Needs Assessment of Agencies Serving Moderate- to High-Functioning Youth Aged 15-24 with Disabilities in the Kingston, Frontenac, Lennox and Addington Counties

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Dedication
I dedicate this thesis to my dad, Corey Elliott. Your memory drives me and gives me strength. Thank you for making me who I am today. I could not have done this without the love and wisdom you have shared with me. I will always miss you and your memory will live on.
Abstract
Having enough services for youths with disabilities that target significant components and concerns are important to the disability community. To date in the Kingston area, very little information has been available on the needs of moderate- to high-functioning youth with disabilities for services and capacity of existing services to meet that need. The Disability Service Committee (DSC), a sub-committee of the Children and Youth Services Panning Committee, asked the Center for Behavioural Studies for a service need and capacity assessment to identify the service gaps and needs of moderate- to high-functioning youth with disabilities in the Kingston Frontenac, Lennox, and Addington area to improve further planning within the target population. The DSC was consulted and an online survey was created to capture information on the target population. The survey focused on the definitions agencies used, the agencies’ perception of needs to the target population, and the capacity of programs/services agencies offered to the target population. Eighteen agencies were identified as providing services to the target population and were invited to take an online survey. Eleven agencies completed the survey, for a completion rate of 61.11%. The quantitative and qualitative data from the survey were analyzed through descriptive statistics and thematic grouping. The main areas in the survey concerned the capacity of current agency programs, agency and respondents’ opinions of the needs in the community for the targeted demographic. Agencies reported using different definitions of disability which may impact program/service funding and system navigation for youth with disabilities. The majority of programs and services for the target population were at or over capacity. Currently a wide range of programs/services are available to the target population but agencies consistently reported a need for behavioural programming. Other identified gaps included: community intergradation/socialization, pre-employment/employment, supported/independent living, and life skills. Limitations of the study were confusion with survey questions and agencies’ perspectives not being represented in the survey. Future research should examine the reason for the gaps in programs/services in this population and how the system of programs and services can address them.
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Chapter I: Introduction

The Children and Youth Services Planning Committee (CYSPC) is a group of service providers that collaborate, influence policies, monitor services, participate in collaborative planning, and implement initiatives to support services which help children, youths, and their families (Children and Youth Service Planning Committee, 2013). The Disability Service Committee (DSC), a sub-committee of CYSPC, approached the Center for Behavioural Studies (CBS) when they discovered there was minimal research on moderate- to high-functioning youths with disabilities (Abbink, et al., personal communication, February 17, 2017). Furthermore, they noticed there was limited knowledge about gaps in services and resources to support agencies that work with that population (Abbink, et al., personal communication, February 17, 2017). The CBS, a center for students and professionals to implement, explore, and evaluate behavioural analysis in the community, will be working with the DSC to conduct a hybrid needs and capacity assessment to identify programs that serve moderate- to high-functioning youths with disabilities in the Kingston, Frontenac, Lennox and Addington (KFL&A) community.

The purpose of this study is to conduct a preliminary review of youth service providers’ perspective on the community’s needs, gaps, and the current capacity of services for youths aged between 15 and 24 with disabilities who are at moderate to high levels of functioning in the Kingston, Frontenac, Lennox, and Addington (KFL&A) counties. The study will inform the DSC of the capacity and needs of youth with disabilities who are functioning at moderate to high levels of functioning, and the capacity of agencies to address their needs. This study will identify gaps and the capacity of services which will inform future research based on the gaps that are found in the results. By doing further research on the gaps found in the results, the CYSPC will discover options on how to close or minimize the gaps which will be identified.

Statistics Canada (2014) defines a disability as an impairment relating to pain, mobility, dexterity, flexibility, hearing, memory, development, and/or psychological functioning. However, there is also no consistent operational definition among Canadian federal programs (Human Resources and Skills Development Canada, 2013). Accordingly, the following operational definition of disability formulated by the DSC will be used in this study: An individual with special needs may experience challenges or delays in their physical, communication, intellectual, emotional, social, and/or behavioural development (Children and Youth Service Planning Committee, 2013). This includes individuals who may have special needs in one or across multiple areas of development, as well as people with special educational needs (Children and Youth Service Planning Committee, 2013).

Determining the level of functioning of someone with a disability can be a difficult task because agencies, organizations, and certain policies may vary in how they define and assess level of functioning. For example, the International Classification of Functioning (Human Resources and Skills Development Canada, 2013) and the Global Assessment of Functioning (Lakeview Center, n.d.) have different metrics for individual levels of functioning that are not compared.

Furthermore, there is limited research, information, and programs regarding specific age ranges of youths with disabilities, something that can be seen on the service and information section on the Service Canada website (Government of Canada, 2016). With the lack of research and information on the target population, it is difficult to identify the resources available and to draw any conclusions on the target population. The agencies and organizations help people with disabilities in a variety of different ways to improve participation in the community and quality
of life. This can be seen in various agencies’ mission statements. However, it is difficult to determine the age ranges which local agencies serve, since this information is not posted publicly. The lack of public knowledge about the age range which agencies provide services to makes disability services less transparent for caregivers, individuals with disabilities, other agencies, and researchers. Since agencies offering services to individuals with disabilities do not advertise or disclose which programs are for youth or their youth age range, no conclusions can be made about programs that are offered to youths with disabilities. This is gap in knowledge to the public affects research being conducted on youths with disabilities.

Although there are many definitions of need (Watkins, & Kavale, 2014), the present study adopts a widely-used definition: A gap between what is and what should be, or factors that are currently unavailable, for moderate- to high-functioning youths with disabilities to receive the most beneficial services. By evaluating circumstances, a needs assessment can guide future decisions by identifying actions to create improvements (Altschuld, & Watkins, 2014) for individuals with disabilities. A capacity assessment serves to help plan capacity development by using a process which organize, maintains, and grows development (United Nations Development Programme, 2008). A capacity assessment assesses the current capacities of existing organizations and agencies (United Nations Development Programme, 2008) to address identified gaps.

Hybrid needs assessments can be combined to capture both available services and gaps within services. Altschuld, Hung, and Lee (2014) called the amalgamation of need and capacity assessment a hybrid needs assessment. The hybrid needs assessment also addresses both the strengths and weaknesses of a system and helps informs the next planning stage for the community or organization (Altschuld, Hung, & Lee, 2014). Overall, a hybrid needs assessment will give the DSC a preliminary look into the gaps and capacity in KFL&A services, which will inform future research and planning. With the information from a hybrid needs assessment, the DSC can conduct further research and eventually create best practice resources to address the needs of moderate- to high-functioning youths with disabilities. As established earlier, more research is required to find and fill in the gaps in services. The research question for the proposed needs and capacity assessment study is: What are the gaps and capacities in programs that serve moderate- to high-functioning youths aged 15-24 with disabilities in the Kingston, Frontenac, Lennox, and Addington community?

Overview

The literature review will go over the research and information on the target population including people with disabilities, the severity of disabilities, and the youth population. Furthermore, the literature review will cover hybrid needs assessment since that is the type of assessment used in the study as well as Canadian policies on disabilities. The method section will outline the design of the study, data collection and analysis procedures. The findings will be reported in the results section. Finally, the discussion section will present conclusions and assess the strengths and limitations of the study, and suggestions for further research. An administrative report and presentation which will also presented to the DSC.
Chapter II: Literature Review

Disability

In 2012, there were 195,720 Canadian youths living with a disability (Statistics Canada, 2015). In the Kingston, Frontenac, Lanark area there are 10,570 individuals aged between 15 and 25 with a disability (Statistics Canada, 2016a). However, disability service providers in the Kingston region offer services to people in Lennox and Addington, but not the region of Lanark. Therefore, it is difficult to know how many individuals have disabilities in the KFL&A counties as well as estimate the amount of services needed for this population.

Disabilities are complex and vary in type, permanency, onset, cause, and severity (Human Resources and Skills Development Canada, 2013; World Health Organization, & World Bank, 2011a). Moreover, there are also no consistent operational definitions among Canadian federal programs (Human Resources and Skills Development Canada, 2013). The definition of disability has been discussed for many years without having a concrete definition developed (Balcazar & Suarez-Balcazar, 2017).

These definitional problems have also impacted services to people with disabilities. An example of definitions impacting service delivery is learning disabilities. People who are diagnosed, or who identify with having a learning disability, might be using the term inaccurately since there is no consistent definition (D’Intino, 2017). As there are different meanings of the term learning disability in use, policies which provide accommodations and services in one setting may not apply to another setting that uses an alternate definition (D’Intino, 2017). Because of these problems, D’Intino concluded that a universally accepted definition of learning disability would improve diagnosis, identification, and allocation of treatment resources. The same might be happening with the broader term of disability since there are multiple definitions used across Canada and no universal definition being used within communities.

