough to meet students' needs; conversely, 28% of youth who receive services reportedly continue to have unmet needs for more services.
- A lack of information about services or the unavailability of a service itself are the barriers parents encounter most often in their efforts to obtain services for youth with disabilities; almost one-fourth of youth have parents who report these barriers to meeting their children's service needs.
- Issues of time, cost, location, or eligibility rules are reported as barriers to service acquisition for 15% to 17% of youth with disabilities. In addition, one in five students with disabilities have parents who are unhappy with the quality of services available.

The Implications of Poverty

The fact that cost is cited as a barrier to acquiring services for some youth with disabilities hints at the important relationship between household income and service acquisition. NLTS2 findings underscore the fact that household poverty poses obstacles to accessing related services for youth with disabilities and their families.

- Students with disabilities living in low-income households (i.e., those with annual incomes of \$25,000 or less) are more likely than their more affluent peers (i.e., those from households with incomes of more than \$50,000) to have parents who report expending “a lot of effort” to obtain services; facing barriers to service access related to transportation, location, or language; and needing to go beyond the school to learn about services.
- Parents of low-income youth with disabilities report that their sons or daughters are less likely than more affluent students to have a case manager, and when they do, they are far less likely to obtain this service through the school.
- Youth with disabilities living in low-income households are less likely to be reported by their parents as having enough related services to meet their needs. Although these unmet needs are related to individual household income, they are not related to students’ attending schools with high concentrations of low-income students.
- Reported receipt of most services does not differ significantly across income groups, with the exception that students with disabilities in low-income households are less likely than students in more affluent households to receive tutoring services or assistive technology devices or services.
- The more apparent difference between students of different income groups is in the significantly more prominent role of the schools as the source of services for lower-income students with disabilities. For example, although youth living in low-income households are about equally likely as their peers living in higher-income households to receive mental health/psychological services or diagnostic/medical services, lower-income youth are more likely to receive these services from or through their schools.
- Additionally, almost all low-income students who receive tutoring services do so through their schools, whereas only about half of students with disabilities in higher-income households who receive tutoring get that help at school.

The Challenges of Autism

The impairments and functional challenges associated with some disabilities are particularly complex, and it may require greater effort to find and access the wide array of needed services for youth with such disabilities. This struggle appears to be most challenging for students with autism.

- Their parents are more likely to report investing considerable effort to obtain services, including almost one-third who report needing to spend “a lot of effort” on behalf of their children to obtain services for them.
- Parents of youth with autism are more likely than those in other categories to cite most of the barriers to obtaining services for their sons or daughters. Half of students with autism have parents who say the services their children need are not available, and they are the

most likely to have parents who report that their children are ineligible for available services or that those services are of poor quality.

- Parents of youth with autism also are more likely than parents of youth in other disability categories to report seeking information or help outside the school. These parents rely more on family members, other parents, or parent groups to learn about services.
- They also are more likely to rely on nonschool professionals for their sons' or daughters' case management than parents of youth in other disability categories who have case managers.
- Secondary school students with autism are least likely to be reported by their parents as having sufficient services.

Differences in Receipt of Various Related Services

Differences in service provision between disability categories can reflect the functional, cognitive, academic, psychological, or social difficulties associated with certain impairments; some services are most relevant to the functional needs of youth in particular disability categories (e.g. physical therapy for youth with orthopedic impairments). Yet some services are more broadly applicable and appear in educational programs of students across all disability categories:

- **Academic tutoring** is provided to approximately one in five students with learning disabilities, hearing impairments, other health impairments, or traumatic brain injuries. Smaller shares of students in other disability categories receive help from tutors.
- **Medical services for diagnosis or evaluation related to a student's disability** are used by about one-quarter of students with disabilities. More than half of youth with deaf-blindness, orthopedic impairments, visual impairments, or multiple disabilities receive diagnostic medical services during a 12-month period, as do approximately 40% of youth with hearing or other health impairments, autism, traumatic brain injuries, or emotional disturbances.
- **Mobility and sensory enhancements.** Students with orthopedic impairments, multiple disabilities, deaf-blindness, or visual impairments are the most likely to use specialized transportation, assistive technology services or devices, and orientation and mobility services. Audiology services or classroom readers or interpreters are received predominantly by students with hearing impairments (76% and 40%, respectively) or deaf-blindness (70% and 31%, respectively)—fewer than 10% of students in other disability categories are reported to use these services.
- **Nursing and respite care.** Although nursing care and respite care are used by fewer than 1% of students with disabilities as a whole, 10% or more of youth with orthopedic impairments, multiple disabilities, or deaf-blindness receive nursing services, and parents of one in five students with multiple disabilities or autism report using respite care for their sons or daughters. These personal care services are the only services for which more students are reported by parents to be on waiting lists than are reported to be receiving the services.
- **Physical or occupational therapy.** Eleven percent of students with disabilities are reported to receive occupational therapy, and 4% receive physical therapy. However, from 6 to 10 times as many students with orthopedic impairments, multiple disabilities, or deaf-

blindness as students in other disability categories receive these services; students with autism also are relatively frequent consumers of occupational therapy. The school is a provider of occupational therapy for nearly all students who receive it; non-school sources are more frequently involved in providing physical therapy.

