Issue Brief

Examining Current Challenges in Secondary Education and Transition

Youth With Disabilities in the Juvenile Justice System: Prevention and Intervention Strategies

By Pam Stenhjem

Transition planning for youth with disabilities has not focused extensively on involvement with the juvenile justice system. Increased attention is needed on the growing number of youth with disabilities involved in the juvenile and adult correctional systems.

Introduction

How do communities begin to address the issue of youth with disabilities who are involved with correctional systems? This brief provides information on proactive solutions based on restorative justice and wrap-around services, models, and strategies.

This topic is receiving more attention as research has begun supporting a critical need for intervention in this area (Burrell & Warboys, 2000; Christle, Jolivette, & Nelson, 2000; National Council on Disability, 2003).

There is a serious gap between the number of youth with disabilities in the general population and those who are incarcerated. In 2000, the Office of Special Education Programs (OSEP) reported the prevalence of disabilities among school-age children in the United States as 9%, compared with a conservative estimate of 32% within the juvenile justice system (Quinn, Rutherford, Jr., & Leone, 2001). Larson and Turner (2002) cite research on the incidence and overrepresentation of youth with disabilities in the juvenile justice system, including a study done by Otto in 1995 indicating that approximately 90% of youth in corrections meet the diagnostic criteria for one or more mental health disorders.

Research explaining underlying causes for this situation is scarce. Quinn et al. (2002) indicate that criminal behavior has been strongly linked to a number of factors including dropping out of school, substance abuse, weak family structure, poverty, and learning and behavioral disabilities, among others.

Background

A common historical response to the public's concern with juvenile delinquency and violence has been to pass legislation promising stiffer penalties as well as harsher sentences for juvenile offenders (Leone, Quinn, & Osher, 2002). This reaction is a quick fix to a serious long-term problem. Research indicates that providing educational and other supports to youth and their families is a more effective approach than other more traditional approaches, such as incarceration (Greenwood, Model, Rydell, & Chiesa, 1996).

Leone et al. (2002) cite research stressing that a single approach addressing violence and delinquency among young adults doesn't work. Targeting only the symptoms of juvenile delinquency has done little to change juvenile crime rates in the United States. Furthermore, they suggest that providing services and supports through community-based, family-focused, and prevention-oriented collaboration is a better approach.

This brief focuses on two models, restorative justice and wrap-around services, to illustrate proactive intervention for reducing the number of youth with disabilities incarcerated in juvenile and adult prisons.

Model 1: Restorative Justice

One alternative to punishment and incarceration is known as *restorative justice.* According to Van Bockern, Kinsley, and Woodward (2000) and Umbreit (2000), restorative justice has roots in tribal cultures, such as Native American cultures in the United States and aboriginal cultures in Canada, Australia, and New Zealand. These cultures have long understood that the needs of both the victim and community must be considered and addressed before amends can be made.

According to Bazemore and Umbreit (1999), restorative justice is a new way to think about and respond to crime. It emphasizes one basic concept: crime damages people, communities, and relationships. This model holds that justice should focus on repairing the harm done. A balance must be created between the needs of the victim, offender, and communities, and each should be actively involved in the restorative process. Restorative justice is built upon positive community values and the most effective, documented sanctioning practices. These include victim-offender mediation, various community decision-making processes, restorative community service, restitution, victim and community impact statements, and victim awareness panels.

Restorative justice redefines the way justice systems address public safety, sanctioning, and rehabilitative objectives with the goal of reintegrating those affected by wrongdoing (both victim and offender) back into the community as resilient and responsible members. Umbreit (2000) lists specific examples of restorative justice initiatives such as crime repair crews, victim intervention programs, family group conferencing, victim-offender mediation and dialogue, peacemaking circles, victim panels that address offenders, victim empathy classes for offenders, and victim-directed and citizen-involved community service by the offender.

