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Volunteerism among homeless persons with developmental disabilities

Larry G. Morton II, MSW, MA¹ [Assistant Professor], Renee M. Cunningham-Williams, Ph.D., M.P.E., LCSW² [Associate Professor], and Giovanina Gardiner, MSW²

¹School of Social Work, Eastern Michigan University, 349 Everett L. Marshall Building, Ypsilanti, MI 48197

²George Warren Brown School of Social Work, Washington University in St. Louis, One Brookings Drive, Campus Box 1196, St. Louis, MO 63130

Abstract

People with developmental disabilities have been historically excluded from mainstream society. Using the strength-based perspective, volunteerism was explored among homeless persons with self-reported developmental disabilities. It was hypothesized that volunteerism would be associated with indicators of healthy community integration. This would also include volunteerism associated with unemployment due to disposable time and desire to gain job-related skills. Nearly half volunteered ($n=29$), were older, visited friends/family monthly, and employment status was associated with volunteerism. Logistic regression indicated visiting with friends/family monthly increased volunteering, but unemployment decreased volunteering. Volunteerism may be a way “to give back” to agencies that are providing them assistance. Similarly, visiting family/friends suggests maintenance of social and community ties.

Keywords

Developmental disabilities; healthy community integration; homelessness; strength-based perspective; volunteerism

While researchers frequently assess the associations of psychiatric and substance use disorders with levels of functioning among their low-income or homeless samples (e.g., Cottler, Compton, et al., 1998; Morse et al., 2006), there is typically no inquiry into the association between homelessness and developmental disabilities. Despite this, developmental disabilities are relatively common among the homeless, with prevalence rates of mental retardation alone estimated at 22% (Stratigos & Katsambas, 2003; US Conference of Mayors, 1998). Further, homelessness is viewed as the end result of a long period in which a person’s social and economic resources are gradually depleted as a consequence of personal disabilities (Baum & Burnes, 1993; Baumohl, 1989; Johnson, Freels, Parsons, & Vangeest, 1997).

Historically, sociological and anthropological studies emphasize how people with disabilities are stigmatized and excluded from society (Bogdan & Taylor 1976, 1999; Edgerton, 1967; Goffman, 1963). Since deinstitutionalization, there has been a struggle to successfully integrate and include disabled persons into the community (Bogdan & Taylor, 1999; McKnight, 1980). According to Cummins and Lau (2003), for persons with developmental disabilities, being in the community is similar to community integration (physically in a community frequented by the general public; interaction is a secondary concern), while community inclusion (social integration or social capital) is being *part of* the community (sense of community) (Bogdan & Taylor, 1999).

Deinstitutionalization has also resulted in high rates of homelessness among some persons with developmental disabilities. Especially at risk are racial/ethnic minorities living in urban cores. This is due to inaccessibility of developmental disability services that are usually located outside of the inner-city or in the suburban areas (Metzel, 2005). While these homeless persons (frequently with mild disabilities) often go unnoticed by social service providers, they are regularly evident to, and therefore exploited by, others living on the streets (Morton, 2007; Stavrakaki, 2002). This vulnerability to exploitation may lead to risky and illegal activities, such as drug running and commercial sex work. While these activities can provide community integration, and at times even a sense of community inclusion, they often have very negative consequences, such as arrest, incarceration, and illness (Morton, 2007).

A significant number of non-profit organizations are dependent on volunteer services for their survival (Bowgett, 2005). According to the Corporation for National and Community Service (2007), 26.7% of the United States' population participates in volunteer activities. In a London report, Singh (2005) found that 13.5% of the homeless volunteered. There are potential benefits for homeless people with developmental disabilities who volunteer, such as gaining job-related skills, building self-esteem, and giving back in service, especially to agencies that assist the homeless. These are same benefits available to non-disabled volunteers. In fact, Bowgett (2005), in the only known study on homelessness and volunteerism (without regard to disability status), found that past and present volunteers did so primarily to feel better about themselves (66%), but also to increase employability (23%) and to give something back (11%). It is also notable that 79% of that volunteering sample had never volunteered prior to becoming homeless.