There are two different models of disability, medical and social, with different definitions and approaches. The definition of disability used to reflect the medical model, which is looking at disability in terms of the individuals’ inability to function and as a medical condition (Mont, 2017). However, the social model is now widely used to define disability (Mont, 2017). The social model for defining disability is the ability of an individual to interact with society (Mont, 2017). For example, the World Health Organization and World Bank define disability not as an attribute but as the ability to participate in society and facing barriers to do so (World Health Organization, & World Bank, 2011b). Similarly, the social model of disability, which is more commonly used by researchers than clinicians, views disability as a level of functioning in an individual’s environment (Balcazar & Suarez-Balcazar, 2017). This applies to a broad range of disabilities, including sensory, physical, psychological, and health condition (Balcazar & Suarez-Balcazar, 2017). It is believed that inequalities in the disability community, such as inaccessibility to be able to participate fully in society, need to be addressed by professionals in the field and aid in developing resources and opportunities (Balcazar & Suarez-Balcazar, 2017). According to Balcazar and Suarez-Balcazar’s (2017) philosophy, in order for people with disabilities to participate fully in life and to be integrated into their communities, it is required to fill the gaps by having the proper capacity in the community and support available to those who are affected by the limitations. However, as determined earlier, it is difficult to compare the prevalence rates of disabilities due to different organizations using different definitions, methodologies, data collection and study design (Mont, 2007).
Severity of Disability

Determining the level of functioning of someone with a disability can be a difficult task because agencies, organizations, and policies all measure functioning differently. Different types of disabilities use different terminologies and unique ways of measuring severity. Furthermore, there are different disability models, medical and social models mentioned previously, which affect the prevalence of disability and the level of functioning (Palmer, & Harley, 2012). Palmer and Harley (2012) posit that no single disability model can capture all dimensions of disability, especially when medical models explain disabilities as health-related, while social models view disability as social issues that can be resolved by social change.

In 2001, Canada had a range of all disabilities rates from 13-31% depending on the type of measurements and instruments used, and which individuals were included to participate (Mont, 2007). This large range happens because different instruments measure disability severity differently and therefore might include or exclude different individuals (Mont, 2007). When collecting data by using an approach which measures function, the prevalence rate of disability is higher (Mont, 2007). When measuring the prevalence of disability, it should be broken down into two categories representing different severity of the disability: moderate- to high-functioning, and low-functioning (Mont, 2007).

Another challenge in measuring the prevalence of disability is that some individuals may not consider their condition severe enough to be a disability. Therefore, populations may be under-estimated, and would otherwise encounter cultural differences on the standard for typically functioning (Mont, 2007). This challenge is reflected when examining older populations that are unable to complete activities as their younger self, but this would still not fit a typical disability definition (Mont, 2007). Finally, identifying people with disabilities by diagnosis can further be biased since there is stigma about diagnosis and barriers to seeking treatment (Mont, 2007). Moderate- to high-functioning people with disabilities may be under-recorded since they do not believe they have one due to it not being severe.

A diagnosis alone cannot determine an individual’s level of functioning (Mont, 2007). The ability to function can change with the disability and can even be compensated for over time (Mont, 2007). Both possibilities must be considered when assessing a disability. As an example, Mont (2007) compares an individual who was born blind to one who recently became blind. Both individuals have the same limitations, but the person who was born blind may be able to function well while the other is only learning to adjust. Furthermore, some people with a limited level of functioning may be considered to have disabilities while others not (Mont, 2007). It is important to know an individual’s ability to function when considering their disability. Level of functioning does not seem to be considered in funding and programming since there is no evidence that a level of functioning is required for services and how policy makers and funders look at disabilities as binary opposed to being on a spectrum.

There are additional reasons why the level of a disability’s functioning should be measured and considered. For example, monitoring the level of functioning is important for locating concerns related to disability and to evaluate programs that will decrease barriers and increase functioning among the population (Mont, 2007). The success of a program can be measured by the increase in the level of functioning in individuals with disabilities. As well, the varied definitions of the term disability create many functional limitations (Mont, 2007). However, this can be addressed if improved, universally-used definitions are implemented, thus further helping policy makers identify needs of the population (Mont, 2007). Finally, measuring the level of functioning is important for creating a more inclusive society and to develop
informed policies (Palmer, & Harley, 2012). To build effective programming and improve accessibility, information on contextual factors and level of functioning are needed, which is an area that is lacking research as current measurements are more focused on disability prevalence (Palmer, & Harley, 2012).

Both the severity of a disability and level of functioning can vary greatly. However, there are no specific criteria for level of functioning listed for government-funded programs and services on the government of Ontario’s websites. The absence of this information could be distressing to independent individuals with disabilities trying to support themselves or their family. High functioning and low functioning are terms used to refer to a person’s ability (Ministry of Community and Social Services, 2012). The government of Canada does not seem to use these terms when referring to the severity of a disability as the term in not mentioned on their websites. Therefore, the level of functioning or severity may not be measured and there could be no programs dedicated to specific levels of functioning. The Ministry of Disability Services measures eligibility for developmental services as being two standard deviation below on adaptive functioning and cognitive functioning (Ministry of Community and Social Services, 2013). Moreover, two standard deviations below the average may exclude most of the population as it only leaves individuals with the lowest functioning as eligible to meet the criteria for ministry-funded programs for developmental disabilities (Gravetter, & Wallnau, 2015). It seems that the government of Canada looks at disability in a binary sense and does not measure the severity of disabilities. Criterion for programming is based on a diagnosis rather than a specific level of severity or functioning. Moreover, an individual must be lower functioning to meet the eligibility criteria for ministry-funded developmental disabilities. This may exclude services to moderate- to high-functioning individuals with disabilities.

When measuring a disability based on the social model, Mont (2007) recommends using the International Classification of Functioning, Disability and Health (ICF) assessment guide. For example, the ICF defines that mild impairment in functioning as within the range of 76-95% of total functioning, and therefore having only 5-24% impairment of functions (World Health Organization, 2013). On the widely-used Global Assessment of Functioning scale, the measure ranges from inadequate information (0) to superior functioning for psychological and occupational/school impairment (Lakeview Center, n.d.). Other widely-used measures of the severity of a disability are the Functional Independence Measure and the Barthel Index (van der Putten, Hobart, Freeman, & Thompson, 1999). However, these measures are deemed too simplistic, crude, outdated, and unable to accurately evaluate the effects of rehabilitation, creating more reason to use the ICF instead (van der Putten, et al., 1999).

There are additional reasons why the ICF should be used to measure level of functioning. The ICF can also be used for classification and as a self-assessment tool in rehabilitation research (Bruyere, VanLooy, & Peterson, 2005). The assessment can help improve interventions for disabilities (Bruyere et al., 2005). Furthermore, the ICF framework is flexible for use across different cultures or disabilities, and for comparing health information in various settings across many different functions (Bruyere et al., 2005). The ICF is the gold standard for measuring an individual’s level of functioning. However, use of the ICF is not required for accessing government-funded services (Ministry of Community and Social Services, 2013). This lack of a standard for measuring level of functioning can lead to inappropriate or ineffective programming for the people with disabilities, while also making functioning-related research difficult with this gap of information. Therefore, a standard for measuring disability severity is vital for accurate and consistent needs assessment, the selection and design of effective programming, and useful
program evaluation. Not having the critical information of an individual’s level of functioning or severity causes difficulties when researching moderate- to high-functioning people, especially when it is not a requirement or not specified in programming.

Policies and practices for assessing and defining disability of severity or level of functioning are changing. Currently, there is no standard for severity when describing a person’s disability (Kasserra, personal communication, November 6, 2017). However, access to specialized treatments for some disabilities require meeting a threshold for the severity of a diagnosis. For example, to be accepted into Intensive Behavioural Intervention (IBI), one is required to have low-functioning autism spectrum disorder diagnosis (Kasserra, personal communication, November 6, 2017). The Canadian Survey on Disability does use the International Classification of Functioning, Disability and Health Framework (Social and Aboriginal Statistics Division, 2013), but this system is not universal. For some disabilities, there is a standard scale or classification, but many professionals are also shifting towards a more positive approach. The trend is moving away from using labels to define the severity of disabilities and is moving towards as strength-based approach (Kasserra, personal communication, November 6, 2017). This new shift in looking at disability is focused on the person’s environment to use individual strengths and work on weaknesses (Kasserra, personal communication, November 6, 2017). This approach is more person-centered and more socially acceptable. However, this provides complications for research. With no agreed-upon term to identify the severity of a disability, it is challenging to obtain information on individuals with disabilities who are moderate- to high-functioning. In the future researchers might have challenges comparing studies due to broader criteria for describing an individuals’ abilities in a study compared to labeling the individual. There are positive aspects in using a strength-based approach however it comes with many challenges.

**Youth**

There have been many studies and programs targeted at children and adults with disabilities. However, there have been comparatively few aimed at youths with disabilities. Furthermore, youth programming is under-represented compared to other age groups which have a larger variety of programming options. As programming for youth with disabilities is the target area of research for the present hybrid needs assessment, it is vital to examine the available statistics, operational definitions, and programs. The Merriam-Webster dictionary defines youth as the period in an individual’s life between childhood or adolescence and adulthood (Youth, 2017). However, various departments of the Canadian federal government define youth differently. This variation is visible outlined by between the Youth Policy (2014) which uses Statistics Canada’s age range for youths as 16-28, while Human Resource and Skills Development identifies youths as 15-24. As well, Statistics Canada defined youth as 15-28 for a longitudinal survey, while another list of youth programs varied in acceptance age anywhere between 15-30 (Doucette, & Gilmour, 2010). The extended age limit for youth in the eyes of the government is due to societal changes and people completing the transition to full adulthood later in life (Doucette & Gilmour, 2010). It can therefore be concluded that there is no specific age range to determine youth in the Canadian government since youth programs’ age range varies considerably and the term youth is not used by Statistics Canada. Despite these discrepancies, most analyses by Statistics Canada use the age range 15-24 and do not use the label of youth for demographic data. This is the definition of youth that will be used for this research. As such, in Kingston there are 23,227 youths aged 15-24 years (Statistics Canada, 2016b).
In terms of the programming for youth, the government of Ontario is taking steps to develop better, more effective youth programming, such as the Stepping Up Framework that aids government policy and programs for youth (Government of Ontario, 2016a). The Stepping Up Framework was an evidenced-based framework developed to support collaborative action to support youth in Ontario Government (Government of Ontario, 2016a). The government of Ontario also created themes and policies to help youth in the following areas: health and wellness; strong supportive friends and family; education, training and apprenticeships; employment and entrepreneurship; diverse, social, inclusion and safety; civic engagement and youth leadership; and coordinated and youth-friendly communities (Government of Ontario, 2016a). Furthermore, Ontario’s Youth Action Plan includes strategies to both identify gaps in Canadian youth programming and examining program outcomes (Hoskins & Milleur, 2012). However, in the 2012 Ontario’s Youth Action Plan, there were no objectives relating specifically to youths with disabilities (Government of Ontario, 2016a). While there seem to be many programs for youths that aid them to success, there is little mention of programs or resources specifically for youths with disabilities.