According to Umbreit (2000), restorative justice policies and programs are being developed and used in more than 45 states as well as many other parts of the world, including Australia, New Zealand, and South Africa. These programs provide higher levels of victim and offender satisfaction and a greater likelihood of successful restitution completion by the offender than traditional justice programs. Research has also shown that restorative justice programs reduce fear among victims and decrease the frequency and severity of further criminal behavior among offenders (Umbreit & Fercello, 1997).

Restorative justice offers a proactive alternative for schools and communities when addressing the involvement of youth with disabilities in criminal activity. Rather than immediately expelling or suspending youth from school and driving them into the juvenile court system and juvenile corrections, restorative justice can be incorporated into school policies and practices. This creates opportunity for discussion, review of whether the disability may have been a factor in the incident, whether the young adult had support needs that were not being met, and how to make reparations while helping the young adult to find better alternatives. Schools can promote care and respect by providing restorative justice processes that allow for differences to be worked through in a constructive manner (Morrison, 2002).

Model 2: Wrap-Around Services

According to Leone et al. (2002), a preferred approach for reducing juvenile delinquency and crime is providing *wrap-around services* and supports through community-based, family-focused, and prevention-oriented collaboration, rather than incarcerating youth for longer periods of time. Youth with disabilities as well as other youth within the juvenile justice system often need a wide range of individualized support. These services need to be comprehensive, collaborative, and available within the diverse communities and environments where these young adults live.

Research sustains the theory that when agencies make a commitment to collaborate and provide comprehensive services for youth with disabilities and their families, successful outcomes are often the result (Jolivette, Stichter, Nelson, Scott, & Liaupsin, 2000; U.S. Department of Education, 2000; Northwest Regional Educational Laboratory, 2001).

The most promising methods to prevent and reduce delinquency include addressing both risk factors (elements that increase the likelihood of delinquency) and protective factors (elements that insulate children considered at risk for juvenile delinquency) across numerous areas (Office of Juvenile Justice and Delinquency Prevention, 1998). Leone et al. (2002) cite the need for effective collaboration among key community agencies as a fundamental support for youth at risk for or engaged in violent juvenile behaviors. Their model is based upon public health prevention, focusing on early identification, early intervention after onset, individualized services, and aftercare within collaborative systems of prevention, treatment, and care. The following summarizes their findings.

Individual agency services are often weak because they lack the resources or mandates to provide more comprehensive services. Services are fragmented as a result of each agency having individual eligibility criteria, case plans, records, and lack of support to communicate or coordinate with other agencies. Although the same needs for a high-risk youth may be identified by all agencies, agencies may view what is needed differently. This can lead to duplication of services, multiple assessments, and refusal of new services by the family due to negative past experiences.

Comprehensive, collaborative, or wrap-around services are critical to effectively serve youth with disabilities involved with the juvenile corrections system. Soler (1992) identified five factors of effective coordinated programs within this context:

- Identification of clear goals and distinct target populations for services;
- Leadership in establishing and implementing programs;
- Working with the entire family, rather than only the young adult;
- Provision of an assortment of services to meet the unique needs of each individual and family; and
- Case management and coordination that includes active negotiating and advocacy for needed services.

This study also identified factors that increase collaboration and coordination and reduce ineffective, fragmented services. These include:

- Flexible, reliable funding;
- Removal of statutory or regulatory barriers (e.g., categorical funding, confidentiality requirements);
- Coordination and communication among agencies;
- Interagency conflict resolution processes;
- Inclusion of the private sector to provide services;
- Quality training and support for agency staff;
- Coordinated information collection, management, and access to information;
- Meaningful outcome measures; and
- Support of innovation in service delivery.

Agencies and community partners need to be aware of how collaboration changes the nature of agency relationships. Collaboration includes three critical elements:

1. Common goals and directions,
2. Shared responsibility, and
3. Working together to achieve goals.

New methods for coordination on system and agency levels include three additional elements:

1. Organizational transformation,
2. Active consumer involvement at all levels, and
3. Creation of a holistic system.

Finally, for collaborative efforts to be sustainable and successful, support is needed at five key levels:

1. Agency level: policy makers and leadership,
2. Program level: managers and staff,
3. Interagency level: among line staff and managers across agencies,
4. Professional level: among members of different professions, and
5. Consumer level: including families and youth as members of the collaborative structure.