- **Psychological or mental health services or counseling** are received by approximately one-third of students with disabilities nationwide. The largest share of students who receive mental health services are those with emotional disturbances (69% of whom receive them), but these services also are received by 38% to 46% of students with autism, other health impairments, traumatic brain injuries, or multiple disabilities, and by about one-fourth of students in other disability categories. Overall, at least half of students who receive mental health services receive them from sources outside of school.
- **Speech-language pathology or communication services** are received by about one-fourth of students with disabilities in a given year. The majority of youth with speech or language impairments (71%) receive speech-related services, but this service also is reported to be received by 62% to 75% of students with autism, multiple disabilities, hearing impairments, or deaf-blindness, and by 44% of students with mental retardation. Almost all speech-language pathology services are provided through the schools.

Participation in Schoolwide Programs

Students with disabilities participate in a variety of programs at school for which they are eligible for reasons other than their disabilities. Two of these addressed in NLTS2 are federal programs that serve all eligible students in a school and aim to reduce the limitations imposed by such factors as poverty or limited English proficiency. NLTS2 also has investigated the prevalence of students' participation in summer school.

- According to school staff, 40% of secondary school students with disabilities receive free or reduced-price lunches through the National School Lunch Program.
- Two percent of students with disabilities participate in bilingual education or instruction specifically for English language learners, among whom poverty can be a confounding factor.
- Three-fourths of youth with disabilities in low-income households receive free or reduced-price lunches, and 3% of whom participate in programs for English-language learners. These are rates two to five times higher than participation by students with disabilities in the next higher income group.
- School lunch programs serve larger shares of African American and Hispanic youth with disabilities than their white peers. Hispanic youth also are more likely than others to participate in programs for English language learners.
- Approximately twice the proportion of students with mental retardation as students in most other disability categories are reported by school staff to receive free or reduced-price lunches, largely because this disability category has the largest proportions of African-American and low-income students.

- The fact that students with deaf-blindness or hearing impairment are the most likely to participate in bilingual or English language learners programs suggests that staff who reported program participation may have included students who take part in language programs that focus on broader communication issues than English language acquisition.
- School staff report that 12% of secondary school youth with disabilities participated in summer school programs the previous summer. Summer school participation rates are from two to six times greater among youth with autism (43%), multiple disabilities (38%), or deaf-blindness (29%) than among youth in other disability categories.

Programs That Target Youth Risk Behaviors

Some school-based programs serve students who demonstrate or at risk for behaviors often associated with negative consequences for adolescents. The four such programs investigated in NLTS2 include teen parenting education or services; conflict resolution, anger management, or violence prevention programs; substance abuse prevention education or substance abuse services; and reproductive health education or services.

- According to school staff, about one in five secondary school students with disabilities (21%) receive teen parenting education or services, and 28% take part in behavior programs addressing conflict resolution, anger management, or violence prevention. Education or treatment programs related to substance abuse are more common (41% of students with disabilities receive them), as are reproductive health education or services (received by 53% of students with disabilities).
- Students with learning disabilities or emotional disturbances are more likely than students in other disability categories to participate in programs that focus on risk behaviors.
- For each of the programs that target risk behaviors that are investigated in NLTS2, approximately one-third of students with disabilities do not participate but would benefit from them, according to school staff. Youth with emotional disturbances have the highest proportions of unmet needs for each of the four kinds of risk behavior programs.
- Significantly larger shares of low-income students are perceived to have unmet needs for programs that target reproductive health, teen parenting, and substance abuse. African-American and Hispanic youth also are perceived to have unmet needs for these programs in greater proportions than white students.
- Youth with disabilities who attend schools with smaller concentrations of low-income students (i.e., those receiving free or reduced-price lunches) are less likely to have perceived unmet needs for programs that target risk behaviors than are youth with disabilities who go to schools where low-income students are greater proportions of the student body.

These findings depict the range of services and supports provided to youth with disabilities, some of the challenges encountered in acquiring them, and perceptions of unmet needs, as indicated by their parents and school staff. Longitudinal analyses in subsequent waves of NLTS2 will enable a look at the effects these services, supports, and programs may have on later outcomes, as youth with disabilities transition from school to early adult life.