The Ministry of Children and Youth Services compiled a list of all programs and initiatives that support youth developed by the many ministries within the Ontario government (Government of Ontario, 2016b). There are many programs similar to the Stepping Up framework (Government of Ontario, 2016b) which better represent youths in the community. Most of the inventory’s programs focus on typical functioning youth with only a few aimed at youth with disabilities. While the Government of Ontario and the federal government are taking large steps towards implementing more programming for youth, the comparably fewer programs available for youth with disabilities results in less available relevant literature. This underlines the potential of the present service needs assessment to not only identify programming needed by the target population, but also to help fill the gap in the literature on youth with disabilities.

Canadian Policies on Disability

Since there are few studies on mild- to high-functioning youths with disabilities they do not have much representation in the government which controls laws, policy, and funding for disability services. However, people in the community and in government are acknowledging these circumstances and starting to make a change. The United Nations’ Convention on the Rights of Persons with Disabilities details that countries need to ensure that an individual with a disability cannot be discriminated against in many areas which include access to services (Government of Canada, 2017a). To aid in new accessibility legislation, the Government of Canada consulted with Canadians in person and online to collect information (Government of Canada, 2017b). They also used the National Youth Forum in 2016 to gain further insight on youth with disabilities (Government of Canada, 2017b). These steps were taken to build legislation that will promote equal opportunity and increase inclusion for Canadians with disabilities (Government of Canada, 2017b). The Government of Canada also helps people with disabilities through financial services and benefits (Government of Canada, 2017c). Education funding for people with disabilities is the most relevant financial program for youths with disabilities (Government of Canada, 2017d).

The government of Ontario is taking steps to increase legislation for people with disabilities to be fully integrated into society, protected and accepted however there are still barriers. The Ontario Accessibility for Ontarians with Disabilities Act has a plan of action to make Ontario accessible for everyone by 2025 (Government of Ontario, 2015). The main areas of focus are customer service, transportation, information/communication, accessible public
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spaces, and employment (Government of Ontario, 2015). In contrast, there is little to no focus on providing specific programming and services to people with disabilities to build skills to become self-sufficient, the main service focus on financial aid. The Ontario Disability Support Program Act’s (1997) purpose is to establish employment and income for individuals with disabilities, recognize that the government and others need to be responsible for providing supports, provide effective assistance and serve individuals with disabilities, and be accountable to taxpayers. To apply for Ontario Disability Support Program employment supports, an individual must be over 16 years old, legally allowed to work in Canada, and have a physical or mental disability which acts as a barrier finding or maintaining employment (Ministry of Community and Social Services, 2017). There is no specification of the level of functioning required to receive these services.

The Government of Ontario has special funding for agencies to support adults with developmental disability as well as their caregiver in a variety of ways called passport funding (Ministry of Community and Social Services, 2016). In the KFL&A counties, Extend-A-Family is receiving the passport funding (Ministry of Community and Social Services, 2016). However, one limitation on passport funding is that the receiving individuals need to be 18 years old or older, which excludes many youths from accessing this funding (Ministry of Community and Social Services, 2016). With most disability funding going to either children or adult programs, there seems to be a lack of funding directed towards youths with disabilities. The only funding available for youths with disabilities seem to be education- or justice-related. Furthermore, there is no specification of the severity of disability needed. A reason for the limited funding for youth is the Ontario Ministry of Children and Youth Services’ goal of identifying children with disabilities or special needs as early as possible so they can provide services sooner (Ministry of Children and Youth Services, 2016a). This therefore puts the focus of programming and funding on considerably younger populations.

Stakeholder and funders such as the Ontario Trillium Foundation are starting to put resources in funding youths with disabilities. The Ontario Trillium Foundation invests in long-term planning to help bring positive change in Ontario (Ontario Trillium Foundation, n.d.a). This influential foundation invests in important areas such as building inclusive and engaged communities together and supporting the positive development of children and youth (Ontario Trillium Foundation, n.d.a). These areas of investment are related to youths with disabilities and can support programming through grants (Ontario Trillium Foundation, n.d.a). Furthermore, they have a Youth Opportunities Fund which aids in capacity building for youths who face social and economic barriers (Ontario Trillium Foundation, n.d.b). People who benefit from this funding include youths with disabilities, among other populations (Ontario Trillium Foundation, n.d.b). The Ontario Ministry of Children and Youth Services has a special needs strategy to help Ontarians with disabilities connect with needed services (Ministry of Children and Youth Services, 2016b). Furthermore, they offer an initiative called Transition Planning which aids youths with developmental disabilities transition into adulthood by helping them find work, support education, and increase community engagement (Ministry of Children and Youth Services, 2016b). In Ontario, there is more legislation, funding and programming being directed towards youths with disabilities. However, more research is needed to support services and to achieve best practice programs for this population.

Hybrid Needs Assessment

As discussed before, a hybrid needs assessment combines a needs assessment and a capacity assessment (Altschuld, Hung, & Lee, 2014). It uses the two perspectives, assessing the
needs of a community and assessing the current capacity of resources (Altschuld, Hung, & Lee, 2014). This can be summarized in how a hybrid needs assessment addresses organizational, inter-organizational, or community strengths, weaknesses, opportunities, and threats (SWOT; Altschuld, Hung, & Lee, 2014). Furthermore, a hybrid needs assessment can inform strategic planning of services in a community (Altschuld, Hung, & Lee, 2014).

One way to begin this process is by asking people in the community about the resources, agencies/organizations they use for assistance with their disabilities (Altschuld, Hung, & Lee, 2014). Alternatively, interviews and short surveys can be used to collect information from agencies and organizations on needs and capacities (Altschuld, Hung, & Lee, 2014).

There is an eight-step process involved in conducting a hybrid needs assessment (Altschuld, Hung, & Lee, 2014). The first step is scoping the context, which means learning about what preliminary needs and assets are available to the community (Altschuld, Hung, & Lee, 2014). Second, the researcher needs to decide if a more in-depth assessment needs to be conducted (Altschuld, Hung, & Lee, 2014). Third, data is collected on the community (Altschuld, Hung, & Lee, 2014). This will be done by dividing the types of assessments into groups: One group will assess the resources, strengths, and assets, and the other group will assess the needs of the community (Altschuld, Hung, & Lee, 2014). Dividing the group in two may not be practical due to scheduling limitations and all steps involving two separate groups may be done as one group. There are multiple methods of data collection in a hybrid needs assessment (Altschuld, Hung, & Lee, 2014). Fourthly, the two groups present their collected data visually to allow for discussion and comparison between the two sets of data Altschuld, Hung, & Lee, 2014). Each group will separately create their own visual representation of the data (Altschuld, Hung, & Lee, 2014). Next, the groups will compare the needs of the community to the capacity and resources (Altschuld, Hung, & Lee, 2014). This helps decision makers determine if there are available resources to fill the needs (Altschuld, Hung, & Lee, 2014). Then, the decision makers create a strategic plan to improve the community and using the comparison of the capacity and needs of the community that will produce a positive change (Altschuld, Hung, & Lee, 2014). Next, the plan of positive change is implemented into the community (Altschuld, Hung, & Lee, 2014). Finally, the process is repeated to improve more areas which might have been missed during the first assessment (Altschuld, Hung, & Lee, 2014).