This paper aims to take Bowgett's (2005) study a step further by reporting the level of volunteerism in an urban sample of homeless persons with developmental disabilities. In doing so, this paper addresses the overarching research question: *Does volunteerism suggest healthy community integration among this sample of homeless persons with developmental disabilities?* Specifically, it was hypothesized that increased volunteerism among homeless persons with developmental disabilities will be associated with increased education, shelter residence, and visiting with friends/family. It was also hypothesized that unemployment will be associated with increased volunteerism due to more disposable time and the potential benefit of gaining job-related skills.

Community integration is not always a desirable goal for homeless persons with developmental disabilities if such integration is deeper involvement with the general homeless community (Morton, 2007). Those with developmental disabilities are prone to exploitation and abuse by those in the homeless community with higher cognitive abilities (Morton, 2007; Stavrakaki, 2002). Therefore, *healthy community integration* would be defined as the ability for homeless persons with developmental disabilities to maintain social support that may potentially lead to a successful exit from homelessness. One possible indicator of healthy community integration would be volunteerism. Volunteerism would offer developmentally disabled homeless persons the opportunity for civic engagement that could benefit them through community connections, skills related to future employment, and a feeling of accomplishment.

The importance of personal relationships as an indicator of healthy community integration is significant not only for homeless persons with developmental disabilities, but for all human beings (Cummins & Lau, 2003). According to Cummins & Lau (2003): “We crave social interaction when it is absent, rate relationships with family and friends as the most important life domain, and rate this domain as the one that provides us with the greatest satisfaction.” Since a developmental disability is often a limiting factor to general social integration (Fleming, Tooth, Hassel, & Chan, 1999), their sense of belonging increases when actively involved with selected friends and family (Cummins & Lau, 2003). It is likely that these relationships would be associated with other healthy community integration activities, like volunteering.

Unemployment and homelessness in persons with developmental disabilities can be a very challenging combination. These people may lack the skills required for even entry-level jobs. However, many of these persons may have been involved in special education and vocational rehabilitation programs involving volunteer worksite training. In many Missouri public schools, special education students nearing graduation are referred to the Division of Vocational Rehabilitation (DVR). DVR then provides assessment of vocational interests and abilities. These services include assessments at established work sites. Thus, the potential correlation of increased education with volunteerism should the person become homeless. This familiarity may also make these unemployed and homeless persons gravitate toward volunteering opportunities in order to gain job skills. Even those who are employed may wish to gain more diverse skills through volunteering or to simply give back to their community, but may not have the disposable time to do so.

METHODS

Sample

This cross-sectional, descriptive study consists of semi-structured interviews (N=60) from a purposive and snowball sampling of developmentally disabled persons approached on the streets of targeted urban areas of St. Louis, Missouri. Several strategies were relied on to recruit this sample. For example, three key informants were located who had familiarity with the first author, who had previously worked with these participants on a health project for developmentally disabled homeless persons. These participants provided referrals for potential respondents meeting the study’s eligibility criteria. Also employed was a

respondent intercept strategy to locate potential respondents in two St. Louis City public parks with a high density of homeless persons and also at a nearby meals program for the homeless.

The first and second authors went out together to recruit and enroll participants for this project. Although entering the streets together, the interviewers were responsible for conducting the interviews separately, out of hearing distance of other potential respondents, yet in viewing distance of the other interviewer. It was important for each interviewer to identify who the other was interviewing to avoid duplication of respondents for interviews.

Once identified as a potential participant, one of the two interviewers explained that homeless persons who had been in special education were being sought for interviews. They were asked why they received special education services. Thus, developmental disability diagnosis was self-reported. Should a participant report a non-developmental disability, such as only reporting a behavioral disorder, the plan was for the participant to be remunerated, but excluded from the study. Though there were self-reports of behavioral disorders, they were coupled with a developmental disability in these participants. The developmental disabilities represented by the study participants were: learning disability, mental retardation, autism, attention deficit/hyperactivity disorder, and child onset epilepsy.

The potential participants were informed of the two phases of the study: Phase I, to learn more about research participants' ability to understand the informed consent process and the purposes of this research study (Morton & Cunningham-Williams, 2009). Phase II of the study was designed to explore healthy community integration for those participants completing Phase I. Phase II is described herein. Two participants were unable to pass the informed consent portion of the study included in Phase I and were thus excluded from Phase II, but were remunerated for their time.