The traditional system of responding after an offense has been committed with punitive measures does not address the cause of the behavior or improve the situation for the young adult, family, or community. The most effective collaborative efforts include a multi-strategy approach (National Center on Educa-

tion, Disability, & Juvenile Justice, 2002). Within this approach, a successful collaborative effort is:

- Customized to meet the needs of each individual,

- Customized to meet the needs of the social network where the child lives,

- Varied with a range of interventions and degrees of intensity to address the diversity and different risk factors,

- Flexible and responsive to the community where the problems exist, and

- Inclusive of all significant areas of the child's life including peers, family, school, and community.

Although there are many obstacles to collaborative service provision, it can be done. It is a process that occurs over time and requires the leadership and commitment of agency directors, administrators, and front-line personnel.

Collaborative programs maximize the potential of all young people to become productive, law-abiding citizens (Leone et al., 2002):

> *In essence, instead of focusing only on punishing "those kids," these efforts go one step further to identify and address the individual, family, and societal issues that make "those kids" (our kids) act in unlawful ways. A community-wide collaborative effort enhances interventions in several ways and can change the politics and norms of the community (Bracht & Kingsbury, 1990), provide consistency of behavioral expectations across domains, enlist a great number of volunteers, and improve the likelihood that the interventions will become long term. (p. 30)*

Conclusion

The goal of transition planning is to help young adults with disabilities plan for the future and have control over their own lives. For youth with disabilities involved with the correctional system, the transition planning process can be interrupted and even curtailed. The use of restorative justice and wrap-around service models in addition to or as part of the transition planning process is a positive, proactive alternative to suspension, expulsion, and incarceration. Restorative justice complements transition planning processes currently used.

Although restorative justice is gaining momentum as an alternative to incarceration, as with most accountability-based programs, it is most effective when part of a more comprehensive plan involving range of school

and community partners. Wrap-around services in the form of long-term, collaborative partnerships among schools and community service agencies can fulfill this requirement. Wrap-around service collaboration is already used within many school systems to facilitate transition planning. Using a wrap-around approach within the transition planning process to assist youth with disabilities involved with the juvenile justice system is a reasonable and achievable goal for schools and their community partners (Kamradt, 2000).

Larson and Turner (2002) offer additional promising, research-based approaches for preventing recidivism and reducing delinquency among youth with disabilities:

- Assessing juveniles to determine specific skill needs in the social, family communication, psychological, academic, and vocational areas;

- Developing a plan for each juvenile that includes social/behavioral goals; family, psychological, academic, and vocational goals and strategies; and monitoring strategies;

- Changing goals as the youth progresses or fails to progress and ensuring that all service providers as well as family members understand the new goals;

- Providing youth with opportunities to develop academic, vocational, and social coping skills;

- Providing counseling to change youths' attitudes, values, and expectations;

- Providing social skills training to enhance the development of positive social relationships;

- Exploring medical intervention to foster normal adolescent development and the reduction or elimination of symptoms of abnormal behavior;

- Connecting youth with effective drug treatment programs; and

- Ensuring family participation in the young adult's intervention to preserve positive family relationships and to help with the transition back into the community.

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Additional Resources

**Center for Restorative Justice and Peacemaking,
University of Minnesota**
http://2ssw.che.umn.edu/rjp/

International Institute for Restorative Practices
http://www.restorativepractices.org/

National Center on Education, Disability, and Juvenile Justice
http://www.edjj.org/

U.S. Office of Juvenile Justice and Delinquency Prevention
http://ojjdp.ncjrs.org/

**Unique challenges, hopeful responses: A handbook for
professionals working with youth with disabilities in the
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