A hybrid needs assessment is effective when working with multiple agencies and organizations to gain large quantities of information about complex issues (Garst & McCawley, 2015). They assessment evaluate information through aid of stakeholders in the community to assess the strengths and weaknesses of the community (Garst & McCawley, 2015). Hybrid needs assessments are not conducted as frequently as needs or capacity assessments, therefore, information and examples are difficult to find. Governments and organizations tend to complete assessments for needs or capacity separately instead of completing one hybrid needs assessment. Governments may be using a hybrid needs assessment but use different terminology, or the process is separated or staggered. Another reason could be that they have the resources to assess needs and capacity separately. Hybrid needs assessments are still relatively new and organizations might prefer assessments that are done more frequently and have more data and evidence-based resources already available. There is a large volume of grey literature on hybrid needs assessment, but there are too many unique variables for replication and comparison. Researchers might have to look at other sciences that assess large complex systems with many unique variables and borrow their assessment methods to apply them to hybrid need assessments.
Hybrid needs assessment is one of the few tools to simultaneously measure capacity and gaps within a community. However, there needs to be more research on the assessment process itself. Also, the severity or level of functioning is not being measured appropriately (Mont, 2007), often or not required to receive appropriate service. Furthermore, the lack of universal definitions for disability and level of functioning is problematic. All of these factors make it difficult to provide the best practice and best programs to this population. Therefore, more research needs to be conducted for mild- to high functioning youths with disabilities in the KFL&A to help inform proper services and programming to the community.
Chapter III: Method

Participants
There were 18 agencies selected to participate in the study. The inclusion criteria consisted of agencies that provided services or support to moderate- to high-functioning (or disability/agency specific equivalent) youths aged 15-24 with disabilities in the KFL&A community. The exclusion criteria consisted of agencies that served youths with disabilities who were lower-functioning/had severe disabilities or resided outside of KFL&A. Each agency was asked to select a representative participate in the study on its behalf. The agency participants’ inclusion criteria were having the ability and the knowledge to answer questions regarding agency mandates and gaps in services of moderate- to high-functioning youths aged 15-24 with disabilities in the KFL&A.

Selection Procedure. To create a list of eligible agencies, two methods were used. The first method was a grey literature search using the following key terms: “disabilities”, “youths”, “disability services”, and “Kingston”. The second method was searching the St. Lawrence College’s Bachelors (Honours) of Behavioural Psychology placement directory with the key term “youth”. Agencies that met the inclusion criteria were added to the list. The list was presented to the members of the DSC, who confirmed each agency’s inclusion in the study. The research student then contacted the agencies on the list to invite them to participate and to ask if a representative would complete the survey.

Consent. To gain informed consent, a consent letter (Appendix A) was attached to the same email as the link to the on-line survey. To proceed to the survey questions, the participants had to indicate that they had read, understood, and consented to the information detailed in the consent letter. The survey would not begin until informed consent was obtained.

Research Ethics Board. The research project was submitted to the St. Lawrence Research Ethics Board (SLC-REB) on November 22nd, 2017 and received ethical clearance on December 6th, 2017.

Design
The study used a descriptive, cross-sectional design. A cross-sectional design collects data from a sample of the population at one point in time (Pinsonneault & Kraemer, 1993). The benefits of using a cross-sectional design is that findings can be generalized to the population at the same point in time as the data is being collected (Pinsonneault & Kraemer, 1993). A limitation can be data is only being collected at a single point in time which can limit inferences to other points of time (Pinsonneault & Kraemer, 1993). However, in this study, it is a benefit since the purpose of the study is to analyse the needs and capacity of agencies during the point of time the study is being collected and is not to compare the needs and capacities over a period of time. The study was a modified hybrid needs assessment, which is widely used for assessing complex topics and issues in community development (Garst & McCawley, 2015). Hybrid needs assessments are effective for mapping community assets and assessing their needs while collaborating with multiple organizations for community development (Garst & McCawley, 2015).

This study used a survey (Appendix B) administered through Survey Monkey (https://www.surveymonkey.com). The survey used both closed-ended and open-ended questions to allow flexibility in responses, including personal opinions (Gravetter & Forzano, 2016). The quantitative data were reported as counts, or frequencies, of responses to multiple choice and numerical questions. The qualitative data, open ended comments, were analysed through thematic grouping.
MEASURES

Three main questions were created at a DSC meeting. The members drafted and confirmed the questions that accurately reflected the research question and the purpose of the study. The questions were then turned into multiple survey questions to gather more detailed and quantifiable answers. Qualitative and quantitative data were collected from the online survey. The student also counted the frequencies of similar answers and converted them into a percentage. This was done by running an analysis report through Survey Monkey, entering additional into Excel and running formulas, as well as using cross-tabulation tables to compare data. Next, the research student analyzed the data by thematic grouping and compared it to existing data that was collected from the agencies.

Open-ended survey responses solicited agencies’ and service providers’ perceptions and opinions of the needs of moderate- to high-functioning youths with disabilities in a way that quantitative data cannot (Altschuld, & White, 2010). This perspective was essential for this preliminary review of perceived need in the community and the capacity of existing services to respond to them.

PROCEDURE

All agency contacts were sent email invitations to participate (Appendix C) which described the study and its purpose and included a letter of consent. The email included a link to the online survey. If a participant chose not to participate in the study, they could call or email the research student to decline the study. The online survey was open from December 18th, 2017 until January 19th, 2018. The research student followed up with the participants 48 hours after the original email was sent. The research student continued to contact the participants, prompting them to complete the survey on a bi-weekly basis. The data were analyzed. A report and a presentation based on the results of the study were created for the DSC.

ANALYSIS

A preliminary report on the results, drawn from the analysis of survey findings generated by the Survey Monkey program, was presented to the DSC, whose comments and questions informed the main focus of the analysis presented below. Specifically, the committee asked that the focus of the analysis be directed to gaps in services for the target population. The data were downloaded from Survey Monkey into a MS Excel spreadsheet. For each quantitative question, the frequencies percentages of responses were calculated. Open-ended responses in the ‘other’ category were also quantified. These responses were categorized thematically, and the categories were then summed and included in the quantitative analysis for the survey question. Responses to open-ended questions were qualitatively analysed by thematic grouping, first within questions, then across them. The responses were reviewed iteratively until the themes that emerged were shaped into categories. The frequency of responses for each category was recorded for each question. The questions were divided into two different categories, needs and capacity, then analysed separately. The frequency of categories was summed.
Chapter VI: Results

Response and Completion Rates
A total of 14 of the 18 agencies responded, for a response rate of 77.77% (n=14). However, only 11 agencies completed the survey, for a completion rate of 61.11% (n=11).

Defining Disability
Agencies were asked whether they used the same definition of disability as the one used in the survey, a similar one, or a different one. A majority, 63.63% (n=7), indicated that they used a similar definition of disabilities, while 18.18% (n=2) said they used the same definition as the one in the survey, and 18.18% (n=2) said they used a different definition of disability. Agencies were asked whether the definition of programs/services that they used was the same, similar, or different from that used in the survey. Again, a majority 72.72% (n=8) of agencies identified having a similar definition of programs/services, while 18.18% (n=2) agencies using the same definition and, 9.09% (n=1) having a different definition. The definitions of disability and programs/services varied across agencies. Agencies were asked what age range they considered to be “youth”. There was considerable variation across agencies in age ranges for youth served (see Table 1). The age ranges that agencies reported using are displayed in Table 1 in descending order of frequency. Furthermore, 36.36% (n=7) of agencies responded that the age range defined as “youth” could vary according to program.

Table 1
Age Range for Youths

<table>
<thead>
<tr>
<th>Age Ranges</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>7</td>
<td>63.63</td>
</tr>
<tr>
<td>12-21</td>
<td>2</td>
<td>18.18</td>
</tr>
<tr>
<td>12-24</td>
<td>2</td>
<td>18.18</td>
</tr>
<tr>
<td>12-29</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td>N/A</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td>13-21</td>
<td>3</td>
<td>27.27</td>
</tr>
<tr>
<td>12-18</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td>14-19</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>14-18</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>15-24</td>
<td>0</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Program and Service Requirements
Eleven agencies identified a total of 29 programs that both directly targeted youth and individuals with disabilities, or that they could participate in. Furthermore, agencies responded that 25 (n=11) programs were offered that specifically targeted youth with disabilities. Therefore, there were 54 programs which youth with disability could participate in. Two agencies responded that they offered “many” programs instead of providing a number. Therefore, it is difficult to estimate the number of programs that are directed towards youth with disabilities, and the number of programs for youth that individuals with disabilities can participate in. Lastly,
more than half of the agencies (54.54%; n=6) indicated that an individual with a disability needs to have a diagnosis to receive services or to enter programs.

**Types of Disabilities Addressed by Programs and Services**

Agencies were asked to indicate the types of disabilities for which they provided programming/services to youth. The types of disabilities served are shown in Table 2. Only three agencies responded that they served all disabilities. The highest frequencies of disability-specific programs and services were for physical (18.75%; n=3), emotional (18.75%; n=2), and social disabilities (9.87%, n=3). As seen in Table 3, agencies identified the types of services and programs offered to moderate- to high-functioning youth with disabilities. The most commonly-offered programs/services were: providing help for families and/or support systems (15.33%; n=9), building social skills (12.66%, n=8), and reducing problem behaviour (10.66%, n=5). Most agencies indicated that they offered programs/services that included: providing help for families and/or support systems, increasing life skills, building social skills, and building communication skills. In terms of program size, more than half of agencies responded that their programs sizes were large groups consisting of 11 people or more (54.68%, n=5). Agencies responded that one-on-one (23.43%, n=5) programming occurs frequently. The frequencies with which sessions are provided for programs and services are shown in Table 4. There are many programs sessions that were offered frequently, and few which were offered less than once per month. The number of times programs and services that were offered per year are in Table 5. Most programs were offered continually (63.63%, n=5).