Eligibility criteria included: 1) being age 18 years or older; 2) having received special education services for a developmental disability during their educational career; and 3) being currently homeless (i.e., staying outdoors, in a shelter, temporarily doubled up in another's residence, or staying in a place not meant for human habitation). At the point of learning that the research project was for those who had been in special education, some potential subjects self-selected out of study participation. A total of sixty (n=60) persons participated in Phase II of this study.

Instrumentation

Community integration data was obtained using the 16-item Community Integration Questionnaire (CIQ) (test-retest reliability coefficient=.91) (Willer et al., 1993). Questions regarding home integration and travel from home (a total of 6 questions) were not asked due to not being applicable. Descriptive data was also collected on age, education level, employment status, developmental disability diagnosis, current living situation, and length of time homeless. The interviews lasted about 30 minutes. A few lengthier interviews (i.e., lasting 45 or more minutes) were attributed to respondents having more severe cognitive limitations.

Dependent variable—The dependent dichotomous variable was participants volunteerism in the past month (i.e., did volunteer in the past month =1; did not volunteer in the past month=0). Data also included the number of times participants volunteer in the past month, and where volunteerism takes place. Verification that volunteerism was not required in order for services to be obtained was known due to the first author's familiarity with the volunteer sites, but was also asked of some participants.

Independent variables—Age was analyzed as a continuous variable for difference in mean age between volunteers and non-volunteers. Also analyzed were associations between those participants who visited family and/or friends within the past month (yes=1) and those who did not (no=0), being a shelter resident (yes=1; no=0), education (high school diploma, GED, or more=1; less than high school diploma or GED=0), and employment status (employed=1; unemployed=0) were all analyzed for associations with volunteerism.

Upon completion of the interviews, respondents received \$10 in bus tickets for their participation. No formal services were given after the interview, but those who asked for further assistance or appeared especially fragile, were referred to case management services offered by the Missouri Department of Mental Health or the St. Louis Developmental Disabilities Resource Board. Participants desiring such information were also informed about available substance abuse treatment, homeless services offered by various non-profit agencies, and were given instructions on how to obtain a voucher for a Missouri identification card.

In order to verify volunteerism and volunteer activities of some of the participants, the most frequently mentioned volunteer site was informally observed by the research staff. This allowed a more thorough understanding of the participants' involvement in volunteerism.

Data Analyses

Univariate analyses (e.g. frequencies; means, standard deviations) described the sample. Chisquare analyses and independent t-tests bivariate assessed the participants' volunteerism on age, education, employment status, being a shelter resident, and visiting with friends/family in the past month. Binary multiple logistic regression procedures were used to model volunteerism by independent variables that were either bivariately significant or showed near significant trends. The Washington University Institutional Review Board approved all study procedures.

RESULTS

Descriptive statistics for all variables are reported in Table 1. The sample was predominately male (75%), African-American (93.3%), with low educational attainment (40% did not complete high school or receive a GED).

Forty-eight percent of the total sample reported that they were volunteers. The majority of the total sample (62%) lived on the streets, with most of the remaining reporting living in a shelter (32%). Seventy-one percent of non-volunteers were living on the streets, while 19% were staying in shelters. Of those who volunteer, 52% were living on the streets and 45%

were staying in shelters. Nearly three quarters of this sample expressed that they visited with friends and/or family members regularly.

Volunteers were significantly older than non-volunteers on average ($M_{\text{age}}=34.68$; $SD=9.49$ vs. $M_{\text{age}}=37.14$; $SD=13.56$; $t(58)=-.82$; $p=.004$), and more often visited friends/family monthly ($\chi^2=6.12$; $p=.01$). Employment status was significantly associated with volunteerism ($\chi^2=4.52$; $p=.03$). Shelter residence approached significance ($\chi^2=3.39$; $p=.07$), while education was not significant.

A binary multiple logistic regression model was fitted to the data. The outcome variable used was whether the individual had volunteered or not in the last 30 days (1=volunteer, 0=non-volunteer). The following were predictor variables (based on bivariate significance or near significance): visiting friends/family, unemployment, and being a shelter resident.