Table 2

<table>
<thead>
<tr>
<th>Types of Disabilities</th>
<th>Number of Programs</th>
<th>Number of Agencies</th>
<th>Percentage (%) of Programs/Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>21</td>
<td>3</td>
<td>25.92</td>
</tr>
<tr>
<td>Physical</td>
<td>16</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>Emotional</td>
<td>16</td>
<td>2</td>
<td>18.75</td>
</tr>
<tr>
<td>Social</td>
<td>8</td>
<td>3</td>
<td>9.87</td>
</tr>
<tr>
<td>Dual Diagnosis</td>
<td>5</td>
<td>2</td>
<td>6.17</td>
</tr>
<tr>
<td>Multiple</td>
<td>5</td>
<td>2</td>
<td>6.17</td>
</tr>
<tr>
<td>Intellectual</td>
<td>4</td>
<td>2</td>
<td>4.93</td>
</tr>
<tr>
<td>Behavioural</td>
<td>3</td>
<td>1</td>
<td>3.70</td>
</tr>
<tr>
<td>Communication</td>
<td>3</td>
<td>2</td>
<td>3.70</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>0</td>
<td>0</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Table 3

*Types of Services Offered by Agencies*

<table>
<thead>
<tr>
<th>Responses</th>
<th>Number of Responses</th>
<th>Number of Agencies</th>
<th>Percentage (%) of Responses Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing Help for Families and/or Support Systems</td>
<td>23</td>
<td>9</td>
<td>15.33</td>
</tr>
<tr>
<td>Building Social Skills</td>
<td>19</td>
<td>8</td>
<td>12.66</td>
</tr>
<tr>
<td>Reducing Problem Behaviour</td>
<td>16</td>
<td>5</td>
<td>10.66</td>
</tr>
<tr>
<td>Increase Life Skills</td>
<td>12</td>
<td>9</td>
<td>8.00</td>
</tr>
<tr>
<td>Building Transitioning Skills</td>
<td>12</td>
<td>7</td>
<td>8.00</td>
</tr>
<tr>
<td>Building Communication Skills</td>
<td>12</td>
<td>8</td>
<td>8.00</td>
</tr>
<tr>
<td>Providing Education</td>
<td>11</td>
<td>6</td>
<td>7.33</td>
</tr>
<tr>
<td>Providing Support Groups for the Individuals and/or Families</td>
<td>8</td>
<td>7</td>
<td>5.33</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>3</td>
<td>5.33</td>
</tr>
<tr>
<td>Teaching Independence and Integration into the Community</td>
<td>7</td>
<td>6</td>
<td>4.66</td>
</tr>
<tr>
<td>Building Employment Skills</td>
<td>7</td>
<td>7</td>
<td>4.66</td>
</tr>
<tr>
<td>Working on Rehabilitation</td>
<td>6</td>
<td>4</td>
<td>4.00</td>
</tr>
<tr>
<td>Aiding in Medical Outcomes</td>
<td>5</td>
<td>3</td>
<td>3.33</td>
</tr>
<tr>
<td>Providing Correctional Aide</td>
<td>4</td>
<td>4</td>
<td>2.66</td>
</tr>
</tbody>
</table>


Table 4

*Program Contact Frequency*

<table>
<thead>
<tr>
<th>Session Frequency</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>15</td>
<td>39.47</td>
</tr>
<tr>
<td>Once a Month or More</td>
<td>13</td>
<td>34.21</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>13.15</td>
</tr>
<tr>
<td>Variable</td>
<td>4</td>
<td>10.52</td>
</tr>
<tr>
<td>Annual</td>
<td>1</td>
<td>2.63</td>
</tr>
<tr>
<td>Daily</td>
<td>3</td>
<td>7.89</td>
</tr>
<tr>
<td>Multiple Times a Week</td>
<td>2</td>
<td>5.26</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>0</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Table 5

<table>
<thead>
<tr>
<th>Time Per Year</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continual</td>
<td>21</td>
<td>63.63</td>
</tr>
<tr>
<td>Twice a Year</td>
<td>4</td>
<td>12.12</td>
</tr>
<tr>
<td>Four Times a Year</td>
<td>3</td>
<td>10.00</td>
</tr>
<tr>
<td>Once a Year</td>
<td>2</td>
<td>6.06</td>
</tr>
<tr>
<td>Three Times a Year</td>
<td>1</td>
<td>3.03</td>
</tr>
<tr>
<td>Eight Times a Year</td>
<td>1</td>
<td>3.03</td>
</tr>
<tr>
<td>Twelve Times a Year</td>
<td>1</td>
<td>3.03</td>
</tr>
</tbody>
</table>

Four agencies responded ‘Many’ in the ‘Continual’ category.

Program and Services Capacity

The survey found that more than three quarters (77.76%; n=7) of programs and services available to youth with disabilities were at, near, or over full capacity: were “often full” (38.88%; n=6), had a waitlist (18.51%; n=3), while were “almost full” (20.37%; n=3). Only 22.24% (n=2) of programs and services were reported to either have spaces available for participants or run on demand.

Agencies were asked questions regarding the types of programs that they served, their mandate, and the types of disabilities for which they provide services. These questions helped assess the capacity of local agencies to measure the kinds and number of programs and services available in the KFL&A community. Table 6 lists the 13 themes related to capacity that were identified by thematic grouping. The capacities identified were thinly distributed across the themes, except for autism spectrum disorder, developmental disabilities, and intellectual disabilities.

Table 6

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration/Socialization/Relationships/Recreation</td>
<td>3</td>
<td>13.04</td>
</tr>
<tr>
<td>Complex, Comorbid, Co-Occurring, No Fit</td>
<td>2</td>
<td>8.69</td>
</tr>
<tr>
<td>College Readiness/ Education</td>
<td>2</td>
<td>8.69</td>
</tr>
<tr>
<td>Not diagnosed</td>
<td>2</td>
<td>8.69</td>
</tr>
<tr>
<td>Mental Health/Counselling</td>
<td>1</td>
<td>4.34</td>
</tr>
<tr>
<td>Self-Esteem, Advocacy, Public Awareness, Quality of Life</td>
<td>1</td>
<td>4.34</td>
</tr>
<tr>
<td>Referrals</td>
<td>1</td>
<td>4.34</td>
</tr>
<tr>
<td>Transitioning</td>
<td>1</td>
<td>4.34</td>
</tr>
<tr>
<td>Transportation</td>
<td>1</td>
<td>4.34</td>
</tr>
<tr>
<td>Respite</td>
<td>1</td>
<td>4.34</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>1</td>
<td>4.34</td>
</tr>
<tr>
<td>Physical disability</td>
<td>1</td>
<td>4.34</td>
</tr>
</tbody>
</table>

Program and Service Gaps

Thirty-six percent (n=4) of agencies indicated that youth with disabilities get turned away from programs and services. The reasons agencies turned youth away included: the program was
not suited for the person’s needs, staff weren’t trained to provide the needed support, the programs or services were at capacity, or the agency did not have the appropriate behaviour resources. Twenty-seven percent (n=3) responded that turning youth away from services was not available. Agencies were asked to indicate the types of disabilities which are outside of their mandate. A seen in Table 7, learning and behavioural disabilities together accounted for more than one quarter of disabilities which fell outside of agency mandate. Agencies were also asked to identify which age groups required more programs and services. As shown in Table 8, all categories of disability severity were identified as being excluded from programming and services. Furthermore, the moderate and mild levels of disability had the highest percentage of being excluded with a combined 46.66% (n=8).

Table 7

<table>
<thead>
<tr>
<th>Types of Disability</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disability</td>
<td>4</td>
<td>17.39</td>
</tr>
<tr>
<td>Behavioural</td>
<td>4</td>
<td>17.39</td>
</tr>
<tr>
<td>Intelligence</td>
<td>3</td>
<td>13.04</td>
</tr>
<tr>
<td>Emotional</td>
<td>3</td>
<td>13.04</td>
</tr>
<tr>
<td>Social</td>
<td>3</td>
<td>13.04</td>
</tr>
<tr>
<td>Physical</td>
<td>2</td>
<td>8.69</td>
</tr>
<tr>
<td>Communication</td>
<td>2</td>
<td>8.69</td>
</tr>
<tr>
<td>Dual Diagnosis</td>
<td>1</td>
<td>4.34</td>
</tr>
<tr>
<td>Multiple</td>
<td>1</td>
<td>4.34</td>
</tr>
</tbody>
</table>

Table 8

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Frequency</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-20</td>
<td>7</td>
<td>23.00</td>
</tr>
<tr>
<td>21-23</td>
<td>6</td>
<td>20.00</td>
</tr>
<tr>
<td>24-25</td>
<td>6</td>
<td>20.00</td>
</tr>
<tr>
<td>15-17</td>
<td>4</td>
<td>13.33</td>
</tr>
<tr>
<td>27-28</td>
<td>4</td>
<td>13.33</td>
</tr>
<tr>
<td>12-14</td>
<td>3</td>
<td>10.00</td>
</tr>
</tbody>
</table>

There were 17 themes identified that were related to gaps in services for youth with disabilities. Most commonly gaps mentioned were: community integration and socialization, employment/pre-employment skills, supported/independent living, life skills, quality of life, and social skills. The list of themes is shown in Table 9. The seven most frequent gaps were identified by many participants; Community integration and socialization, employment/pre-employment, supported/independent living, life skills, quality of life, social skills, and transitioning supports. However, other less frequently identified gaps also had many participants, meaning that many participants identified the gaps however, identified it less often. The gaps were transitional support and social skills. One agency discussed how the need for case management was affecting transitioning from youth to adult services. The participant wrote, “case management – assisting with transition out of child and adolescent programming and navigating the adult system.”

Table 9
**Gaps Identified by Participants**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency of Themes</th>
<th>Number of Agencies</th>
<th>Percentage (%) of Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Integration and Socialization (Integration, Socialization, Relationships, and Recreation)</td>
<td>20</td>
<td>5</td>
<td>16.80</td>
</tr>
<tr>
<td>Employment /Pre-Employment Supported/Independent Living</td>
<td>18</td>
<td>5</td>
<td>15.12</td>
</tr>
<tr>
<td>Life Skills</td>
<td>10</td>
<td>3</td>
<td>8.40</td>
</tr>
<tr>
<td>Quality of Life (Self-Esteem, Advocacy, Public Awareness)</td>
<td>8</td>
<td>4</td>
<td>6.72</td>
</tr>
<tr>
<td>Social Skills</td>
<td>8</td>
<td>4</td>
<td>6.72</td>
</tr>
<tr>
<td>Transitioning Supports</td>
<td>8</td>
<td>5</td>
<td>6.72</td>
</tr>
<tr>
<td>Mental Health/Counselling</td>
<td>5</td>
<td>2</td>
<td>4.20</td>
</tr>
<tr>
<td>Financing/Budgeting</td>
<td>5</td>
<td>2</td>
<td>4.20</td>
</tr>
<tr>
<td>Behavioural Supports</td>
<td>5</td>
<td>2</td>
<td>4.20</td>
</tr>
<tr>
<td>Capacity and Funding</td>
<td>4</td>
<td>3</td>
<td>3.36</td>
</tr>
<tr>
<td>Case-Management and System Navigation</td>
<td>4</td>
<td>1</td>
<td>3.36</td>
</tr>
<tr>
<td>Complex Cases, Comorbid, and Co-Occurring Disorders</td>
<td>4</td>
<td>2</td>
<td>3.36</td>
</tr>
<tr>
<td>College Readiness/Education</td>
<td>4</td>
<td>2</td>
<td>3.36</td>
</tr>
<tr>
<td>Transportation Training</td>
<td>3</td>
<td>1</td>
<td>2.52</td>
</tr>
<tr>
<td>Services for Moderate- to High-Functioning</td>
<td>2</td>
<td>2</td>
<td>1.68</td>
</tr>
<tr>
<td>Referrals</td>
<td>1</td>
<td>1</td>
<td>0.84</td>
</tr>
</tbody>
</table>
Chapter V: Discussion

The DSC of the CYSPC asked for research to be conducted on the service capacity and needs for moderate- to high-functioning youth ages 15-24 years of age with disabilities in the KFL&A counties. The purpose of the study was to identify the capacity and needs for the target population to help determine the next steps in service planning.

The literature on the target population indicated that there are wider variations in the definitions of disability and youth used, which may impact the availability of programs and services. Furthermore, the literature demonstrated that there were inconsistencies in terminology describing level of functioning, which further creates challenges comparing level of functioning across disabilities. Canadian policies on disabilities are making steps towards increasing integration, protection, and acceptance for individuals with disabilities. However, funding, financial aid, and the system as a whole are convoluted, complicated, and unclear.

The methodology of the study included approaching 18 agencies that were identified as serving the target population. An online survey was created to collect information on the definitions that agencies used, the capacity of agencies, and the needs of the target population according to the participants. The survey was available online for one month and participants received bi-weekly reminders to complete the survey from the student researcher. A preliminary report was presented to the DSC, which informed further analysis. The quantitative data were analysed through frequencies and percentages while the qualitative data were analysed through thematic grouping.

A total of 14 of the 18 agencies responded, for a response rate of 77.77% (n=14). However, only 11 agencies completed the survey, for a completion rate of 61.11% (n=11). The results indicated that the majority of agencies use a similar definition of disability and program/services. However, the age range of youth varied considerably across agencies. There were many programs/services that individuals with disabilities could participate in and programs/services that were specifically targeting youths with disabilities. However, more than half of the agencies (54.54%; n=6) indicated that an individual with a disability needed to have a diagnosis to receive services or to enter programs. There were many programs/services that individuals with disabilities could participate in and that were specifically targeting youths with disabilities. These programs/services included providing help for families or support networks, building social skills, and reducing problem behaviour. Most programs were at, near, or over full capacity. Furthermore, 36% of agencies indicated that youth with disabilities get turned away from programs/services. There were many gaps identified by agencies, and five common themes in these gaps: community integration and socialization, employment/pre-employment, supported/independent living, quality of life, and social skills.

Research Question Comparison

The results of the study answered the research question, which was: *What are the gaps and capacities in programs that serve moderate- to high-functioning youths aged 15-24 with disabilities in the Kingston, Frontenac, Lennox, and Addington community?*

There were several service gaps identified for the target population. The most commonly-identified gaps were for programs and services for community integration and socialization, employment/pre-employment, supported/independent living, and social skills. As well, services towards youth with disabilities who are higher functioning were noted that they were needing more programs/services. Furthermore, many types of disabilities were outside of agencies mandates. Other gaps included lack of transparency in the disability service system and funding. It was also identified that over half of agencies in the study required a disability diagnosis before
an individual entered programming. Finally, there were discrepancies across agencies surrounding their definitions for disability, youth, and programs/services.

Despite the limitations in programs/services and needs in the community that were identified, the study did identify capacities in the community that serve moderate- to high-functioning youth with disabilities. These capacities were providing help for families and/or support systems, building social skills, reducing problem behaviour, increasing life skills, and building transitioning skills. Also, most programs were, near, at, or over capacity meaning that existing programs are being well used and there possibly needs to be more programs to meet demand. Lastly, there are many programs that are targeted specifically at youth with disabilities and programs for youth but individuals with disabilities could participate in.

Conclusion

Many conclusions can be drawn from analysing the results. Firstly, less than 20% of the responding agencies used the same definition of disability that was used in the survey, which means that agencies are not using a universal definition. Furthermore, the use of different definitions makes comparison of disabilities difficult. The low frequency of agencies using the same definition indicates that there is no universal definition of disability. There were similar results for the use of the definition of programs/services, which was identified earlier. Furthermore, based on the responses from agencies, there are variations in age ranges for what is considered youth, which adds ambiguity to that term. Having unclear and non-universal terms might complicate identifying which services youth with disabilities need, and convolute the system of services for them. The need for system clarity and inclusion of disabilities, which fall outside of existing agency mandates, were identified by participants. The gaps identified by agencies emphasized the need for universal definitions which would help provide better services for complex cases, comorbid disorders and co-occurring disorders as well as identifying that case-management and system navigation. Without consistent terminology, the criteria for programming differ, which may result in individuals being excluded from services, especially those mentioned above. Another barrier to services, which was identified through the results analysis, is the high percentage of programs/services that require a diagnosis of a disability to receive services. Requiring a diagnosis is a barrier because individuals with moderate- to high-functioning disabilities may not want to or is unable to receive a diagnosis. The fact that most programs were almost or completely unable to accommodate more participants indicated that more programs are needed to serve the population. With almost 20% of programs having a waitlist, many youths with disabilities are not receiving programming. However, when youth with disabilities access services and programs, most are offered continually. Furthermore, most programs sessions are offered weekly. Therefore, there is continual and frequent access to programs and services, but an individual needs to be able to enter services first.

Agencies identified that there were many programs that were specifically targeted towards youths with disabilities and programs which do not target youth with disabilities but in which youth with disabilities may still participate. However, a frequently identified gap was in community integration and socialization, which could be addressed by having programs open to youth with and without disabilities. An explanation could be the need for community integration and socialization which might refer to less structured programs instead of programs that target specific skills or programs are one-on-one. Moreover, there are no opportunities for community integration and socialization within the current disability system. Another reason for the discrepancy could be that agencies and may not see programming and services as integrating or socializing individuals with disabilities in the community. More research should be conducted to
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further understand the nature of the need for integration and socialization in the community for this population.

Another finding of the study was that 25% of programs/services were offered to all types of disabilities, indicating that there some services are available for all types of disabilities and that not type of disability is being disregarded. Also, there were few programs/services for youth with intellectual disabilities, which could be a result from certain diagnoses overlapping with certain types of disabilities. Overlapping types of disabilities can explain inconsistencies in the capacity identified by the agencies. Out of all the capacity-related themes identified by agencies, the most frequently occurring themes were autism spectrum disorder (ASD), developmental disabilities and intellectual disabilities. ASD symptoms can share similarities with other types of disabilities. The types of services that agencies offered the most were providing help for families and/or support systems, building social skills, reducing problem behaviour, and increasing life skills. Yet, the third most frequent gap identified by agencies was life skills. Furthermore, reducing problem behaviour was the third most frequent type of service offered at agencies. Thus, there was a discrepancy between the capacity for behavioural programming in the community and the gaps of behavioural programming identified by agencies. This was further emphasized by behavioural disabilities being the second most frequent type of disability to fall outside of agency mandates and behavioural supports were still identified as a gap by participants. This could suggest that behavioural supports need to be applied across types of disabilities as they could be valuable for different types of disabilities. This also emphasizes the value of behavioural supports for youth with disabilities in KFL&A.

The age range most frequently identified as needing more programs/services was 18-25 years, when many are transitioning from child/youth services into most adult services. The age range need parallels the transitioning supports as a gap identified by agencies. Also, the combination of ‘mild’ and ‘moderate’ level of functioning was excluded the most from programs and services. The higher range of functioning being identified as being excluded means that more programs and services need to be created for that population and need to be included in more mandates. Furthermore, services for high-functioning youth was also a gap identified by participants. The findings suggest that more services need to be directed towards youth with disability on the higher end of the functioning spectrum. More in-depth research needs to be conducted on the specifics of the programs/services which are being offered to determine if they could fill some existing gaps. This would be helpful to determine if moderate- to high-functioning individuals could benefit from programing which does not target individuals with disabilities.