For the overall logistic regression model ($\chi^2=18.01$; $df=4$; $N=60$; $p=.001$), visiting with friends/family monthly increases the odds of volunteering by 6.95 ($CI[95\%]=1.33, 36.30$; $p=.02$). Unemployment decreases the odds of volunteering by a factor of 0.17 ($CI[95\%]=.03, .95$; $p=.04$). Table 2 reports the odds ratios of volunteering for each predictor.

Individuals who were unemployed in this sample were about 83.5% less likely to be engaged in volunteering ($p=.04$), contrary to the hypothesis. Age and shelter status were not significant according to this analysis. The Hosmer-Lemeshow statistic was used to assess overall model fit ($\chi^2(8)=4.515$; $p=0.81$); as it was non-significant it was concluded that the model was adequately fit.

After assessing the odds of volunteering based on the predictors in the model, the predicted probabilities of volunteering were determined. We used the output from the logistic regression to calculate the probability of subgroups from the sample engaging in volunteerism. These results further illustrate the impact of visiting friends/family on volunteering. Tables 3 and 4 illustrate the probability by age of homeless persons volunteering. Table 3 displays the results for individuals who are employed; table 4 displays the results for those unemployed. Age has a main effect; that is, the probability that one will volunteer increases with age, regardless of whether or not one visits friends/family. For young adults who are working, visiting friends/family considerably increases the likelihood that the young person will volunteer. At age 25, only 30% of individuals would likely be volunteering if they do not visit friends/family; if they do so, that number increases to 75%. This gap decreases as individuals' age, even without visiting friends/family.

Over half (55%) of those volunteering did so at a church meals program, located about three blocks from where most participants were recruited for this study. This program serves three meals a day. On the day the site was informally visited, over half ($n\sim 6$) of the volunteers were homeless volunteers; only one volunteer had participated in our study. We arrived at the end of the lunch meal; therefore, some clients were in the process of leaving. There were also three paid staff visibly present (one social worker and two involved in security). A staff person reported that about 60 homeless persons were served lunch. Volunteer duties were varied: food preparation, picking up trays after eating and emptying into waste baskets, and general cleanup after the meal ended (sweeping, mopping, dishwashing, and emptying

trash). It was noted that the non-homeless volunteers served the lunch. Several persons involved in the study were present to eat, but did not volunteer. One study participant stated he would volunteer in the evening.

DISCUSSION

Almost half of the study sample volunteered (48%), with over half of these persons volunteering with a single homeless service provider. This volunteer rate is strikingly high when compared to the national volunteer rate of 26.7% and the St. Louis volunteer rate of 28.6% (Corporation for National and Community Service, 2007). This rate of volunteerism is also much higher than the only other study examining volunteerism among the homeless (13.5%) (Bowgett, 2005). However, there are important caveats between the two studies. First, the Bowgett (2005) study took place in the United Kingdom. Demographic differences exist between the two countries in homeless populations based on socio-historical components and differences. Second, many homeless services providers in the United Kingdom prohibit volunteerism by clients that may be beneficiaries of those services. This limit to volunteerism does not exist in this present study. Last, but perhaps most importantly, the Bowgett (2005) study made no attempt to ascertain the developmental disability status of their participants.

Despite these differences, there are consistencies between this present study and that of Bowgett's (2005) study of homeless volunteers. First, volunteerism as a way to increase employability may not be as important to participants as we hypothesized. Second, homeless persons do seem to want to give back to homeless services providers and to the community. This is counterintuitive to the assumption that much of a homeless person's time must be spent in either survival (and therefore self-serving) modality, or that they are powerless to control their futures (e.g., Elwood, Williams, Bell, & Richard, 1997; Stephens, Braithwaite, Lubin, Carn, & Colbert, 2001). This present study suggests that homeless persons with developmental disabilities volunteer at a rate significantly higher than the non-homeless general population. They also tend to volunteer at a specific meals program. Volunteerism is not a requirement to receive services. This was known by the first author, and was verified by the participants when necessary.