Comparison to the Literature. Since the study is very specific to the target population and the KFL&A counties, it is difficult to compare to other service needs and capacity assessments. However, the study can be compared to other research. As noted earlier, there are conflicting definitions for disability and youth in agencies that serve moderate- to high-functioning youth with disabilities in the KFL&A. These discrepancies in definitions match those in the literature. While the term disability has been discussed at length, a concrete definition has not been established (Balcazar & Suarez-Balcazar, 2017). Furthermore, in Canada, a consistent operational definition of disability was not being used in federal programs (Human Resources and Skills Development Canada, 2013). D’Intino (2017) describes the impact of an unclear and inconsistent definition of learning disability, which resulted in the term being used inaccurately and becoming a barrier to treatment. He concluded that a universal definition was needed to improve the disability system.
Similar conclusions reached on the definition of youth are also reflected in the literature. United Way Calgary conducted a study on the age range of youth and concluded that many agencies and programs were using different ranges to describe youth (Doucette, & Glimour, 2010). This variation in age ranges was also noted by the Youth Policy (2014), which discussed that different sections of the Canadian government use of different age ranges to describe youth. The primary example was the discrepancy between the Human Resource and Skill Development, 15-24, and Statistics Canada, 16-28 (Youth Policy, 2014).

Also, difficulties during the transition age have been identified and by programs like the Youth Transition Protocol (Sullivan, 2018). However, agencies still believe that more supports are needed and have a more direct focused on individuals with disabilities. A contradiction found in the literature is that the government of Canada has been increasing legislation for individuals with disabilities and focusing on customer services, information/communication, accessible public spaces, and employment (Government of Ontario, 2015), yet these areas were still identified as gaps by agencies in the present study. Transportation services were also identified as a gap, but not as often. Also, the organization of disability services, which was identified as needing more transparency and to be less convoluted, could be seen in the literature. In Ontario (The Government of Ontario, 2018) disability services are spread across 11 different ministries. Since disability services work across numerous ministries, communication and organization are important in delivering proper services to the community.

**Strengths and Limitations.** There are many strengths of the study for the community and within the methodology of the study. Firstly, the assessment has benefited the KFL&A community. The assessment has provided the DSC, a sub-committee of the CYSPC, evidence of the needs and capacity for services directed towards moderate- to high-functioning youth with disabilities. Furthermore, the study provided recommendations based on the results to help close the gaps for the target population. With the knowledge and information from the assessment, the DSC can make evidence-based decision on changes which will better serve the DSC. The survey results can lead to changes in inter-agency planning for the target population. With service gaps identified, agencies can change their services to meet the needs of youth with disabilities. The recommendations for the DSC include advocating for system transparency, universal definitions, consistent mandates, and funding. It was also recommended to invite all KFL&A agencies serving the target population and host a workshop for them where the results are reviewed and further solutions to filling in the gaps are discussed. Another recommendation is ensuring evidence is being used for further decision making. Finally, create best practice guidelines for measuring program effectiveness. With these recommendations, better service will be provided to moderate- to high-functioning youth with disabilities, and identified gaps can start to be closed.

Strengths of this assessment on a methodology level included the questions asked in the survey, and a diverse population. Firstly, there were a variety of different questions the survey. Quantitative questions were asked in different forms, such as multiple choice and questions where the participant can input a numerical value. Qualitative questions were also asked giving the survey more in-depth perspective. Secondly, many types of agencies responded to the survey. The survey was answered by agencies which offered different services to a variety of populations, and served different perspectives. Thirdly, the assessment’s literature review used many Canadian studies which are more comparable to this population than studies and information from a different country. Lastly, presenting a preliminary report to the DSC and using the subject matter experts’ (SME) feedback was used to aide in analysing the results.
Despite the strengths of the assessment, there were also limitations on a community level and at the methodology level. Limitations of the assessment on a community level are that the results could not provide a concrete solution in closing the gaps for moderate- to high-functioning youth with disabilities. The assessment was not in-depth enough to capture all the specific needs in the community as well as the capacity of agencies. The study did not produce concrete numbers and detailed information on the capacity of programs. Therefore, the study is not detailed enough to receive a complete and full understanding of the needs and capacity of agencies. A longer survey asking more specific questions about program details would help collect more specific data. Moreover, the results for the needs of the target population were not very detailed. Conducting interviews instead of surveys could have lessened the impact of some vague responses regarding the needs and capacity of programs and services.

Limitations of this study on a methodology level include the assessment design, the sample size, and survey design. Firstly, the hybrid needs assessment is not used often due to complexity and community assessments usually conduct a capacity assessment then a needs assessment. The leading experts in hybrid needs assessment, Altschuld, Hung, and Lee (2014), explain that there is little research on the usage of this type of assessment. Furthermore, there is little research on the validity of hybrid needs assessments. However, the findings of the study were validated by a group of subject matter experts. Moreover, other alike studies, from the Wellesly Institute and Collective Impact Ontario, found similar gaps in their results (K. Bain, personal communication, February 8, 2018). Secondly, the sample size of the study was small, only reaching 11 agencies who completed the survey. Having rewards for completing the survey would increase the completion rate. Furthermore, the findings cannot be generalized to other locations or populations. There was also a small sample size due to the final limitation, the survey design. The survey questions did not apply to some of the agencies who participated due to the structure of the agency. Having a similar survey which is worded differently, so it is directed at a more complex structured agency might eliminate this limitation. This was determined by feedback and the difference between the response rate of 14 agencies and the completion rate of only 11 agencies. Furthermore, there was informal feedback from participants saying that the survey was confusing and difficult to complete. Having a focus group to pre-test the survey questions could have mitigated the confusion however, due to time limitations, this was not possible. Another reason for a moderate response rate due to the survey design was the length of the survey and the time participants took to complete the survey. The moderate response rate indicates that participants thought the survey was important to fill out despite its length. Gaining a higher response rate could have been achieved if the survey response window was extended or held when most participants are at their offices instead of during the winter holiday season.

Importance to the Field of Behavioural Psychology. The service capacity and needs survey is important to the field of behavioural psychology because it helps pinpoint where services need to be implemented at a local level. The results of this study reinforce the need for behavioural programming with individuals with disabilities. The hybrid needs assessment brought more validity to the argument that more behavioural services are needed in the community as agencies identified needing more behavioural supports. Furthermore, agencies recognizing that more behavioural services could eventually lead to behavioural services being available to more individuals with disabilities which would benefit a larger population. This study helped widen the scope of behavioural psychology to more mild- to high-functioning youth with disabilities. Not only do the results of the survey indicate service needs for the target
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population, it also demonstrates what individuals in the community want in behavioural services for this population.

**Multilevel Challenges.** This study reflects several of the multilevel challenges in providing services to youth with disabilities. At the client level, clients who require programming or services may be denied due to the complexity of their disabilities. The survey identified that youth with disabilities were being turned away from services because they have complex cases. At the program level, many of the program and services are either at capacity or have a waitlist, and the programs might not target all of the client’s needs. At the organizational level, there are issues with using consistent terminology and having proper access to funding. Many mandates, which are based on funding, are different and may not serve the exact populations that requires services. Furthermore, organizations and agencies use a variety of definitions of disability and youth, which increases case-management and system navigation complexity. The use of different definitions and criteria also excludes individuals who require services. At the societal level, the study shows that there is a need to integrate individuals with disabilities into the community and increasing public awareness is essential.

**Recommendations for Future Research.** Due to the need for programs and services for transition-aged youth, more research is needed for resources aimed at transitioning and on that operates funding for services directed towards individuals with disabilities who are transitioning from children or adolescent services to adult services. Also, data need to be collected on the aspects needed for successful and best practice disability transitioning skills. Furthermore, the type of life skill programs that are available in the KFL&A community as well as integration and socialization programs need to be assessed in further detail. Gathering information on life skills should include aspects of the programs and what areas should be focused on for youths with disabilities. Also, quality of life should be assessed for youth with disabilities, and deficiencies should be identified. Another avenue of research to consider is investigating the value and application of behavioural supports to various types of disabilities. This information could lead to better treatment options for a variety of disabilities. Finally, the disability system should become transparent and more readily available to researchers, program/services providers, and people needing services. Future research could include mapping out funding sources for disability services and identify all of the services offered by all agencies in the KFL&A.

The results of the study made it possible to draw several conclusions. The findings suggest that universal terminology across all agencies and governing bodies would benefit youth with disabilities receiving programming and services. Also, a transparent disability system would benefit the services and programming for moderate- to high-functioning youth with disabilities and assist in system navigation and case-management. Furthermore, more inclusive mandates could also decrease barriers for individuals with complex cases. Despite the limitations of this study, it provided preliminary results that may serve as a springboard for further research on youth disability services in the KFL&A counties.
References


Appendix A

Consent Form

St. Lawrence College
100 Portsmouth Ave.
Kingston, Ontario K7L 5A6

Dear agency representative,

You and your agency have been selected to participate in a needs and capacity assessment for disability services in the Kingston, Frontenac, Lennox, and Addington community (KFL&A).

Purpose:

The purpose of this study is to conduct an environmental scan of the capacity and needs of services for moderate- to high-functioning youths (aged 15-24) with disabilities to support collaborative planning to address identified service needs. The information which you disclose will help the Children and Youth Services Planning Committee (CYSPC) and the sub-committee Disability Service Committee (DSC) understand the unmet needs and capacity of services for moderate- to high-functioning youths (aged 15-24) with disabilities in KFL&A. The study will be conducted by Sarah Elliott (email: selliot20@student.sl.on.ca), a student at St. Lawrence College. She will be supervised by Christian Keresztes (email: ckeres@kingston.net; phone: (613) 583-9452. This study is being conducted by the Center for Behavioural Studies (CBS) for the DSC.

Risks and Benefits:

The foreseeable risk of this study is that you might feel a slight discomfort disclosing information. To minimize this risk, the questions that will be ask are not personal and you can choose not to answer. There is also a slight risk of breaching confidentiality. To minimize a risk of breaching confidentiality and to help secure privacy, data will be stored on a secure laptop and
opinion based questions will be de-identified on the final report. The benefits to this study are that your observations of needs of moderate- to high-functioning youth with disabilities that will influence further research, and add to the literature on this subject.

**Confidentiality:**

The data for this study will be collected through an on-line survey that can be completed individually or with assistance from the research student via phone. If you choose to complete the survey via phone, the phone call will not be recorded. The data will not be shared with people outside of the DSC. Your name will be de-identified for any opinion-based questions. Your anonymity cannot be guaranteed because there are identifying questions about agency programs on the survey. This data will be stored on the student’s secure laptop and on a password-protected site for the duration of the study. After the study the data will be stored at the CBS for seven years then all data will be erased. Confidentiality will only be broken if required by law.

**Requirements:**

To participate in this study you are required to complete an on-line survey individually or with the assistance of the research student via phone. The survey will take about 10-30 minutes to complete, and it will be available until January 12<sup>th</sup>, 2018. The survey will be about capacity and gaps in programs that provide services to moderate- to high-functioning youths with disabilities.

**Participation:**

You will not be penalized in any way if you choose not to participate or withdraw from the study. Also, you may withdraw at any time without having to disclose a reason. Moreover, you can choose withdraw from the study by not completing the survey and exiting out of the survey link.
You can contact the St. Lawrence College Research Ethics Board (SLC-REB) at reb@sl.on.ca if you have any concerns your rights or treatment as a participant in this study. If you have any questions about the procedures of the study please email Sarah Elliott at selliott20@student.sl.on.ca.

To give consent to this study, you will be required to read this consent letter and check off that you understand the letter before the survey begins.
Appendix B

On-line Survey

Thank you for taking time to do this survey. Your input will help inform the needs of moderate-to high-functioning youth with disabilities in KFL&A, and understand the current capacity of programs targeted towards this population across our community.

The results of this survey will help inform further research on this topic to help agencies and service providers address unmet needs.

Completing this survey will take approximately 10-30 minutes, depending on how many programs your agency has for youth with disabilities who are moderate- to high-functioning. You must complete the survey in a single session – you cannot save your work and return to it later.

The survey has two parts: the first is about your agency’s programs and services, and the second is about your perceptions of how the needs of youth with disabilities functioning at moderate- to high levels are met by local programs and services, and gaps that you may be aware of.

Only when you have given consent you can begin the survey. The terms of consent will outline the purpose of the study and explain that the survey is voluntary and personal opinions will be anonymous. This study has been reviewed and received ethical clearance from the St. Lawrence College Research Ethics Board (SLC-REB).

* 1. Agency Name:

* 2. The terms of consent were emailed to you as an attachment in the same email as the link to this. If you do not consent to participate you will be exited from the survey.

☐ I provide consent
☐ I do not provide consent

CYSPC Disability Services Committee Needs Assessment

3. The following functional definition for disability used in this survey is:

An individual with special needs may experience challenges or delays in their physical, communication, intellectual, emotional, social, and/or behavioural development. This includes individuals who may have special needs in one or across multiple areas of development, as well as people with special educational needs.

Please choose only one answer.
4. The following functional definition of programs/services used in this survey is:

*Any planned process linked to resources and intended to achieve a change or outcome in an intended population; an activity can have one or more than one component and more than one strategy.*

Please only choose one answer.

- Our agency uses the same definition
- Our agency uses a similar definition
- Our agency uses a different definition (please describe below)

(Please describe briefly)

5. What mandate(s) does your agency have for serving mild- to high-functioning youth with disabilities as defined above who are moderate- to high-functioning? Please briefly summarize below.

6. Is a diagnosis of a disability required for admission into your programs/services for moderate- to high-functioning youth with disabilities in KFL&A?

- Yes
- No
- Other (please specify)

(Please specify)

7. What age ranges does your agency use to define 'youth'? (Please check all that apply.)
8. Do your agency's programs that serve youth with disabilities all target the same age ranges for youth or are there differences between programs?

9. How many programs/services does your agency offer that are targeted towards moderate-to high-functioning youth with disabilities?

10. How many programs/services does your agency offer in which moderate- to high-functioning youth with disabilities participate, but are not actually targeted at them?

11. For each type of program/service below, please indicate the number offered by your agency for moderate- to high-functioning youth with disabilities.
12. Please indicate the number of each size (number of participants in a group) of program/service offered by your agency which youth with disabilities regularly participate, whether or not these programs/service are targeted towards them.

<table>
<thead>
<tr>
<th>Size</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large (11+)</td>
<td></td>
</tr>
<tr>
<td>Medium (6-10)</td>
<td></td>
</tr>
<tr>
<td>Small (2-5)</td>
<td></td>
</tr>
<tr>
<td>One-on-one</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

13. What types of disability do your agency's programs/services address for serving moderate-to high-functioning youth? (Please enter the number of programs/services for each type of disability.)
14. What is the session frequency of the programs your agency offers? For each level of frequency below, please enter the approximate number of programs offered at that level.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Programs Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a month or more</td>
<td></td>
</tr>
<tr>
<td>Bi-weekly</td>
<td></td>
</tr>
<tr>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td>Multiple times a week</td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

15. How often are your agency’s programs/services offered during a year? For each level of frequency below, please enter the approximate number of programs offered at that level.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Programs Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a month or more</td>
<td></td>
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<tr>
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<tr>
<td>Multiple times a week</td>
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<tr>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>
16. Please indicate below how many of your programs fit into each category of program capacity.

- Our programs and services that are full & we have a waitlist
- Our programs and services that are almost always full
- Our programs and services that are often full
- Our programs and services that have room for more clients
- We have some programs and services that run only when there is high demand

17. Are there referrals for moderate- to high-functioning youth aged 15-24 with disabilities that get turned away by your agency? If yes, why?

18. Is there any thing else that you would like to add about needs of youth with disabilities who are moderate- to high-functioning and/or about the nature and capacity of local programs and services to respond to them?
19. Are there any types of disabilities that fall outside of your mandate/admission criteria? Please check all that apply.

- Physical
- Communication
- Intelligence/Developmental
- Emotional
- Social
- Other (please specify)

- Behavioural
- Learning Disability
- Dual Diagnosis
- Multiple
- All

CYSPC Disability Service Committee Needs Assessment

This section of the survey is about your opinions and not about your agency. Personal opinions will be aggregated, anonymous and not identified by agency.

20. In your opinion, among moderate- to high-functioning youth with disabilities, which age groups are not receiving enough programming/services? (Please check all that apply.)

- 12-14
- 15-17
- 18-20
- 21-23
- 24-26
- 27-28

- Other (please specify)

21. In your opinion, what needs do youth with disabilities who are moderate- to high-functioning have that are not met by local programs and services?

22. In your opinion, what level(s) of functioning are being excluded or receive fewer opportunities locally for programming/services? (Please check all that apply.)
23. In your opinion, which kinds of programs/services should be added or developed locally to meet the needs for moderate- to high-functioning youth with disabilities?

24. In your opinion, what would be the goals or desired program outcomes of the programs/services mentioned above?

25. In your opinion, what kinds of programs/services would your clients/their families want to see in the future?

THANK YOU VERY MUCH FOR TAKING PART IN THIS SURVEY
Appendix C

Email to Participants

**Email Subject Line:** CYSPC Disability Service Committee Survey

Hello (insert name of participant),

My name is Sarah Elliott, the research student conducting a hybrid needs assessment for the Disability Service Committee, a sub-committee of the Children and Youth Services Planning Committee. I am contacting you because you have been selected to participate in this study about the capacity and gaps in programs that serve mild to high functioning youths aged 15-24 with disabilities in the KFL&A community. The purpose of this study is to conduct a preliminary review of unmet needs in order to support collaborative planning to address gaps in mild to high functioning youths with disabilities in the KFL&A community. This on-line survey will take only 10-30 minutes. The on-line survey will only be available until January 12th, 2018. A consent letter is attached to this email which must be read before the survey begins.

I will contact you to remind you to fill out this on-line survey, at that time you will also have to option to fill out the survey with me over the phone. If you wish to complete the survey over the phone, please email me back with a time and date that works for you. If you are going to complete the survey on-line, please click the link below to begin.

Survey link: [https://www.surveymonkey.com/r/D6N8KGL](https://www.surveymonkey.com/r/D6N8KGL)

If you have any questions or wish not to participate, please email me at **Selliott20@student.sl.on.ca**. Thank you for your time.

Sincerely,

Sarah Elliott