The association between visiting with friends and/or family within the past month and volunteerism is significant in this study. Despite their disabilities, these participants were very proficient at teasing out homeless "associates" from friends they could depend on. Though not included in the analysis, a few participants answered affirmatively to visiting friends then stated, unsolicited, that their friend was God. It was not ascertained whether those that did answer affirmatively to visiting with friends or family were in fact referring to God. However, this area should be explored in future studies, as spirituality plays an important role in many of these participants lives. What can be deduced from the correlation between volunteerism and visiting friends/family is that those able to maintain ties to these important persons in their lives and volunteer are more likely to be involved in healthy community integration. Moreover, this study is consistent with Garland and colleagues' (2008) findings that non-disabled volunteers recruited from religious congregations were

more likely to be stable, and perceived their volunteerism as meaningful and important than those who did not volunteer.

The same suggestion of healthy community integration may be applied to the association between being employed and volunteerism. The findings indicate that it is not obtaining job-related skills that are the most important reason for volunteering, but some other factor or factors. This gives further support to Bowgett's (2005) finding that volunteerism may be a way to give back to the homeless services providers. It could also be a way to provide service to the community they are attempting to integrate or reintegrate back into.

Conversation with the social worker at the most frequented volunteer site verified that homeless volunteers were not required to volunteer in order to receive services. The social worker was unable to voice the primary reason for the homeless persons volunteerism, because the reasons varied by individual. She felt many of the volunteers simply became involved because they knew their services were needed by the program. Though this site was only visited once during this study, it has been visited several times since then as part of street outreach for another research study. Homeless persons with developmentally disabled continue to volunteer there regularly (i.e., some of the people from this study continue to volunteer there). There appears to be some stability among volunteers, though shifts and cycles in volunteering also occur. It is difficult for the volunteers to voice the reason behind their volunteerism. They often say they "like it here," or they "like to help out." It is noted that these volunteers (disabled and non-disabled; homeless and non-homeless) go about their duties very intently and stoically. They appear to take their duties seriously; enjoyment of the tasks seems secondary at best.

This study has several limitations. First, the small sample size reduced the opportunity for robustness of statistical analyses. Second, this cross-sectional design permits only speculation regarding causality. Third, participants were not queried regarding the probability of co-occurring psychiatric illness and/or substance use. This is a serious problem among the homeless and, most likely, in this sample based on practice experience by the first author in the health of homeless persons with developmental disabilities. Fourth, caution must be taken with regard to generalizability. With most of the participants volunteering at the single meals program site, it is possible that these volunteer rates are inflated. Lastly, developmental disability diagnoses were not validated through school records or cognitive testing. This limitation may have resulted in over-reporting and/or misrepresentation of learning disabilities, which are less stigmatizing than reporting mental retardation as a diagnosis. In some instances, participants may have inaccurately reported having been in special education and the developmental disability in order to qualify for study inclusion and the resulting incentive. Given the first author's previous experience with this population and the rigor of the sampling strategy, familiarity with the population, and enrollment procedures employed, it is believed that if such deception occurred, it occurred with only a small minority of participants. Validating self-reports of developmental disabilities through school records or testing, while ideal, was not feasible in our study given the cost and limited time associated with obtaining participants' permission for release of school records and receiving the records, along with the probable loss of some of the more transient participants.

Future research is needed in the area of volunteerism among the homeless. A comparison of disabled and non-developmentally disabled homeless would allow for an understanding of potential artifacts that may be effecting volunteerism in those with developmental disabilities that are absent in those without disabilities. Examination of the effects of substance use and psychiatric illness on persons with developmental disabilities' volunteerism is crucial for a more comprehensive understanding of correlations with volunteerism. Additionally, qualitative work could uncover the benefits of volunteerism to both the developmentally disabled homeless person and to the homeless service providers.

Our study provides important information for homeless services providers. Volunteerism by clients in homeless services programs is not universal, even locally. In our study, 55% participated in a single meals program—the primary meals program for the homeless in the City of St. Louis. It is speculated this probably provides a substantial cost savings to the program, in addition to providing much-needed services via volunteering. With cost-effectiveness being a key component for future funding, and the apparent willingness of at least some homeless persons to volunteer, homeless services providers would benefit from considering more widespread recruitment of clients for volunteerism in their programs. Moreover, while volunteerism by homeless clients may increase the opportunity for socialization and decrease time spent on the streets, it does seem that these developmentally disabled homeless volunteers also gain a sense of competence and efficacy during the process.

Volunteerism among homeless persons with developmental disabilities provides an interesting alternative to most studies on the homeless, which focus primarily on deficits within disabled populations. This study demonstrates a segment of the homeless population that, while extremely fragile, has been able to take the initiative to try to better their situation and give back, while coping with the inherent stress of being homeless. From a strength-based perspective this would signify that many of these clients have the tenacity to better their situation if there is cooperation by the agencies that are designed to meet their needs.

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Table 1

Sample characteristics

	Total N=60		Non-Volunteer N=31		Volunteer N=29	
		%		%		%
Gender:						
Male	44	73.3%	21	67.7%	24	82.8%
Female	26	16.7%	10	32.3%	5	17.2%
Race:						
African American	56	93.3%	29	93.5%	27	93.1%
Caucasian	4	6.7%	2	6.5%	2	6.9%
Mean Age: *						
Total: Mean=35.87 (SD=11.60); Median = 34.50; Mode = 42; Range=20-64 Mean=35.87 Mean=37.14						
Non-Volunteer: Mean 34.68 (SD=9.49)						
Volunteer: Mean 37.14 (SD=13.56)						
Education:						
8 th grade or less	11	18.3%	7	22.6%	4	13.8%
Less than H.S.	29	8.3%	17	54.8%	12	41.4%
GED	2	3.3%	1	3.2%	1	3.4%
H.S. diploma	15	25.0%	6	19.4%	9	31.0%
Some college	3	5.0%	1	3.2%	2	6.9%
Employment Status:*						
Employed (Full- or Part-time)	11	18.3%	2	6.5%	9	31.0%
Unemployed	49	81.7%	29	93.5%	20	69.0%
Current Habitation:						
Temporarily doubled up with other(s)	2	3.3%	1	3.2%	1	3.4%
Halfway house	2	3.3%	2	6.5%	0	0
Shelter	19	31.7%	6	19.4%	13	44.8%
On the streets	37	61.7%	22	70.9%	15	51.7%
How Long Homeless:						
Total Sample: Mean=50.82 weeks (SD=80.74); Median=12 wks.;						
Mode=4 wks.						

	Total N=60		Non-Volunteer N=31		Volunteer N=29	
		%		%		%
<i>Visited with Family and/or Friends in the Past Month:*</i>						
<i>Developmental Disability Diagnosis (self-report):</i>						
Learning Disability	49	81.7%	28	58.3%	20	41.7%
Mental Retardation	7	11.7%	2	28.6%	5	17.2%
Autism	1	1.7%				
ADHD	2	3.3%				
Epilepsy (began in childhood)	1	1.7%				
<i>Number and Percent of Persons Volunteering:</i>						
<i>Primary Places Volunteered:</i>						
Homeless Meals Programs	29	48.3%	NA		29	100%
Homeless Shelter	NA		NA			
Homeless Outpatient Recovery Program	16	55.2%			16	55.2%
Homeless Healthcare Program	3	10.3%			3	10.3%
Library	2	6.9%			2	6.9%
School	1	3.4%			1	3.4%
	2	6.9%			2	6.9%
	2	6.9%			2	6.9%
<i>Number of Times Volunteered in the Past Month: (Mean = 5.93), (SD = 8.29)</i>						Mean=5.93

Table 2

Regression of volunteerism on visiting friends/family, shelter residence, unemployment, and age.

Independent Variable	b	χ^2	odds ratio	95% CI	significance
Intercept	-1.97	1.49	--	--	.22
Visiting Friends / Family	1.94	5.28	6.95	1.33~36.30	.02 *
Shelter Residence	0.92	1.97	2.51	0.69~9.09	.16
Unemployed	-1.80	1.49	.17	0.03~0.95	.04 *
Age (continuous)	0.05	2.50	1.05	0.98~1.11	.11

N = 60; pseudo $R^2 = .34$;

* p<.05

Table 3

Probability of volunteering for employed individuals not staying in shelters.

	Age 25	Age 35	Age 45	Age 55
Visits Friends/Family	75%	83%	88%	92%
Does not visit Friends/Family	30%	41%	52%	64%
Difference	45	42	36	28

Table 4

Probability of volunteering for unemployed individuals not staying in shelters.

	Age 25	Age 35	Age 45	Age 55
Visits Friends/Family	33%	44%	56%	67%
Does not visit Friends/Family	7%	10%	15%	22%
Difference	24	34	41	45